



LOUISIANA DEPARTMENT OF EDUCATION

# Early Childhood Provider Type III Application and Edlink Access User

2023-2024

APRIL 2023 PM

The logo for Edlink, featuring the word 'edlink' in a bold, teal, sans-serif font. The letter 'd' is stylized with a white outline of the state of Louisiana inside it.

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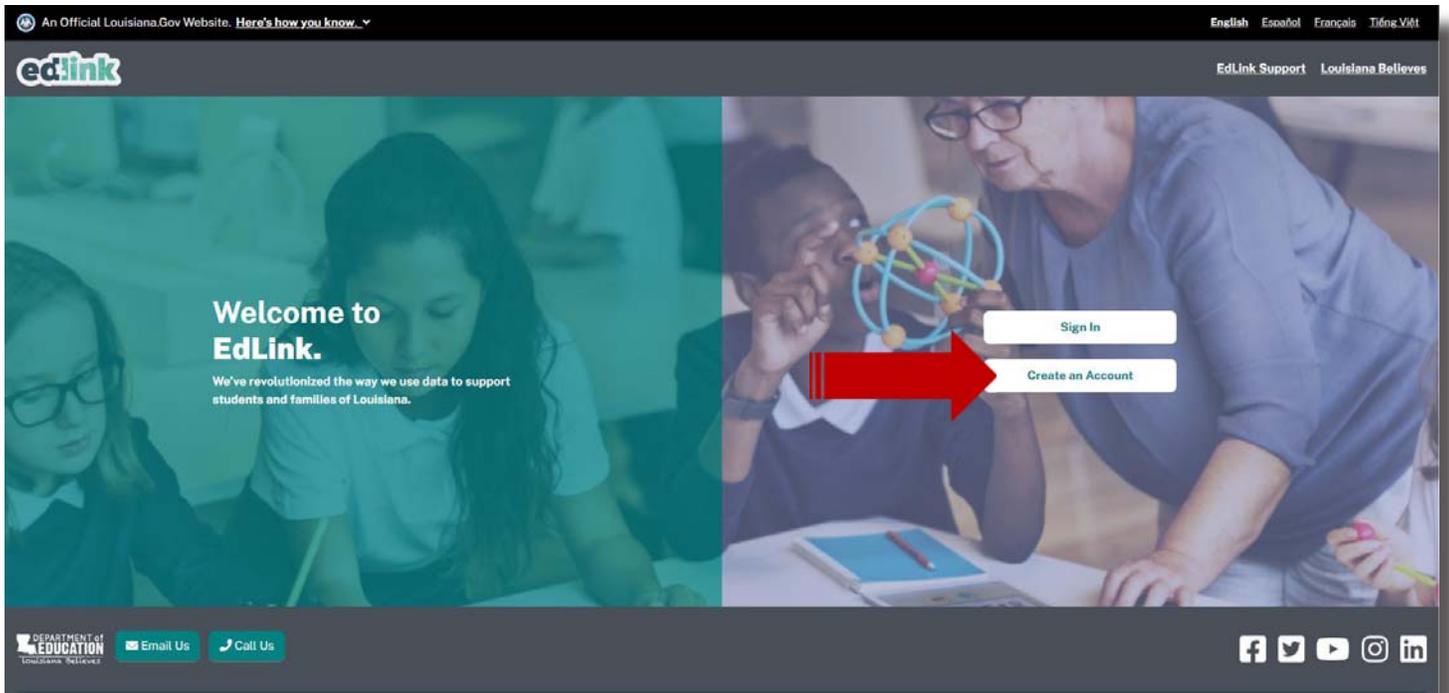
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## LDOE SYSTEMS ACCESS AND SECURITY

Using the link below, begin creating your MyLa.Gov account and gain access to EdLink. The following instructions are presented in a step-by-step format to help you do this.

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



Take a moment to read the information on this page. Then select “continue to MyLa.”

