

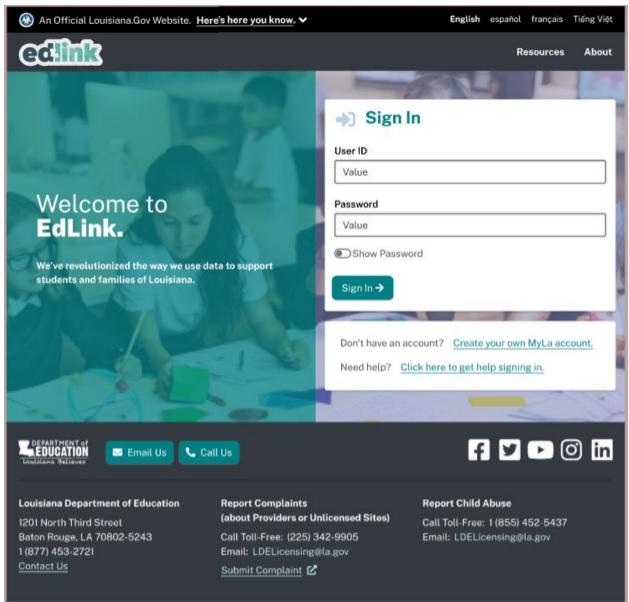
Edlink Type II Application Instruction Manual 2022

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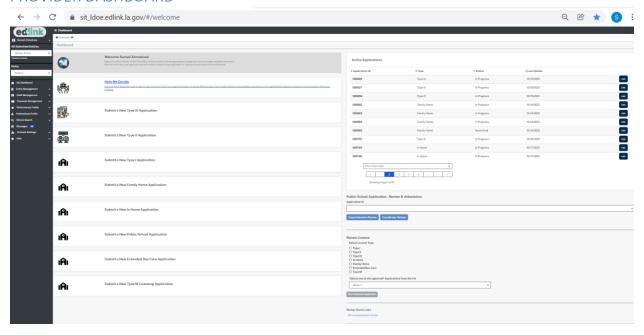
This documentation provides step-by-step instructions for completing the Type III Application.

MAIN PAGE



The above image is the first page that will appear. For the purposes of this example, the selection chosen was "Existing Provider" (w/o Staff ID). 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

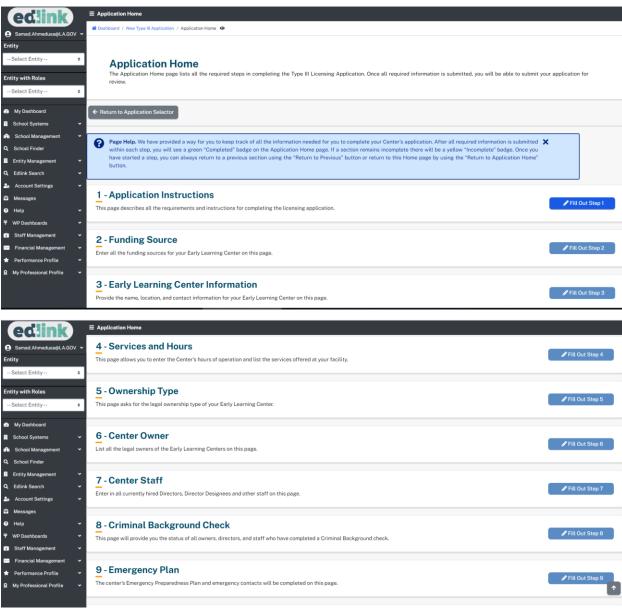
The "Dashboard" page also contains a section titled, "Renew License" where a Provider may "Select License Type" to be completed. The license types are:

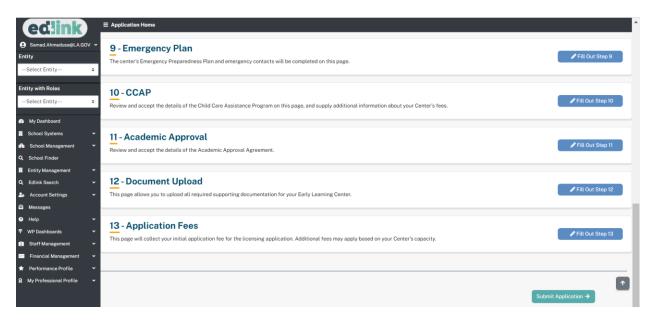
- Type I
- Type II
- Type III
- In Home
- Family Home
- Extended Day care
- Type M

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 Type III Application", navigating the Provider to the "Application Home" screen.

APPLICATION HOME





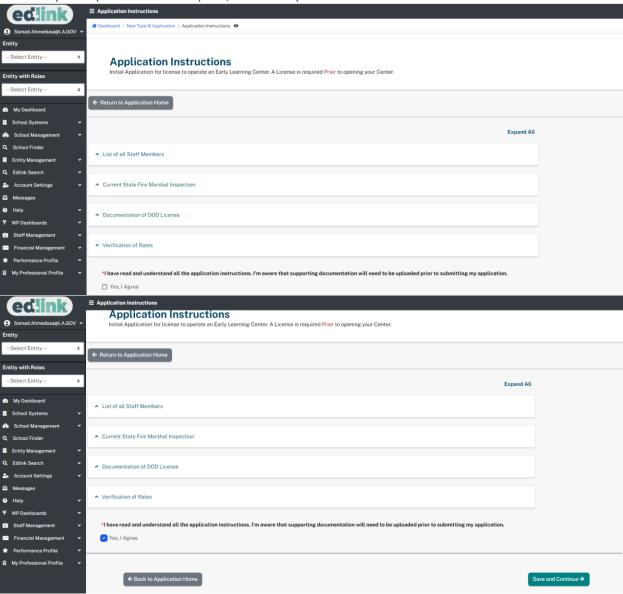
The "Type II Application" section has 11 sections, which are:

