



Edlink Family Home Application Instruction Manual 2022

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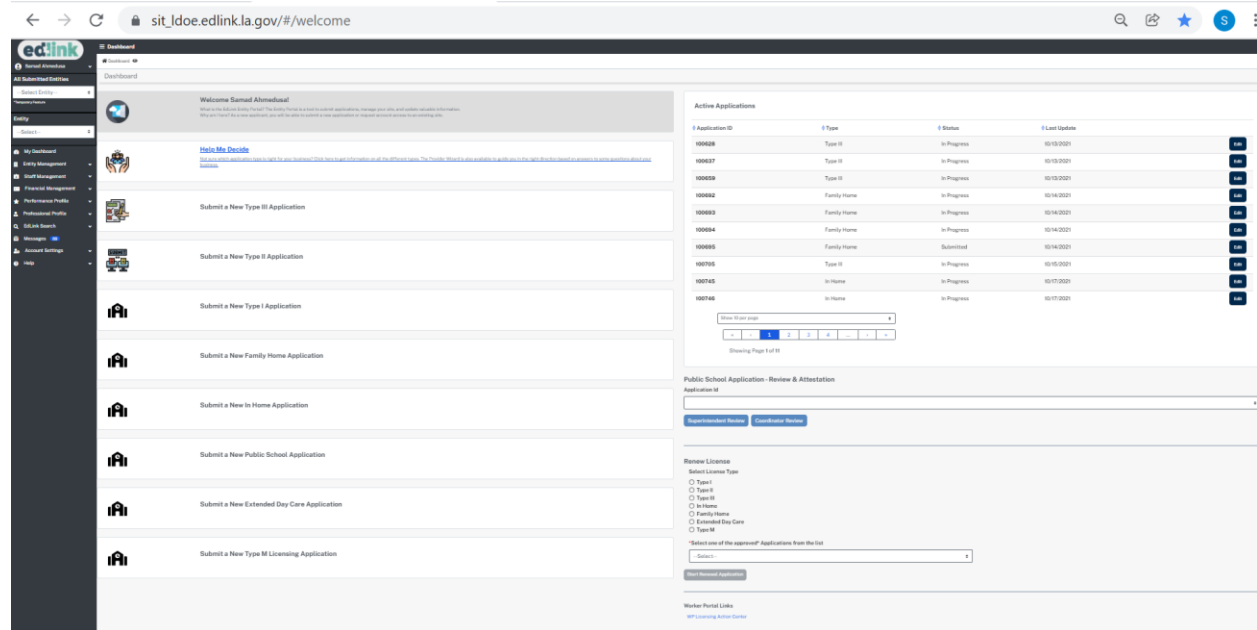
This documentation provides step-by-step instructions for completing the Type III Application.

MAIN PAGE

The screenshot displays the EdLink main page. At the top, it identifies itself as an official Louisiana.gov website with a language menu (English, español, français, Tiếng Việt) and navigation links for Resources and About. The EdLink logo is prominently featured. A large teal banner on the left contains the text "Welcome to EdLink." and a statement about revolutionizing data use for students and families. On the right, a white sign-in box includes fields for User ID and Password, a "Show Password" toggle, and a "Sign In" button. Below the sign-in box, there are links for "Create your own MyLa account" and "Click here to get help signing in." The footer contains the Louisiana Department of Education logo, contact buttons for "Email Us" and "Call Us", social media icons for Facebook, Twitter, YouTube, Instagram, and LinkedIn, and three columns of contact information: "Louisiana Department of Education" (address, phone, contact link), "Report Complaints (about Providers or Unlicensed Sites)" (toll-free number, email, submit link), and "Report Child Abuse" (toll-free number, email).

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

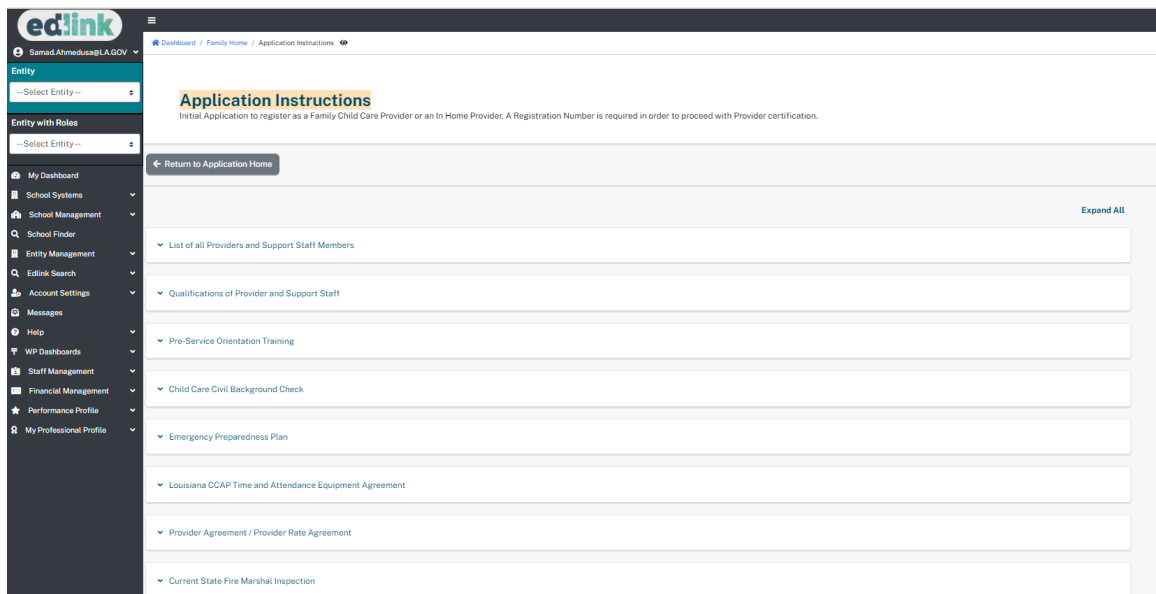
Within the same section, there is an additional dropdown titled “Select one of the approved Applications from the list”. Here, an already approved application may be selected and the Provider may begin completion of the “Start Renewal Application”.