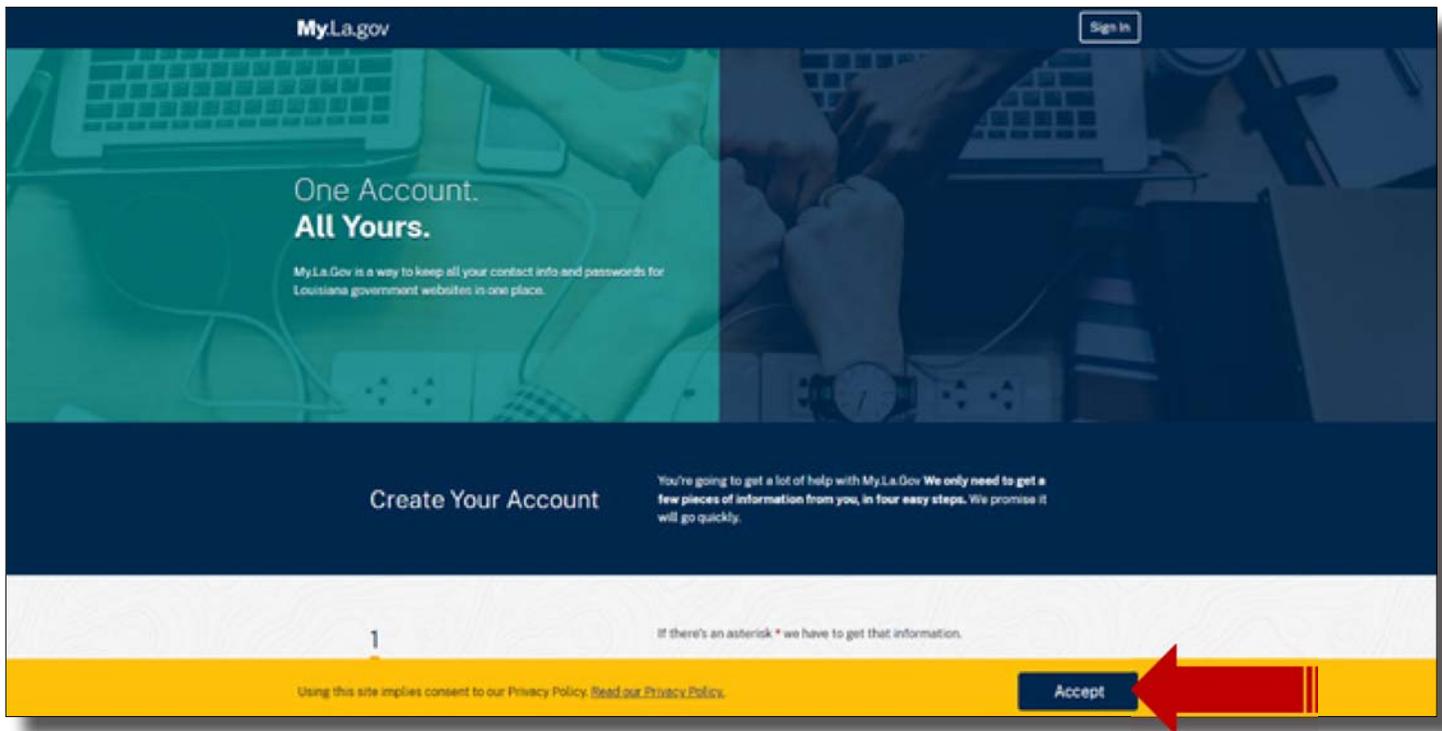


If you believe that you already have a MyLa.gov account, see the Password/User ID Reset Instructions located on the [Edlink Training](#) page. Sign into the main portal. If a New User Profile appears, then you've already created a MyLa.gov. account. Complete the profile with your personal information. Avoid using Auto Fill (shared computers/data entry will select erroneous data). Once you've completed the profile, select Save. Continue to page 21 and Sign In to Edlink.