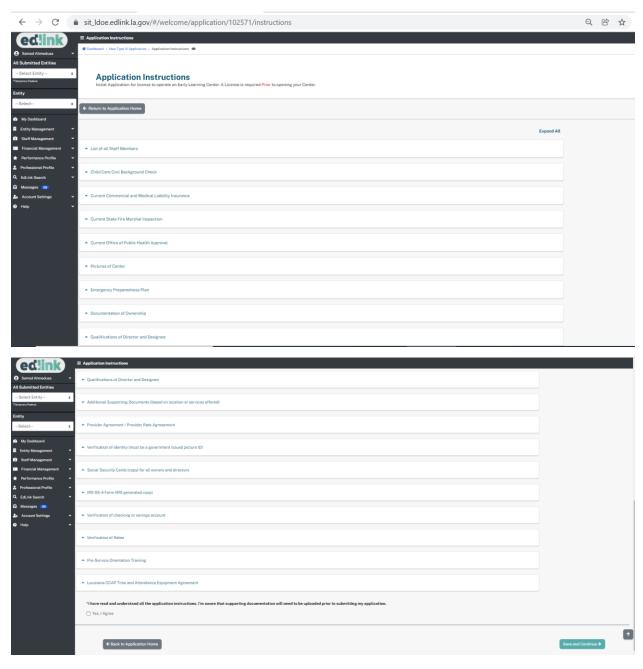
- 1 Application Instructions
- 2 Funding Source
- 3 Early Learning Center Information
- 4 Services and Hours
- 5 Ownership Type
- 6 Center Owner
- 7 Center Staff
- 8 Criminal Background Check
- 9 Emergency Plan
- 10 Document Upload
- 11 Application Fees

When a Provider selects, "Fill out step 1," the "Application Instruction" page will appear. Note: Moving forward, all the sections will be explained.

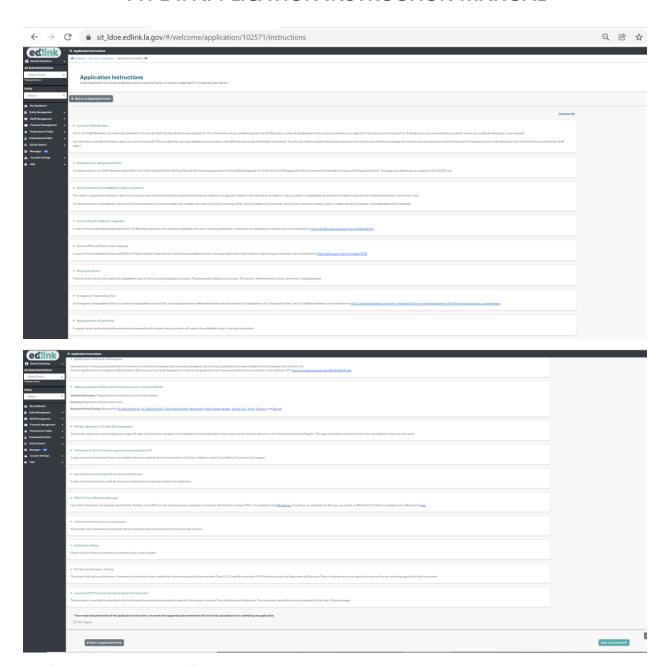
APPLICATION INSTRUCTIONS

Rows may be expanded and collapsed, individually or all at once.





The image below demonstrates how the page will appear when all rows are expanded.



The "Application Instruction" page has 18 Sections, which are:

- List of all Staff Members
- Child Care Civil Background Check
- Current Commercial and Medical Liability Insurance
- Current State Fire Marshal Inspection
- Current Office of Public Health Approval
- Pictures of Center
- Emergency Preparedness Plan
- Documentation of Ownership
- Qualifications of Director and Designee
- Additional Supporting Documents (based on location or services offered)
- Provider Agreement / Provider Rate Agreement

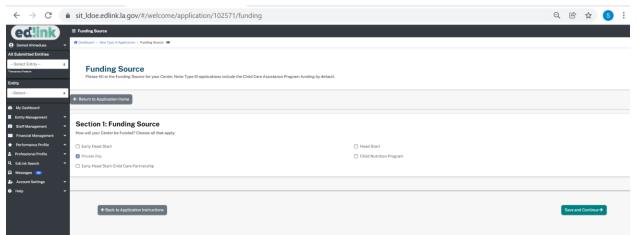
- Verification of identity (must be a government issued picture ID)
- Social Security Cards (copy) for all owners and directors
- IRS SS-4 Form (IRS generated copy)
- Verification of checking or savings account
- Verification of Rates
- Pre-Service Orientation Training

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.

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

FUNDING SOURCE

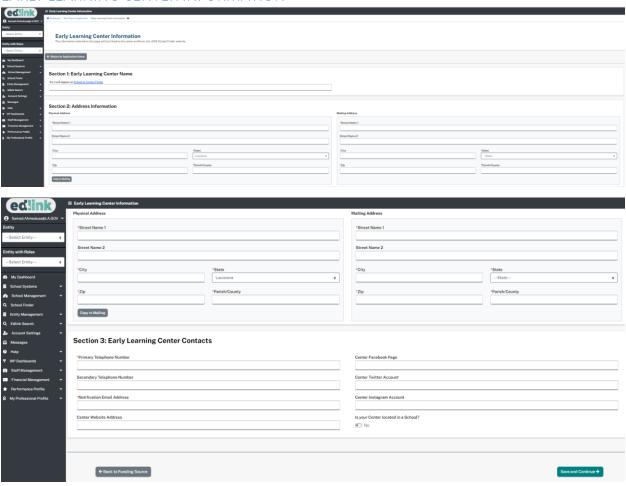


On the "Funding Source" page, there is only 1 section titled, "Section 1: Funding Source". In "Section 1: Funding Source," there are 5 "check or uncheck" options that Providers may choose, which are:

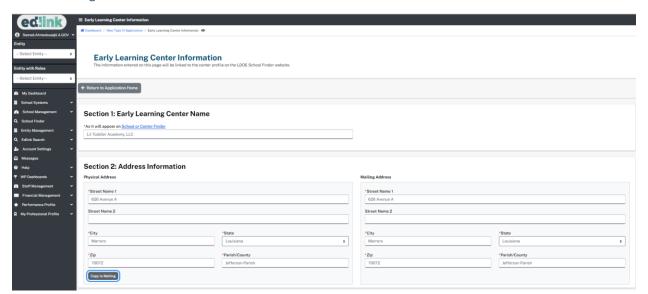
- Early Head Start
- Private Pay
- Early Head Start Child Care Partnership
- Head Start
- Child Nutrition Program

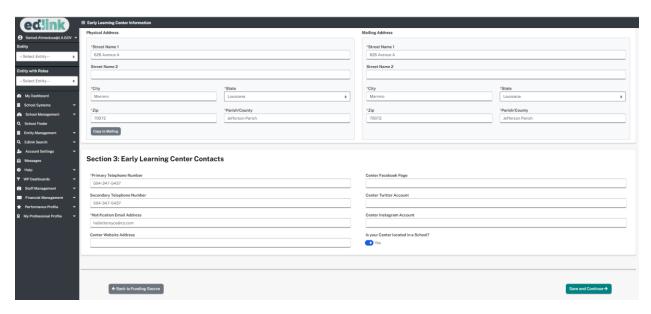
Again, select "Save and Continue" and the Provider will be navigated to...