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

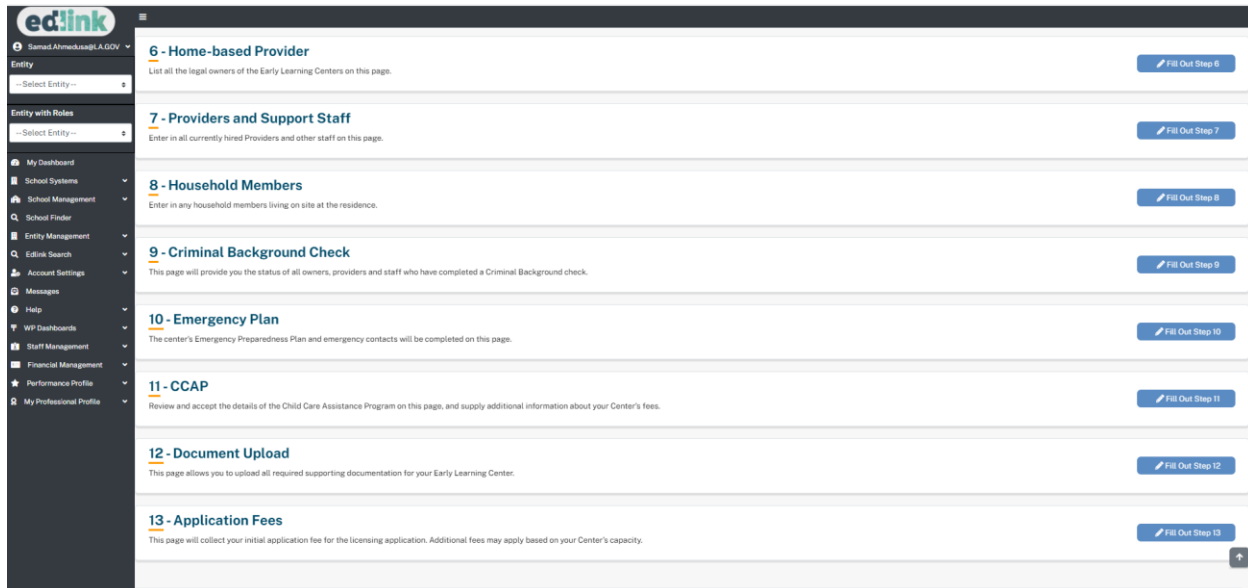
The screenshot shows a sidebar on the left with navigation options like 'My Dashboard', 'School Systems', and 'School Management'. The main content area lists several document requirements: Pictures of Residence, Proof of Residency, Verification of Identity (must be a government issued picture ID), Social 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, and Verification of Rates. At the bottom, there is a checkbox labeled 'Yes, I Agree' and two buttons: 'Back to Application Home' and '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

The screenshot shows the 'Application Home' page with a sidebar on the left. The main content area has a heading 'Application Home' and a sub-heading 'The Application Home page lists all the required steps in completing the Family Home Licensing Application. Once all required information is submitted, you will be able to submit your application for review.' Below this is a 'Return to Application Selector' button and a 'Page Help' box. The main content is organized into five steps, each with a 'Fill Out Step' button: 1 - Application Instructions, 2 - Funding Source, 3 - Family Child Care Provider, 4 - Services and Hours, and 5 - Ownership Type.



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

edlink

Samud.Ahmedusagi@LA.GOV

Dashboard / Family Home / Funding Source

Funding Source

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

← Return to Application Home

Section 1: Funding Sourcefalse

How will your Center be Funded? Choose all that apply:

- Private Pay
- Child Nutrition Program

← Back to Application Instructions

Save and Continue →

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

edlink

Samud.Ahmedusagi@LA.GOV

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](#)

Toddler High school

Section 2: Address Information

Physical Address	Mailing Address
*Street Name 1	*Street Name 1
Street Name 2	Street Name 2
*City	*City
*State	*State
*Zip	*Zip
*Parish/County	*Parish/County

Copy to Mailing

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

The screenshot shows the 'Services and Hours' form in the edlink system. The form is divided into three main sections:

- Section 1: Licensed Capacity**
 - Section 1: Licensed Capacity
 - Select total capacity: [Text box]
 - Center Age: [Text box]
 - Select Age Range: [Dropdown menu]
 - Enter Age: [Text box]
 - Select Age Range: [Dropdown menu]
- Section 2: Operating Hours**
 - Is this facility open all months of the year? Yes
 - Is this facility open 24 hours a day? No
 - Table with columns: Day, Open, Open From, Open Until.
 - Days: Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday.
 - Open: Radio buttons for Open/Closed.
 - Open From: Time pickers (e.g., 07:00 AM).
 - Open Until: Time pickers (e.g., 05:00 PM).
- Section 3: Additional Services**
 - Before Care: All Day, Half Day, Half Day Only, Overnight Care (Open to Start)
 - After Care:
 - Summer/Holiday Hours:
 - Transportation (To/From Home or School):
 - Transportation (Field Trips):
 - Special Needs:

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

Section 4: Additional Service Hours

Before Care

Start Time: 07:00 AM | End Time: 05:00 PM

Days Available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input checked="" type="checkbox"/> Available	<input checked="" type="checkbox"/> Available	<input checked="" type="checkbox"/> Available	<input checked="" type="checkbox"/> Available	<input checked="" type="checkbox"/> Available	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Unavailable