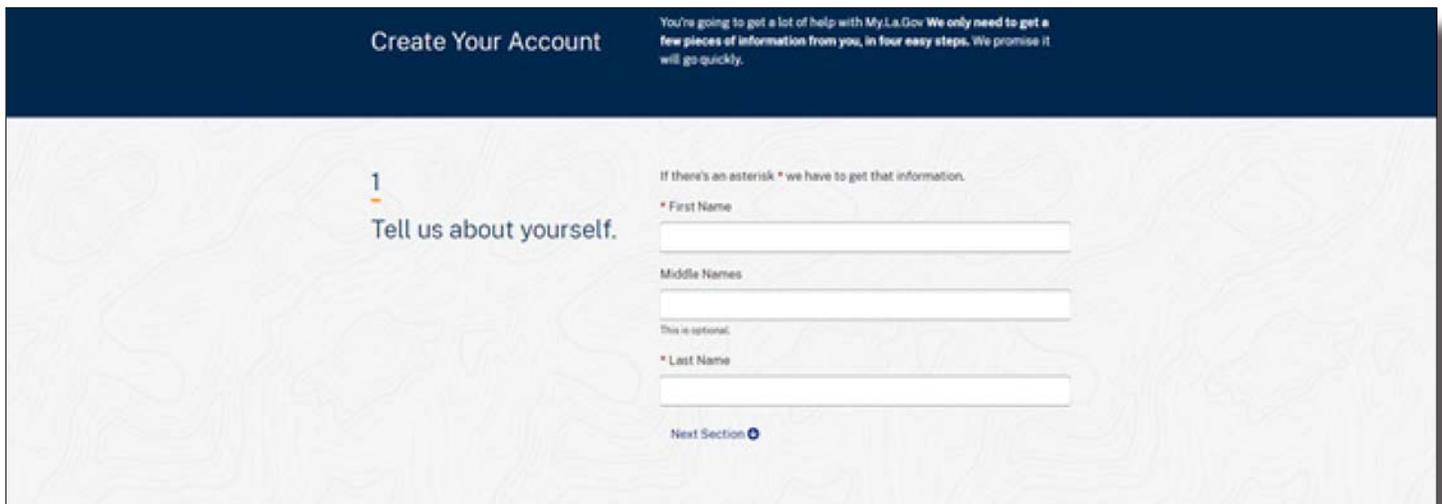
After selecting, "Continue to MyLa", proceed to the next page to complete your registration.



The "Create Your Account" page will appear. Accept Cookies and scroll down slowly until you see Step 1 of "Create Your Account."



Scroll down and begin inputting your information into the Tell Us About Yourself section. Please note that where there is a red asterisk, you must enter information to proceed.



Create a User ID. If you need assistance with creating a User ID, click on the blue light bulb below the text box. You will see this light bulb throughout the process.

**2**  
**Let's start your account.**

We need to get some information to start. We'll ask you to create a User ID and a password.

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

\* User ID  
[Text input field]  
[Want help making a User ID?](#)

\* Password  
[Text input field]  
 Show Passwords  
[Want help making a Password?](#)

\* Confirm Password  
[Text input field]

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

Do not use your email. Please stay below 50 characters.

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

\* User ID

[Text input field]

[Want help making a User ID?](#)

- ✘ Don't use any special character twice in a row.
- ✔ You can use one of these symbols: `- @ _`, but not twice in a row.
- ✔ You must use at least one English letter, A-Z or a-z.
- ✔ You can use numbers too.
- ✔ You must use least 8 characters but fewer than 64.

\* Password

Show Passwords

[Want help making a Password?](#)

❌ Don't use a password from any of your other accounts.

✅ You must use letters and numbers.

✅ Make some letters uppercase, make letters some lowercase.

✅ Use some of these symbols too:

```
{ [ ( < ! # , $ % ^ @ : \ | / & * - _ + = ; > ) ] }
```

\* Confirm Password

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

Before moving forward, record your Password and User ID.

**User IDs and Password Standards:**

Users are required to maintain the confidentiality of their passwords and to change their password when they suspect that the privacy of their password may have been compromised.