EARLY LEARNING CENTER INFORMATION



After entering data and other information:





In "Section 3: Early Learning Center Information," there are 3 subsections, which are:

- Section 1: Early Learning Center Name
- Section 2: Address Information
- Section 3: Early Learning Center Contacts

In "Section 1: Early Learning Center Name," there is 1 text box that requires Provider to enter information:

• Type in the school or center name as it will appear on School or Center Finder (red marked part is a hyperlink)

In "Section 2: Early Learning Center Name," there are 2 subsections that requires Provider to enter information within, which are:

- Physical Address-Enter the physical address here.
- Mailing Address-Enter the mailing address here.

In the "Physical Address" dropdown, there is only 1 dropdown but 5 text boxes that requires Provider to enter 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 physical and mailing addresses are the same.

In the "Mailing Address" dropdown, there is only 1 dropdown but 5 text boxes that requires Provider to enter information, which are:

• Street Name 1

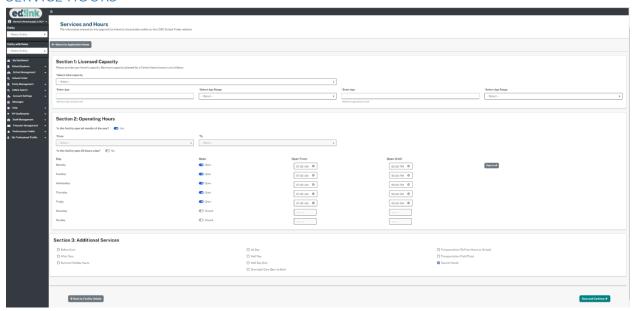
- Street Name 2
- City
- Zip
- State (Dropdown)
- Parish/County

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

- Primary Telephone Number
- Secondary Telephone Number
- Notification Email Address
- Center Website Address
- Center Facebook Page
- Center Twitter Account
- Center Instagram Account
- Is your Center located in a School? (yes/no question)

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

SERVICE HOURS



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:

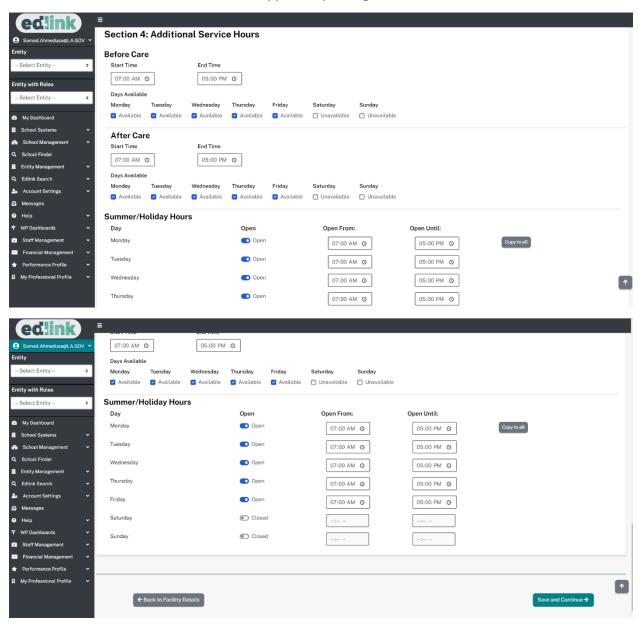
o Providers may utilize the "Copy to All" selection if all of the days will have the same operational open and close times.

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:

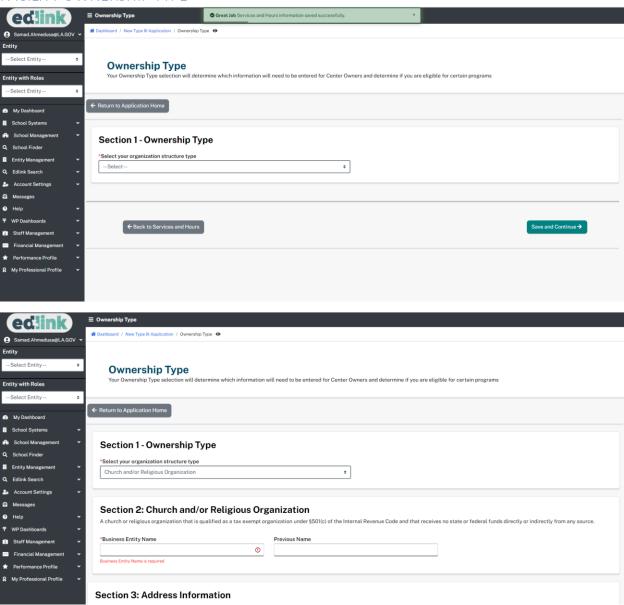
- Before Care
- After Care
- Summer/Holiday Hours
- All Day
- Half Day
- Half-Day Only
- Overnight Care (9 pm to 6 am)
- Transportation (To/From Home or School)
- Transportation (Field Trips)
- Special Needs

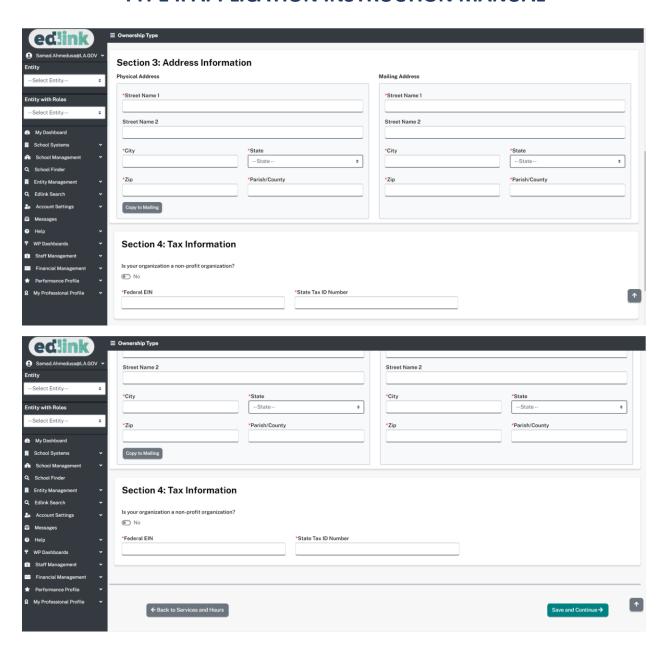
Note:

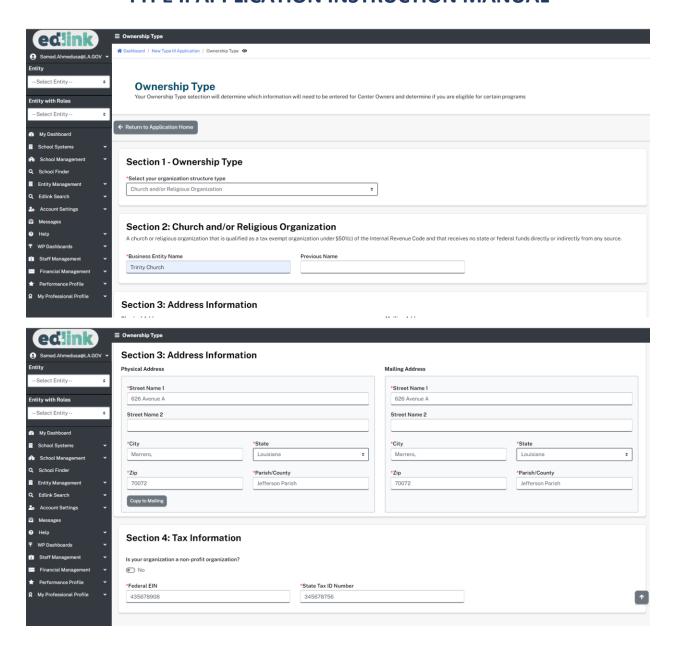
o If a Provider chooses any of the options from "Section 3: Additional Services", "Section 4: Additional Service Hours" will appear requesting that additional information be entered.

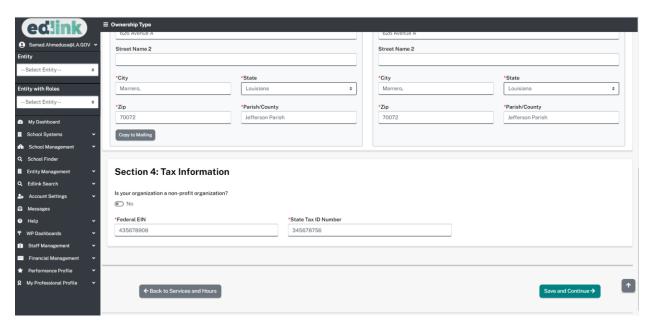


FACILITY OWNERSHIP TYPE









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:

o 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 "Church and/or religious organization," option was selected in "Section 1: Ownership Type" 3 remaining sections that require the entry of information, 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 that require the entry of information, which are:

- Business Entity Name
- Previous Name

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

- Physical Address
- Mailing Address

In "Physical Address," There are 5 text boxes and 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:

o Providers may utilize the "Copy to All" selection if all if the physical and mailings addresses are the same.

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 "University" option was selected from the "Ownership Type," there are 3 remaining sections that requires the entry of information, which are:

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

In "Section 2: University," there are 2 text boxes that require the entry of information, which are:

- Business Entity Name
- Previous Name

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

- Physical Address
- Mailing Address

In "Physical Address," There are 5 text boxes and 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:

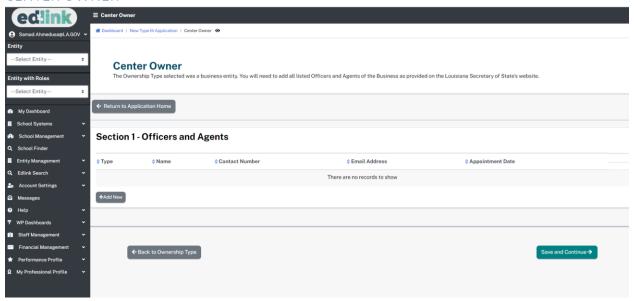
o Providers may utilize the "Copy to All" selection if all if the physical and mailings addresses are the same.

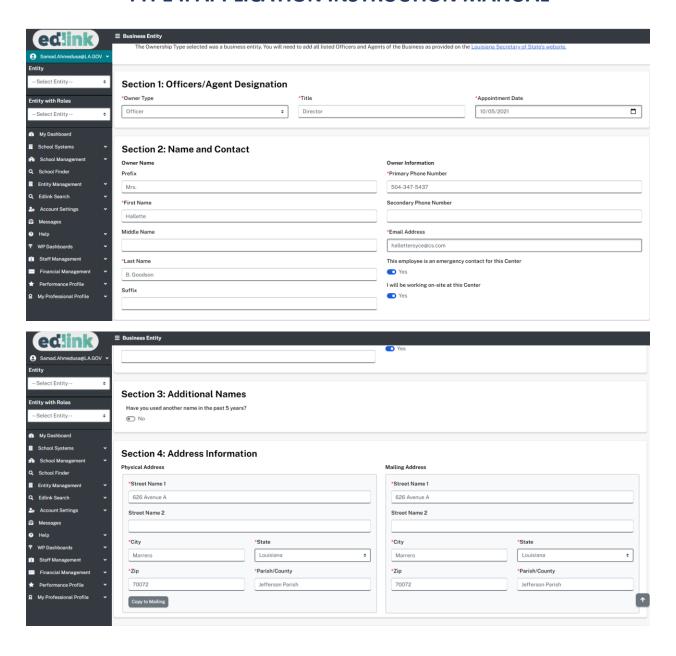
In "Section 4: Tax Information" requires a Yes or No response for 1 question and information entered into 2 text boxes, which are:

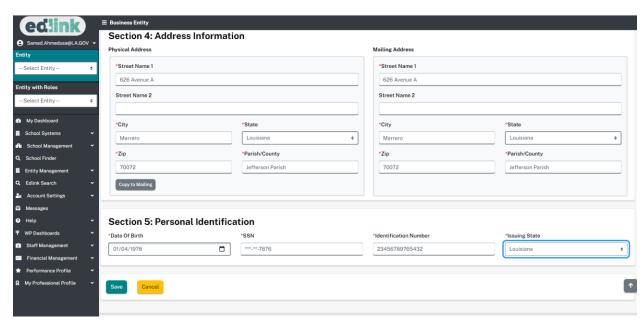
- Federal EIN
- State Tax ID Number
- Is your organization a nonprofit organization?

After providing all of the required information, the "Center Owner" page will appear, as shown below.