After Care

Start Time: 07:00 AM | End Time: 05:00 PM


Days Available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input checked="" type="checkbox"/> Available	<input checked="" type="checkbox"/> Available	<input checked="" type="checkbox"/> Available	<input checked="" type="checkbox"/> Available	<input checked="" type="checkbox"/> Available	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Unavailable

Summer/Holiday Hours

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

Copy to all


Section 4: Additional Service Hours

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

Before Care

Start Time: End Time:

Days Available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input checked="" type="checkbox"/> Available	<input checked="" type="checkbox"/> Available	<input checked="" type="checkbox"/> Available	<input checked="" type="checkbox"/> Available	<input checked="" type="checkbox"/> Available	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Unavailable

After Care


Start Time: End Time:

Days Available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input checked="" type="checkbox"/> Available	<input checked="" type="checkbox"/> Available	<input checked="" type="checkbox"/> Available	<input checked="" type="checkbox"/> Available	<input checked="" type="checkbox"/> Available	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Unavailable

Summer/Holiday Hours

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


Section 4: Additional Service Hours

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

Start Time: End Time:

Days Available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input checked="" type="checkbox"/> Available	<input checked="" type="checkbox"/> Available	<input checked="" type="checkbox"/> Available	<input checked="" type="checkbox"/> Available	<input checked="" type="checkbox"/> Available	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Unavailable

Summer/Holiday Hours

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

[← Back to Facility Details](#)
[Save and Continue →](#)

OWNERSHIP TYPE

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

← Return to Application Home

Section 1 - Ownership Type
*Select your organization structure type
Individual

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

Tax information
*Federal EIN: 234567890 *State Tax ID Number: 456849879

← Back to Services and Hours Save and Continue →

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?

The screenshot shows the 'edlink' web application interface. The user is logged in as 'Samad.Ahmedusa@LA.GOV'. The main heading is 'Ownership Type', with a sub-note: 'Your Ownership Type selection will determine which information will need to be entered for Center Owners and determine if you are eligible for certain programs'. A 'Return to Application Home' button is visible. The form is divided into three sections:

- Section 1 - Ownership Type:** A dropdown menu labeled '*Select your organization structure type' with the selected option 'Corporation / Limited Liability Company'.
- Section 2: Corporation/LLC:** A sub-heading followed by the text: 'Any entity incorporated in Louisiana or incorporated in another State, registered with the Secretary of State in Louisiana, and legally authorized to do business in Louisiana.' Below this are two text boxes: '*Business Entity Name' (containing 'Trinity Church') and 'Previous Name' (empty).
- Section 3: Address Information:** Two labels, 'Physical Address' and 'Mailing Address', are positioned below the section heading.

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?

The screenshot displays the 'Ownership Type' form in the edlink system. The form is divided into several sections:

- Section 1 - Ownership Type:** A dropdown menu for 'Select your organization structure type' is set to 'Partnership'.
- Section 2: Partnership:** Includes fields for '*Business Entity Name' (Trinity Church) and 'Previous Name'.
- Section 3: Address Information:** Divided into 'Physical Address' and 'Mailing Address'. Both sections have fields for '*Street Name 1' (233 Caroline Dr), '*Street Name 2', '*City' (Baton Rouge), '*State' (Louisiana), '*Zip' (70013), and '*Parish/County' (East Baton Rouge). A 'Copy to Mailing' button is present.
- Section 4: Tax Information:** Starts with the question 'Is your organization a non-profit organization?' with a radio button selected for 'Yes'. Below are fields for '*Federal EIN' (234567890) and '*State Tax ID Number' (456789098).

Navigation buttons at the bottom include '← Back to Services and Hours' and 'Save and Continue →'.

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

Samuel.Ahmed@lsaj.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

Home based Provider

Dashboard / Family Home / Home based Provider

Home-based Provider

The Ownership Type selected was a business entity. You will need to add all listed Officers and Agents of the Business as provided on the Louisiana Secretary of State's website.

[Return to Application Home](#)

Section 1 - Officers and Agents

Type	Name	Contact Number	Email Address	Appointment Date
There are no records to show				

[+Add New](#)

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

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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

Provider Detail

Dashboard / Family Home / Provider List / Provider Detail

Home-based Provider

The Ownership Type selected was a business entity. You will need to add all Listed Officers and Agents of the Business as provided on the Louisiana Secretary of State's website.

Section 1: Officers/Agent Designation

*Owner Type: --Select-- *Title: *Appointment Date: mm/dd/yyyy

Section 2: Name and Contact

Owner Name

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

Owner Information

*Primary Phone Number:

Secondary Phone Number:

*Email Address:

This employee is an emergency contact for this Center
 No
 Yes

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

Samuel.Ahmed@lsaj.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

Provider Detail

Section 3: Additional Names

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

Samuel.Ahmed@lsaj.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

Provider Detail

Section 3: Additional Names

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

Section 4: Address Information

Physical Address

*Street Name 1:

Street Name 2:

*City: *State: --State--

*Zip: *Parish/County:

[Copy to Mailing](#)

Mailing Address

*Street Name 1:

Street Name 2:

*City: *State: --State--

*Zip: *Parish/County:

Samuel.Ahmed@lsaj.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

Provider Detail

Section 5: Personal Identification

*Date Of Birth: mm/dd/yyyy *SSN: *Identification Number: *Issuing State: --State--

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

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:

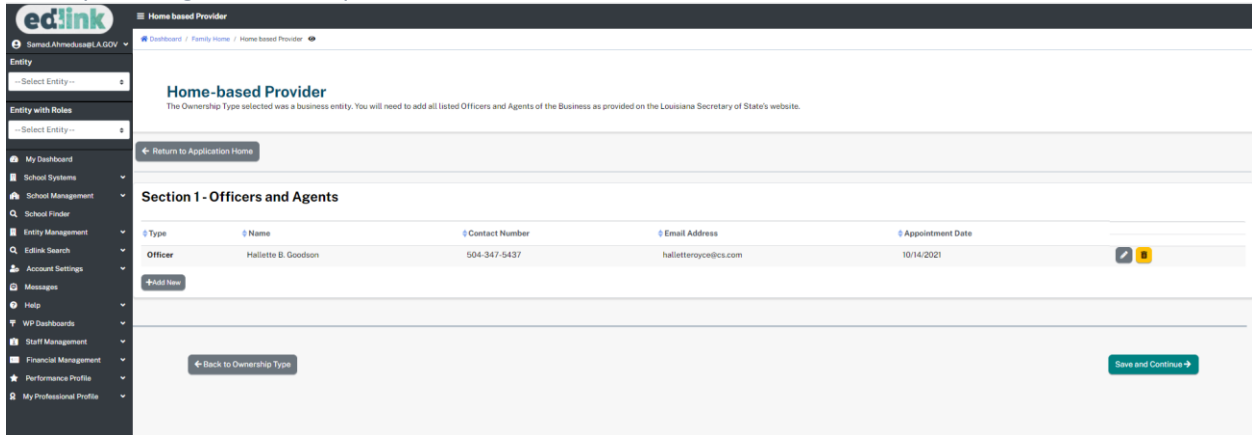
- Street Name 1
- Street Name 2
- City
- Zip
- State(Dropdown)
- Parish/County

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:

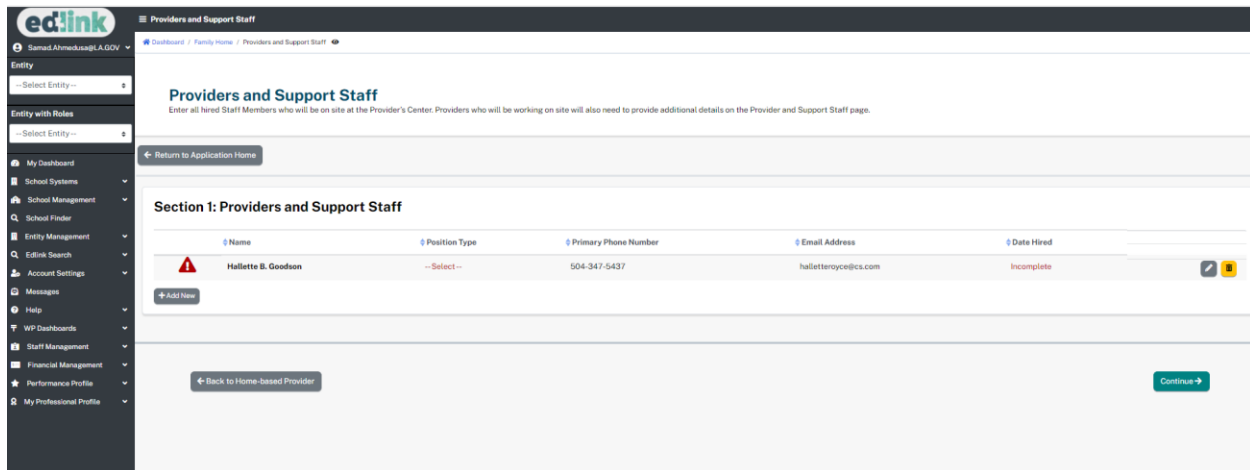
- Date of Birth (Date Picker)
- SSN (Text box)
- Identification Number (Text Box)
- Issuing State (Dropdown)

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



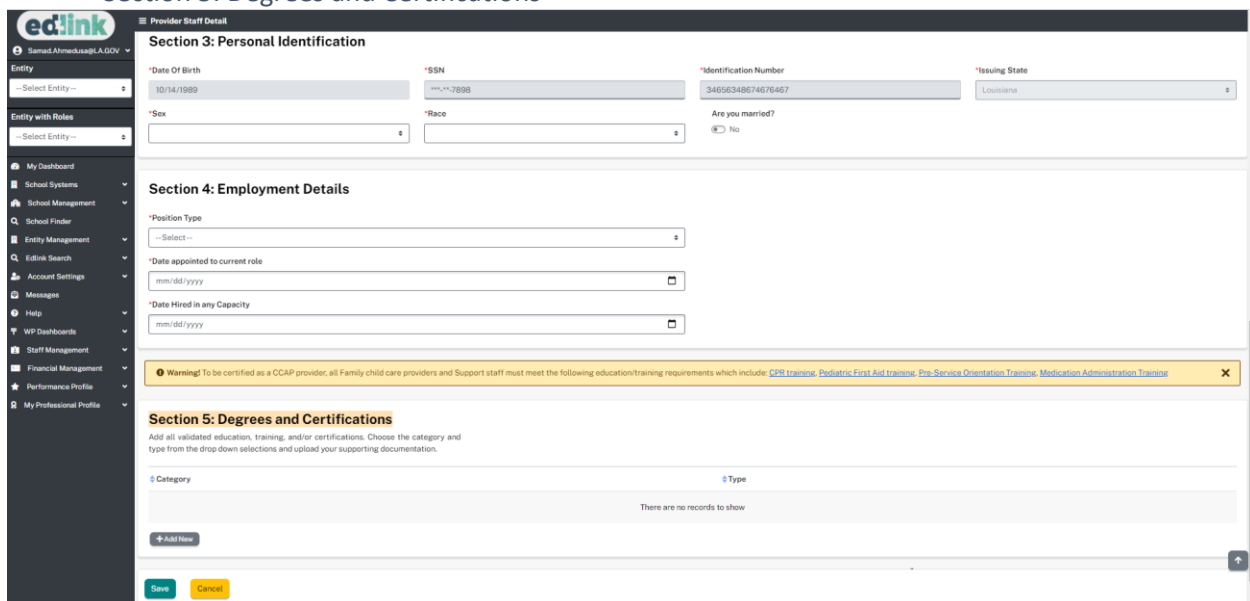
"Save and Continue," and the Provider will be navigated to 2 questions that require the entry of information, which are:

- 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

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

Category Type

There are no records to show

*Category: Certifications *Type: Certificate

*Awarded by: Government *Date awarded: 10/12/2000 Certificate Number: 23476543245678645

Choose File

Choose File Browse

Application Fees and Banking Information 2.JPG [Remove] [Add]

Save Cancel ↑

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

edlink Providers and Support Staff

Samuel.Ahmed@LAGOV

Entity: --Select Entity--

Entity with Roles: --Select Entity--

My Dashboard

School Systems

School Management

School Finder

Entity Management

Entity Search

Account Settings

Messages

Help

WP Dashboards

Staff Management

Financial Management

Performance Profile

My Professional Profile

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

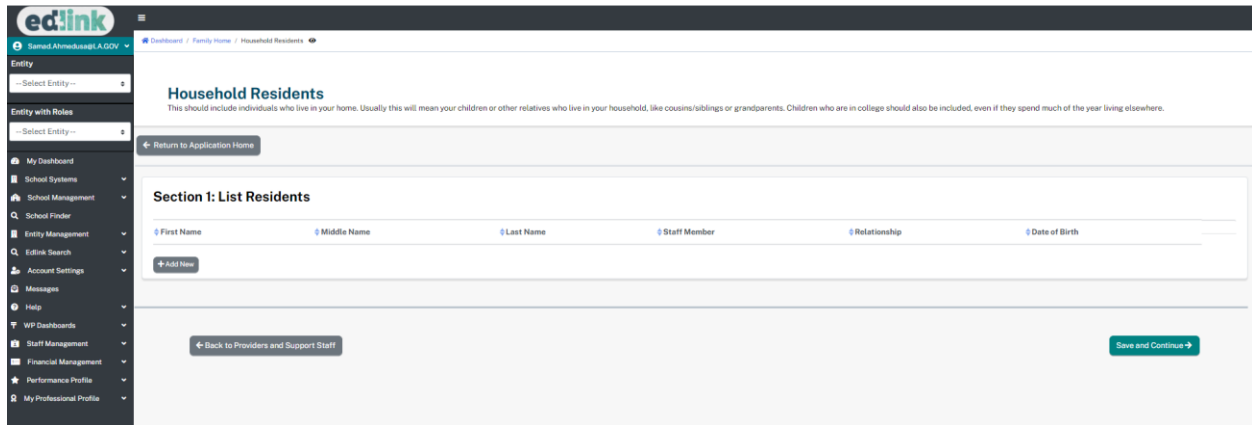
Name	Position Type	Primary Phone Number	Email Address	Date Hired
Halette B. Goodson	Provider	504-347-5437	halletteroyce@lcs.com	10/14/2021

[Add New](#) [Remove] [Add]

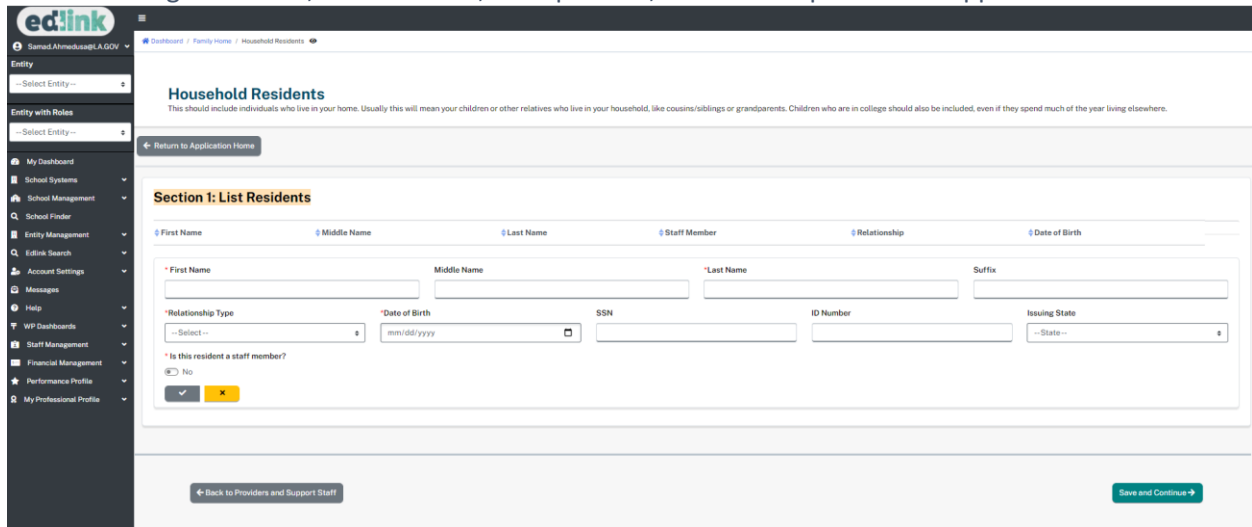
[Back to Home-based Provider](#) [Continue](#)

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

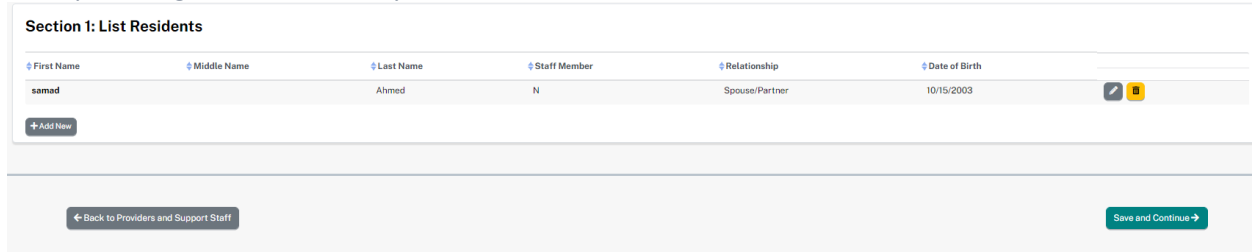
HOUSEHOLD RESIDENTS



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 (CCBC) pages.