Each user will be allowed to select their own password based on established password standards.



Create a pin number by selecting 6 digits. Numbers ca not be consecutive (123456) or the same number (999999). Write this number down.

**3**  
**Let's set a PIN.**

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

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

\* New PIN  \* Confirm New PIN

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

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

**4**  
**How should we contact you?**

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

Telephone

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

\* Email Address

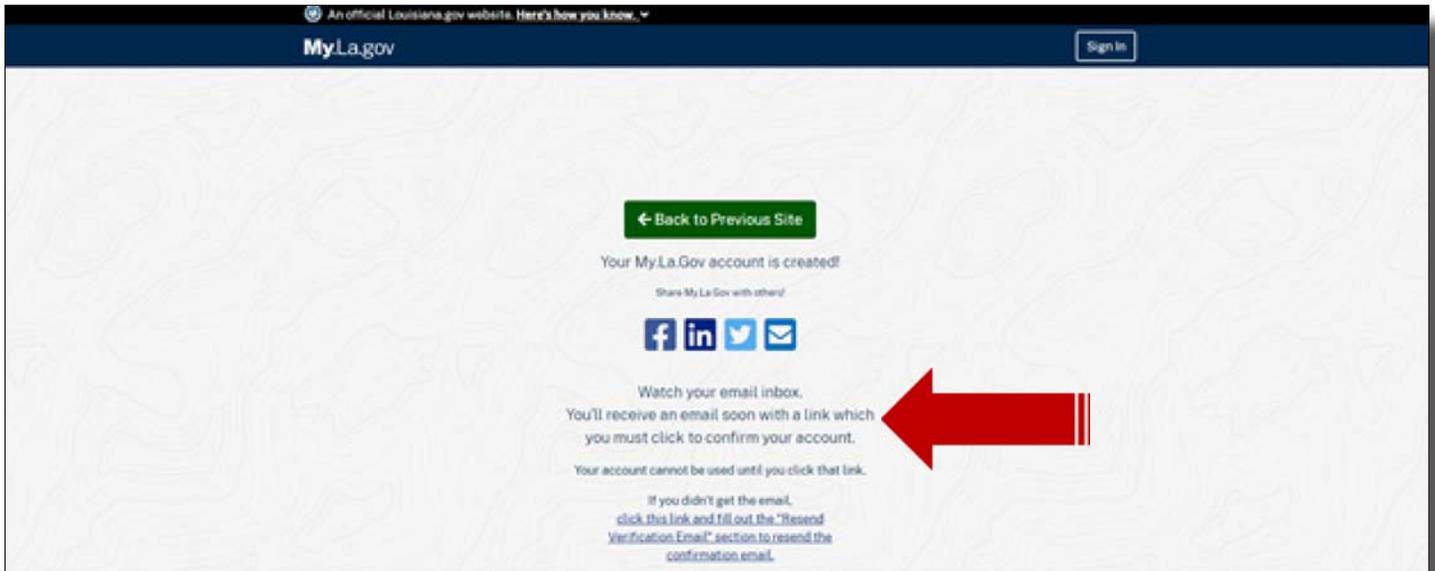
[Previous Section](#) [Next Section](#)