CENTER OWNER







After the Provider is navigated to the "Center Owner" Page, "Section 1: Officers and Agents" will appear, as shown below:

Center Owner 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							
♦Туре	\$Name	Contact Number	Email Address	Appointment Date			
Officer	Hallette B. Goodson	504-347-5437	samad.ahmedusa@la.gov	01/21/2022	2 5		
Agent	Samad Ahmed	504-347-5437	samad.ahmedusa@la.gov	01/21/2022			
+Add New							
← Bac	k to Ownership Type				Save and Continue →		

Provider must select "Add New".

Section 1 - Officers and Agents

After selecting, "Add New" 5 remaining sections that require the entry of information will appear, 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 are 3 subsections consisting of 1 dropdown, 1 textbox and a date picker requiring the entry or selection of information, which are:

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

Appointment Date (Date Picker)

In "Section 2: Name and Contact," there are 2 subsections requiring that information be entered, which are:

- Owner name
- Owner Information

In the "Owner Information" subsection, there are 5 text boxes that require the entry of information, which are:

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

Also, in the "Owner Information" subsection, there are 3 text boxes and 2 Yes or No questions that require information to be entered or selections, which are:

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

In "Section 3: Additional Names," there is 1 Yes/No question that requires the entry of information, which is:

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

In "Section 4: Address Information," there are 2 sections, 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

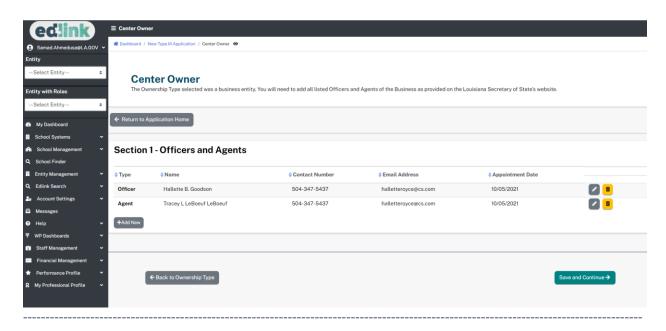
Note:

O Providers may utilize the "Copy to All" selection if all if the physical and mailings addresses are the same.

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

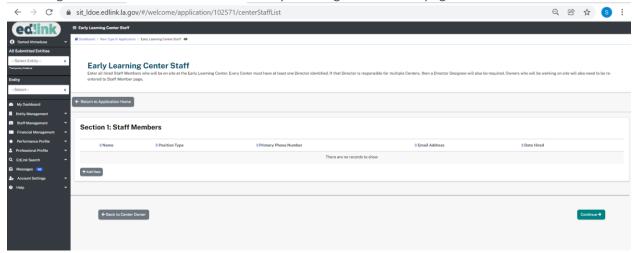
- Date of Birth (Date Picker)
- SSN 9 (Text box)
- Identification Number (Text Box)
- Issuing State (Dropdown)

After providing all of the required information, "Section 1-Officer and Agents" page will appear, as shown below:

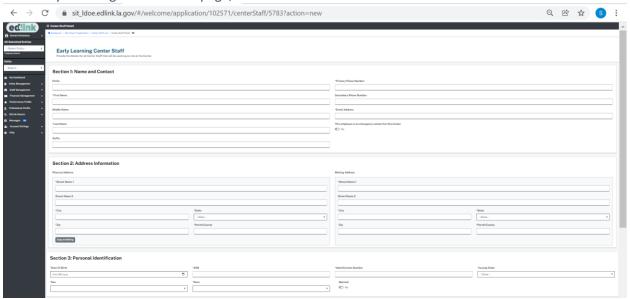


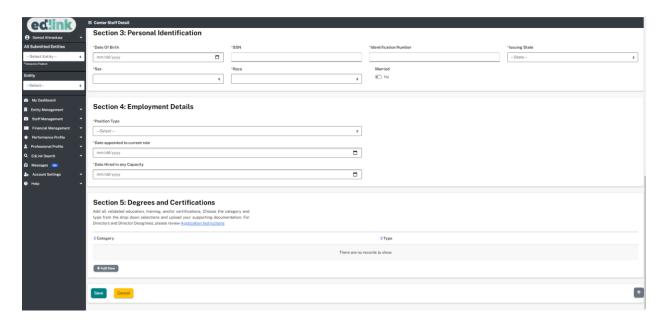
EARLY LEARNING CENTER STAFF

This image below is an initial view of the "Early Learning Center Staff" page.



Providers may add additional staff by selecting the "Add new" option, which will navigate a Provider to the "Early Learning Center Staff" page, as shown below.

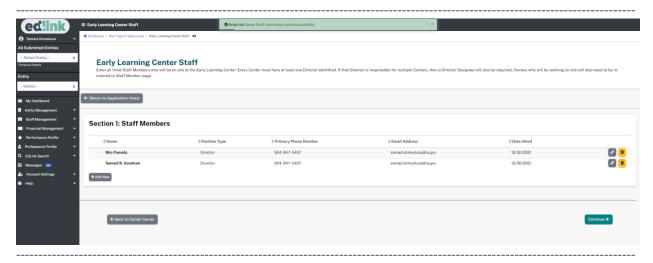




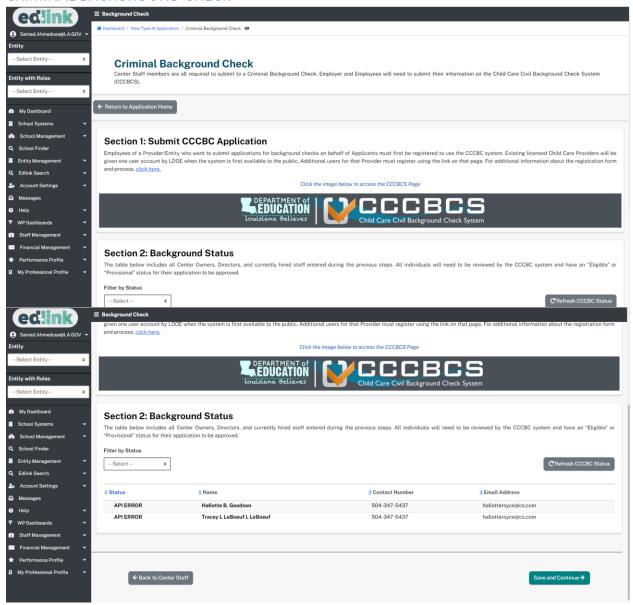
On the "Early Learning Center Staff" there are 5 sections where a Provider must provide all required information if a new "Staff Member" is to be added, which are:

- Section 1: Name and Contact
- Section 2: Address Information
- Section 3: Personal Identification
- Section 4: Employment Details
- Section 5: Degrees and Certifications

After entering data and information in the previous 5 sections, a "Staff Member" may be added on the "Early Learning Center Staff" page, as shown below.