CRIMINAL BACKGROUND CHECK

edlink | Dashboard / Family Home / Criminal Background Check

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 checks 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:

Status	Name	Contact Number	Email Address
API ERROR	Halette B. Goodson	504-347-5437	hallettero@cccbs.com

[Refresh CCCBC Status](#)

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

edlink | Background Check

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 checks 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:

[Refresh CCCBC Status](#)

Background Check

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

DEPARTMENT of EDUCATION Louisiana Believes | CCCBCS Child Care Civil Background Check System

Section 2: Background Status

The table below includes all Center Owners, Directors, and currently hired staff 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--

Refresh CCCBC Status

Status	Name	Contact Number	Email Address
API ERROR	Halette B. Goodson	504-347-5437	halletteroyce@cs.com
API ERROR	Tracey L LeBoeuf L LeBoeuf	504-347-5437	halletteroyce@cs.com

Back to Center Staff

Save and Continue

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

Background Check

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

DEPARTMENT of EDUCATION Louisiana Believes | CCCBCS Child Care Civil Background Check System

Section 2: Background Status

The table below includes all Center Owners, Directors, and currently hired staff 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--

Refresh CCCBC Status

Status	Name	Contact Number	Email Address
API ERROR	Halette B. Goodson	504-347-5437	halletteroyce@cs.com
API ERROR	Tracey L LeBoeuf L LeBoeuf	504-347-5437	halletteroyce@cs.com

Back to Center Staff

Save and Continue

EMERGENCY PREPAREDNESS PLAN

edlink
Emergency Preparedness Plan

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 / New Type III Application / Emergency Preparedness Plan

Emergency Preparedness Plan

The Emergency Plan describes the procedures 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 by using the Add File button. If you do not have an existing plan, [download the template below](#).

[Download Plan Template](#)

*File

Browse

Section 2: Emergency Plan Requirements

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

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](#)

edlink
Emergency Preparedness Plan

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
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- Financial Management
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- My Professional Profile

Emergency Preparedness Plan

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

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. At least two on-site contacts and two off-site contacts are required.

Warning! The Center will need two on-site and two 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	Halette B. Goodson	504-347-5437	
On-Site	Tracey L. LeBoeuf L. LeBoeuf	504-347-5437	

[+Add New](#)

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

The screenshot displays the 'Emergency Preparedness Plan' application interface. It is divided into three main sections:

- Section 1: Upload your Plan**: This section includes a 'Return to Application Home' button, a 'Download Plan Template' button, and a file upload area. The file upload area has a 'Choose File' button and a 'Browse' button. Below this, there is a table showing a file named 'Emergency Plan' with the description 'Application Fees and Banking Information 2.JPG' and a date of '10/05/2021'. The status of the file is 'Under Review'.
- Section 2: Emergency Plan Requirements**: This section includes a 'Download Emergency Plan Requirements' button and an information box. The information box states: '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.'
- Section 3: Emergency Contacts**: This section includes a 'Warning!' box stating: 'The Center will need two on-site and two 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.' Below this is a table of emergency contacts:

Contact Type	Name	Primary Phone	Secondary Phone
On-Site	Hallette B. Goodson	504-347-5437	
On-Site	Tracey L LeBoeuf L LeBoeuf	504-347-5437	

The interface also features a sidebar with navigation options and a top navigation bar. The top navigation bar includes the EdLink logo and the text 'Emergency Preparedness Plan'. The sidebar includes options such as 'My Dashboard', 'School Systems', 'School Management', 'School Finder', 'Entity Management', 'Edlink Search', 'Account Settings', 'Messages', 'Help', 'WP Dashboards', 'Staff Management', 'Financial Management', 'Performance Profile', and 'My Professional Profile'. The bottom navigation bar includes a 'Back to Background Check' button and a 'Save and Continue' button.

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.

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. At least two on-site contacts and two off-site contacts are required.

Warning! The Center will need two on-site and two 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	Halette B. Goodson	504-347-5437	234-567-8975	
Off-Site	Darnel Harris	504-554-6262	345-678-6345	 
Off-Site	samad	504-554-6262	345-678-6345	 

[+Add New](#)

[← Back to Background Check](#)

[Save and Continue →](#)

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

Dashboard / New Type III Application / Child Care Assistance Program

Child Care Assistance Program

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

[← Return to Application Home](#)

Section 1: CCAP Agreement Provisions

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


appeal rights are made by the state Legislature and the Department does not have the authority to restore CCAP payments during the appeal process and winning the appeal does not restore CCAP payments of eligibility.

25. Recovery

a. If the Department determines that any amounts paid to the provider exceeded the amount to which the provider was qualified, the Department shall have the right to recover or recoup those amounts from any future payments.