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

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

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

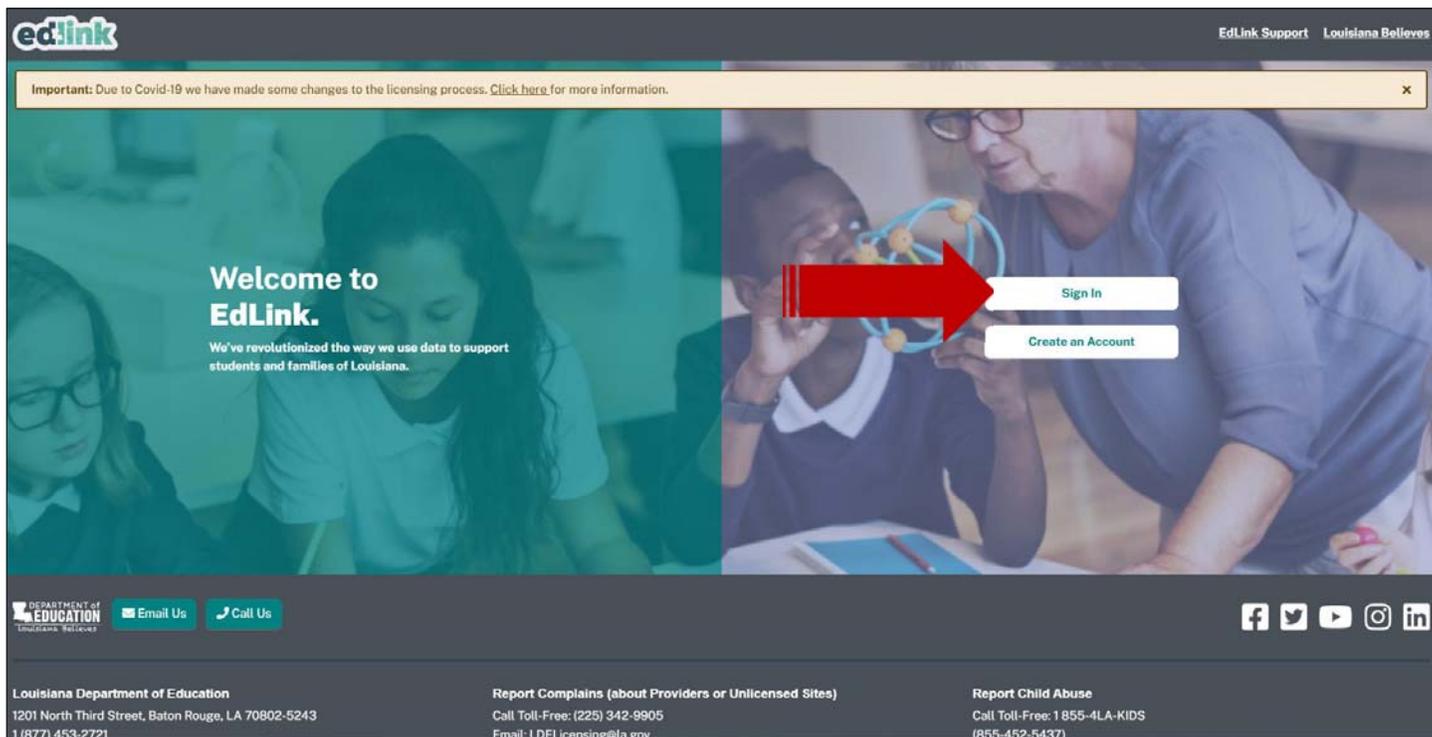
# CONFIRM EMAIL



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

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

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



You'll now be navigated to the New User Profile page .



You'll be asked to complete your profile by entering your personal information. Your SSN will be redacted after move to the next box. Complete each box with a red asterisk. Other boxes are optional. Select Early Childhood. Once all of your information has been entered, select, "Save."

**Personal Profile**

Account Settings / Personal Profile

### New User - Personal Profile

Review or update your personal profile information below.

#### Name and Contact

|                       |                            |
|-----------------------|----------------------------|
| <b>Member Name</b>    | <b>Contact Information</b> |
| Prefix                | *Primary Phone Number      |
| *First Name<br>Pamela | Secondary Phone Number     |
| Middle Name           | *Email Address             |
| *Last Name            | MyLA UserID                |
| Suffix                | Staff ID                   |

Copy to Mailing

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

#### Address Information

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| <b>Physical Address</b>           | <b>Mailing Address</b>            |
| *Street Name 1<br>1201 N River Rd | *Street Name 1<br>1201 N River Rd |
| Street Name 2                     | Street Name 2                     |
| *City<br>Baton Rouge              | *City<br>Baton Rouge              |
| *State<br>Louisiana               | *State<br>Louisiana               |
| *Zip<br>70802                     | *Zip<br>70802                     |
| *Parish/County                    | *Parish/County                    |