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

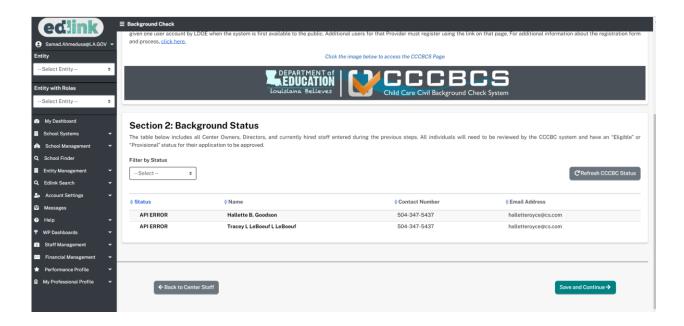
In "Section 1: Submit CCCBC Application," there are 2 Hyperlinks, which are:

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

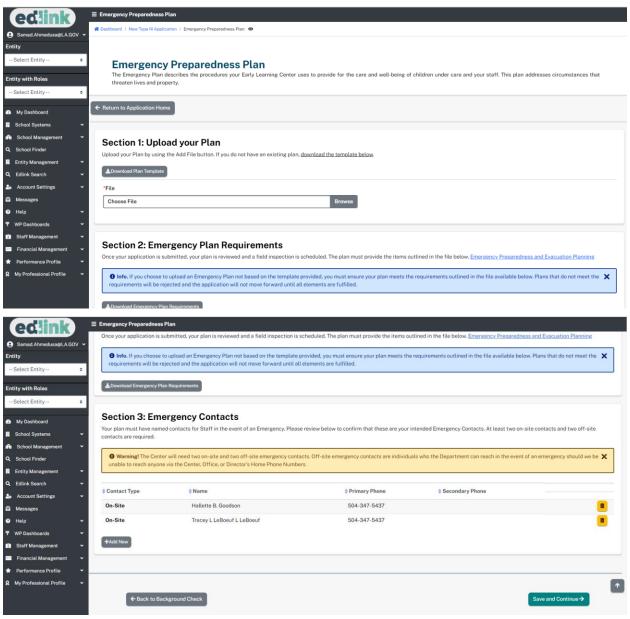
In "Section 2: Background Status," there is 1 dropdown, which is:

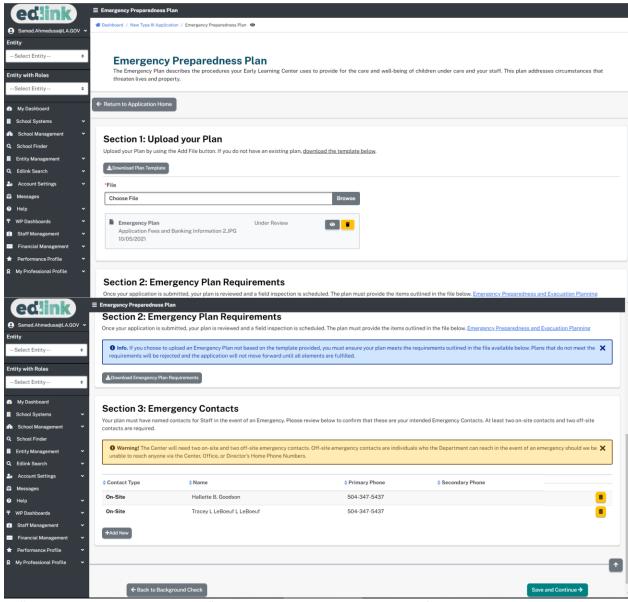
Filter by Status





EMERGENCY PREPAREDNESS PLAN





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

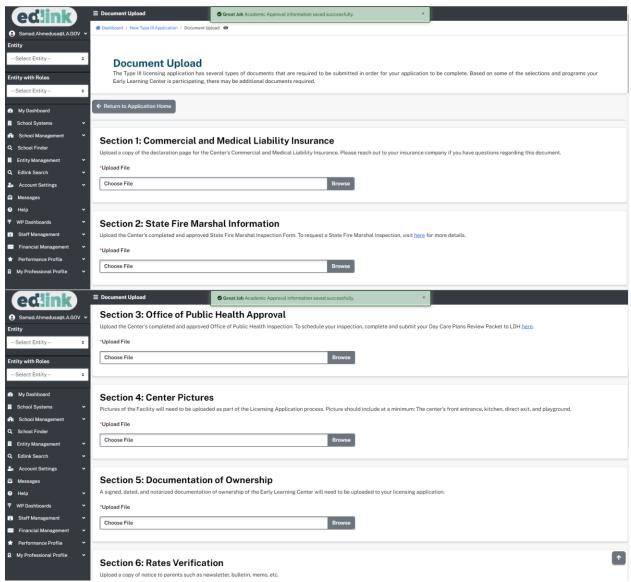
- Section 1: Upload your Plan
- Section 2: Emergency Plan Requirements
- Section 3: Emergency Contacts

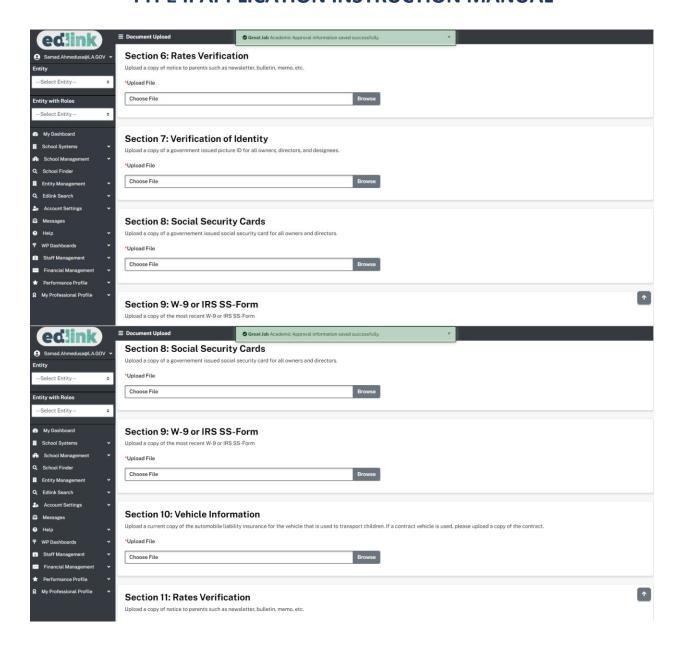
In "Section 1: Upload your Plan," a Provider may select the option to "upload a file."