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

Accepted


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
	<input type="text"/>	<input type="text"/>
Age 1-2	*Full Daily Rate	*Part Time Hourly Rate
	<input type="text"/>	<input type="text"/>
Age 3 & Over	*Full Daily Rate	*Part Time Hourly Rate
	<input type="text"/>	<input type="text"/>

*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

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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 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](#)

*Upload File

Choose File


Section 5: Agreement Signatures

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

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

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

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

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


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

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

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

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

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


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
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- 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

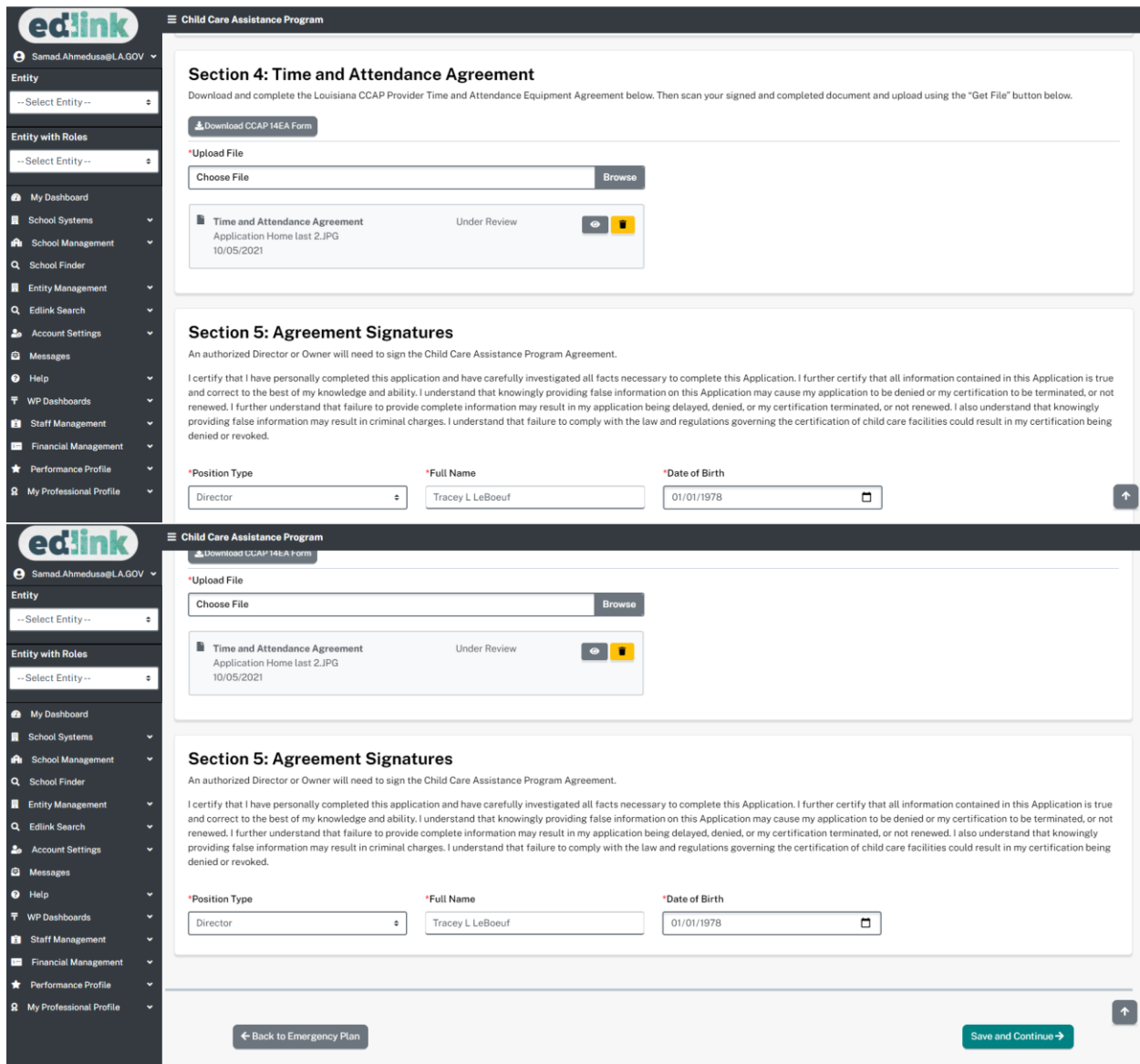
Age Group	*Full Daily Rate	*Part Time Hourly Rate
Age 0	<input type="text" value="15"/>	<input type="text" value="14"/>
Age 1-2	<input type="text" value="16"/>	<input type="text" value="15"/>
Age 3 & Over	<input type="text" value="17"/>	<input type="text" value="16"/>

***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 IAEA 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

The screenshot displays the 'Document Upload' page in the edlink system. The page is titled 'Document Upload' and includes a sub-header: '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.' A 'Return to Application Home' button is located at the top left of the main content area.

The page is divided into several sections, each with an 'Upload File' label and a 'Choose File' button with a 'Browse' link:

- 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.
- Section 2: Residence Pictures**
Pictures of the residence that the services will take place at. Pictures may include: The residence entrance, space where care will be provided.
- Section 3: Proof of Residency**
Verification of physical address where the services will be provided. Examples are given in the application instructions.
- Section 5: Verification of Identity**
Upload a copy of a government issued picture ID for all owners, directors, and designees.
- Section 6: Social Security Cards**
A copy of the social security cards for all owners and providers is required to submit the application.
- Section 7: W-9 or IRS SS-Form**
Upload a copy of the most recent W-9 or IRS SS-Form. If you have not applied for an EIN, then you may submit an IRS Form W-9.
- Section 8: Rates Verification**
Upload a copy of notice to parents such as newsletter, bulletin, memo, etc.

At the bottom of the page, there are two buttons: 'Back to CCAP' on the left and 'Save and Continue' on the right.

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

The screenshot shows the 'Banking Information' page in the edlink system. The left sidebar contains navigation options like 'My Dashboard', 'School Systems', and 'Entity Management'. The main content area is titled 'Banking Information' and includes a sub-section 'Section 1: Banking Information'. Below this section, there is a text prompt: '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.' A 'Download Bank Info Template' button is present. Below the text, there is an 'Upload File' section with a 'Choose File' input field and a 'Browse' button. At the bottom of the page, there are two buttons: 'Back to Document Upload' and 'Save and Review'.

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

This screenshot shows the same 'Banking Information' page as above, but with a document uploaded. The 'Upload File' section now displays a list of files. The first file is 'Banking Information' with a subtitle 'Application Fees and Banking Information 2.JPG', a date of '10/14/2021', and a status of 'Under Review'. There are icons for file actions (refresh, delete) next to the file name. The 'Back to Document Upload' and 'Save and Review' buttons remain at the bottom of the page.

APPLICATION HOME

The screenshot displays the 'Application Home' page in the edlink system. The page is titled 'Application Home' and includes a breadcrumb trail: 'Dashboard / Family Home / Application Home'. A navigation menu on the left lists various system functions such as 'My Dashboard', 'School Systems', 'School Management', 'School Finder', 'Entity Management', 'Entity Search', 'Account Settings', 'Messages', 'Help', 'WP Dashboards', 'Staff Management', 'Financial Management', 'Performance Profile', and 'My Professional Profile'. The main content area lists 13 steps of the application process, each with a title, a brief description, and buttons for 'Review or Edit' and 'Complete'. A 'Page Help' box at the top provides instructions on how to track progress and return to previous steps. The steps 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, and 13 - Application Fees.

Application Home
The Application Home page lists all the required steps in completing the Family Home Licensing 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 Center's application. After all required information is submitted within each step, you will see a green "Completed" badge on the Application Home page. If a section remains incomplete there will be a yellow "Incomplete" badge. Once you have started a step, you can always return to a previous section using the "Return to Previous" button or return to this Home page by using the "Return to Application Home" button.

- 1 - Application Instructions**
This page describes all the requirements and instructions for completing the licensing application.
Review or Edit 1
Complete
- 2 - Funding Source**
Enter all the funding sources for your Early Learning Center on this page.
Review or Edit 2
Complete
- 3 - 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 facility.
Review or Edit 4
Complete
- 5 - Ownership Type**
This page asks for the legal ownership type of your Early Learning Center.
Review or Edit 5
Complete
- 6 - Home-based Provider**
List all the legal owners of the Early Learning Centers on this page.
Review or Edit 6
Complete
- 7 - Providers and Support Staff**
Enter in all currently hired Providers and other staff on this page.
Review or Edit 7
Complete
- 8 - Household Members**
Enter in any household members living on site at the residence.
Review or Edit 8
Complete
- 9 - Criminal Background Check**
This page will provide you the status of all owners, providers and staff who have completed a Criminal Background check.
Review or Edit 9
Complete
- 10 - Emergency Plan**
The center's Emergency Preparedness Plan and emergency contacts will be completed on this page.
Review or Edit 10
Complete
- 11 - CCAP**
Review and accept the details of the Child Care Assistance Program on this page, and supply additional information about your Center's fees.
Review or Edit 11
Complete
- 12 - Document Upload**
This page allows you to upload all required supporting documentation for your Early Learning Center.
Review or Edit 12
Complete
- 13 - Application Fees**
This page will collect your initial application fee for the licensing application. Additional fees may apply based on your Center's capacity.
Review or Edit 13
Complete

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

The screenshot displays the edlink dashboard for user Samad.Ahmedusa@LA.GOV. The interface includes a sidebar with navigation options, a main content area with a welcome message, and several data visualization and management sections.

Welcome Back, Samad.Ahmedusa@LA.GOV
Welcome to your Entity Management Dashboard. Here you can review and make changes to your entity.

Entity
My Little Daisies Daycare
8006 Big Street
Baton Rouge, LA 70802

License Details

License Type	Type III	License Number	123456789012345678
License Status	Open	Expires	12/30/2021

Bar Chart Data:

Category	Value
Visits	662
Staff	94
Deficiencies	390
Capacity	2898

Entity Management Alerts (3)

- Notification - Apply for Child Care Assistance Extended Day Care Program**
Step 30 2021 3:06PM
Action Required: You are potentially eligible for the Extended Day Care program at your school. Start a new application to qualify for Child Care Assistance Funding. [Start Application](#)
- Notification - Apply for Child Care Assistance Extended Day Care Program**
Step 30 2021 2:56PM
Action Required: You are potentially eligible for the Extended Day Care program at your school. Start a new application to qualify for Child Care Assistance Funding. [Start Application](#)
- Notification - Apply for Child Care Assistance Extended Day Care Program**
Step 30 2021 2:51PM
Action Required: You are potentially eligible for the Extended Day Care program at your school. Start a new application to qualify for Child Care Assistance Funding. [Start Application](#)
- Notification - Apply for Child Care Assistance Extended Day Care Program**
Step 30 2021 2:47PM
Action Required: You are potentially eligible for the Extended Day Care program at your school. Start a new application to qualify for Child Care Assistance Funding. [Start Application](#)
- Notification - Initial Application Returned To Provider**
Step 29 2021 11:41PM
Action Required: Initial Application Returned To Provider. [Review](#)

All Entities

Entity Name	Address	License #	License Type
My Little Daisies Daycare #3	4004 Little Street StreetName 2 Baton Rouge, LA 70804	012345678901	Type III

Pending Applications

Application ID	Fee Balance	Last Update	Expires on
100692	\$25.00	10/14/2021	12/13/2021
100693	\$25.00	10/14/2021	12/13/2021

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