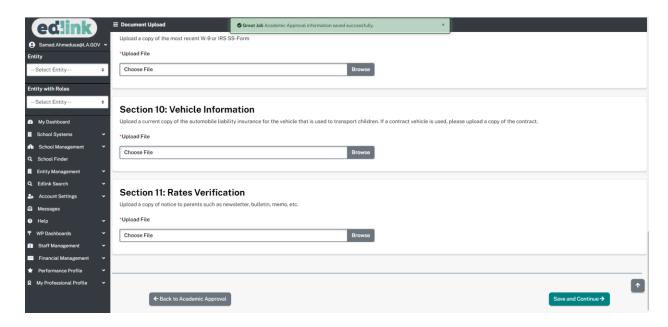
In "Section 2: Emergency Plan Requirements," Provider may download emergency plan requirements for printing or saving.

In "Section 3: Emergency Contacts," Provider may add emergency contact information.

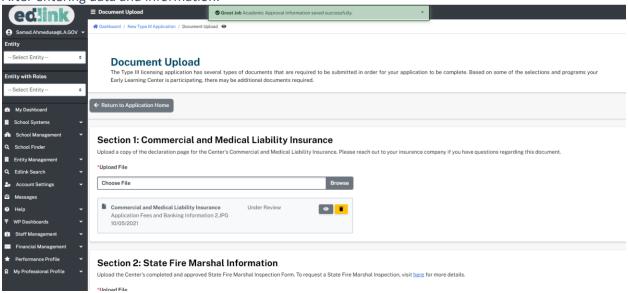
DOCUMENT UPLOAD

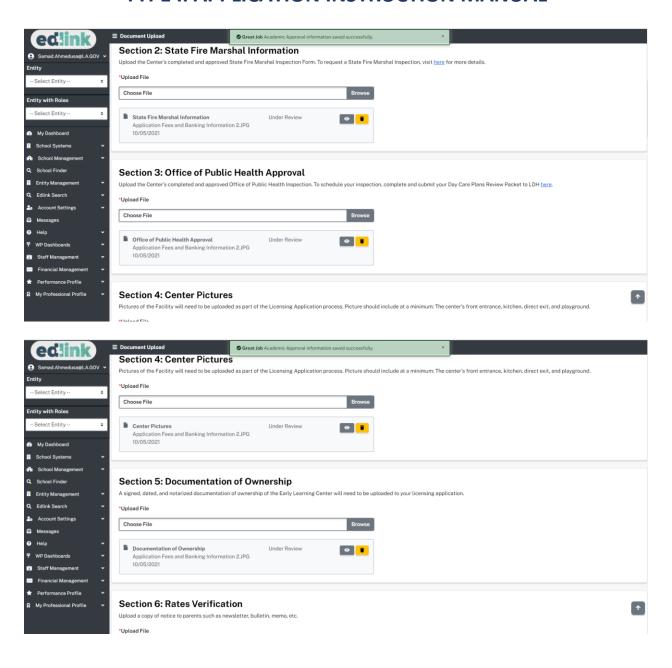


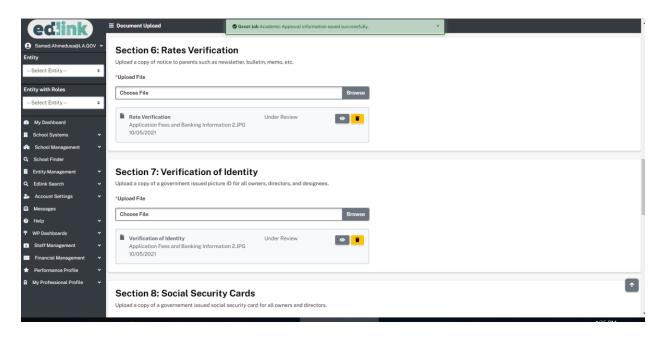


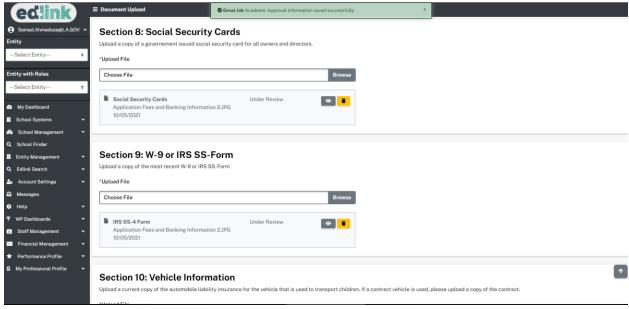


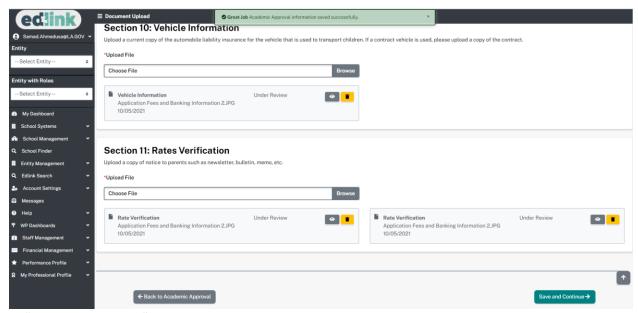
After entering data and information:











In "Document Upload," there are 10 sections display, which are:

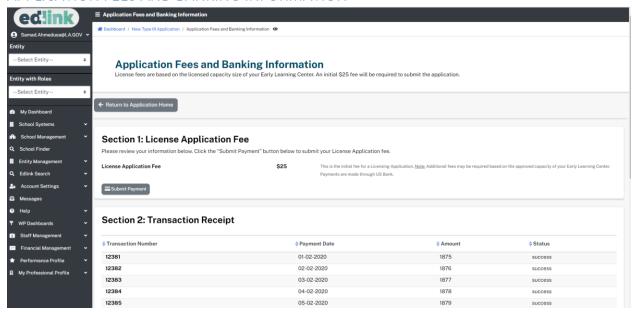
- Section 1: Commercial and Medical Liability Insurance
- Section 2: State Fire Marshal Information
- Section 3: Office of Public Health Approval
- Section 4: Center Pictures
- Section 5: Documentation of Ownership
- Section 6: Rates Verification
- Section 7: Verification of Identity
- Section 8: Social Security Cards
- Section 9: W-9 or IRS SS-Form
- Section 10: Rates Verification

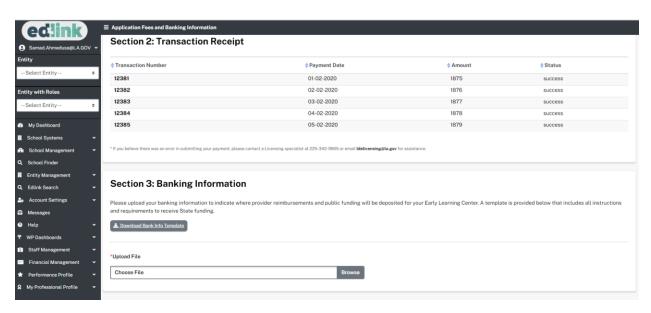
Note:

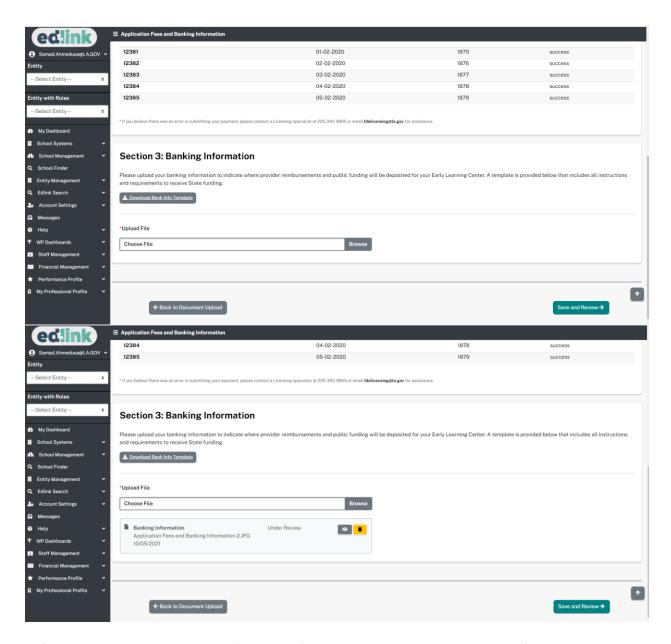
O Within each action, the Provider may upload a document.

After clicking "Save and continue," the "Application Fees and Banking Information" page will appear, as shown below:

APPLICATION FEES AND BANKING INFORMATION







In "Application Fees and Banking Information," there are 3 sections displaying specific application information, which are:

- Section 1: License Application Fee
- Section 2: Transaction Receipt
- Section 3: Banking Information

In "Section 1: License Application Fee," the options of "License Application Fee" and "Submit Payment" are visible.

In "Section 2: Transaction Receipt," 4 options are visible, which are:

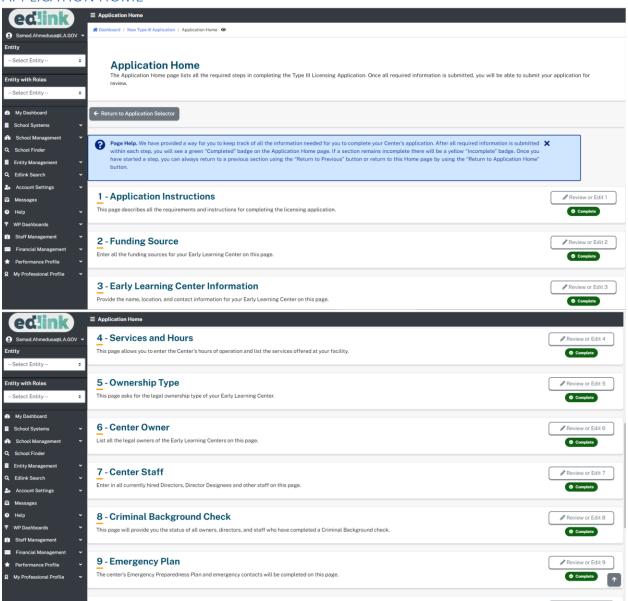
- Transaction Number
- Payment Date
- Amount

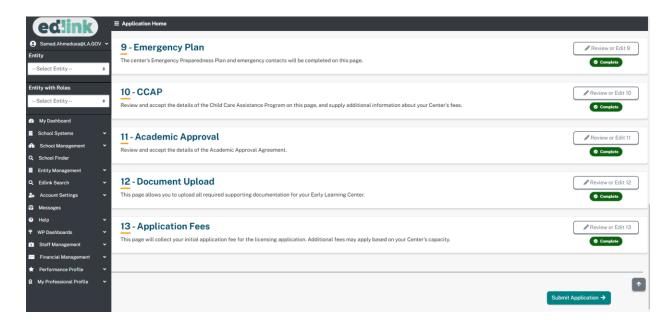
Status

In "Section 3: Banking Information," Providers may download the "Banking Information" template for printing or saving.

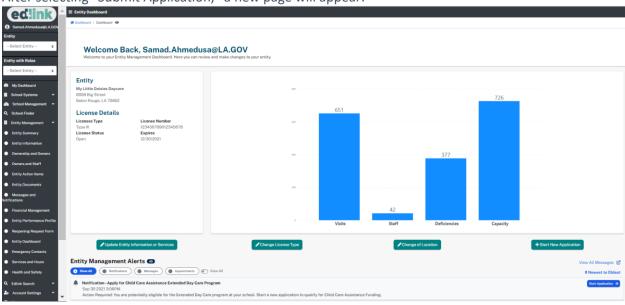
Select the "Save and Review" option to be redirected back to the "Application Home".

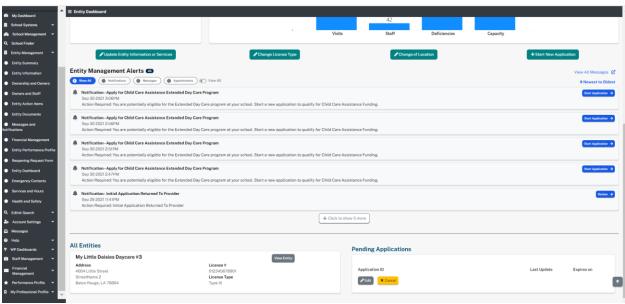
APPLICATION HOME





After selecting "Submit Application," a new page will appear:





Once the previous sections and requirements have been completed, completion statuses will be visible for each step, which are:

- 1 Application Instructions
- 2 Funding Source
- 3 Early Learning Center Information
- 4 Services and Hours
- 5 Ownership Type
- 6 Center Owner
- 7 Center Staff
- 8 Criminal Background Check
- 9 Emergency Plan
- 10 Document Upload
- 11 Application Fees

Note: Providers may review, edit, and complete any incomplete sections.

Providers may withdraw an application by selecting the "Withdraw Application" option. A confirmation of the withdrawal will be emailed to the email address previously provided by the Provider.