Copy to Mailing

#### Personal Identification

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

#### Organization Access Requested

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

What type of organization

Early Childhood  K-12

**Save**

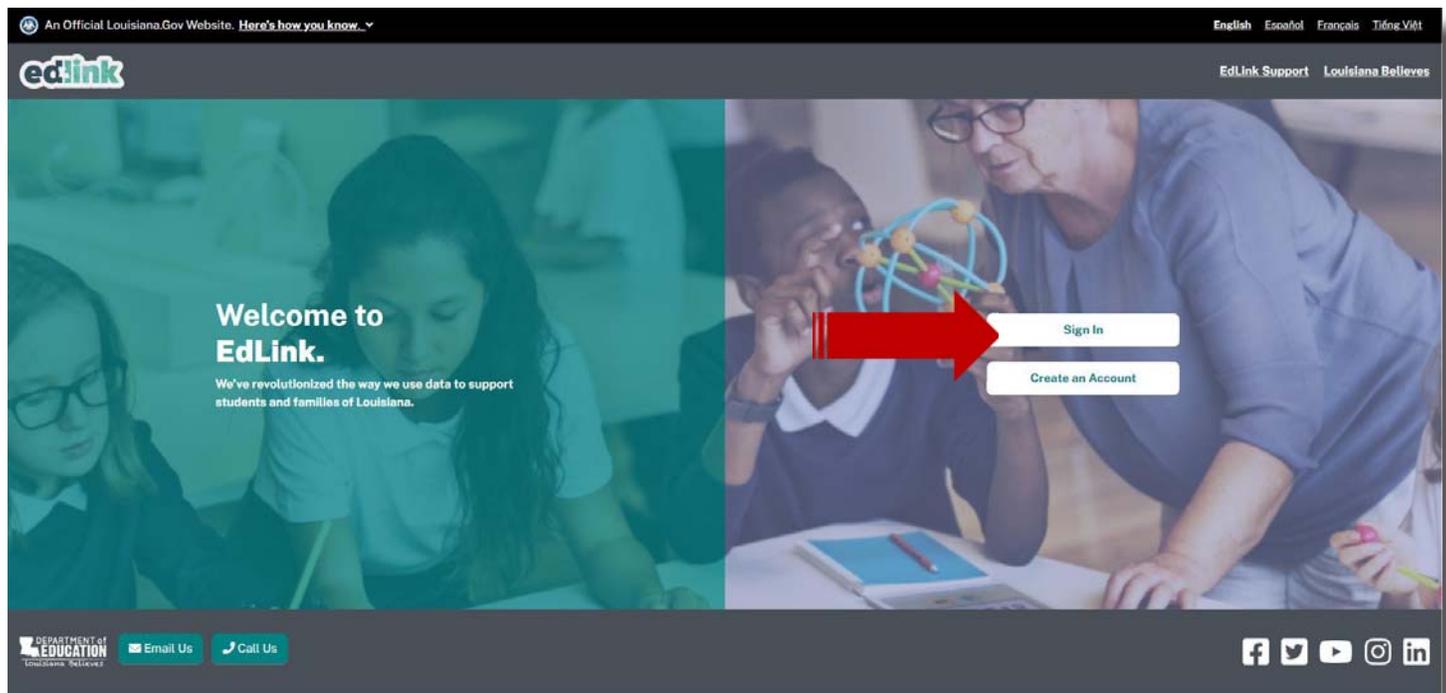
You will not receive a confirmation. Your information will be "grayed-out".

To complete your access, “Sign Out”, from the navigation panel, located under your User ID at the top left side of your screen.



Once again, you'll be navigated to the Edlink Sign In page shown below. You will not have to do duplicate functions in the future but it necessary to complete your access.

Select, Sign In.”



Your personal Dashboard will appear. On the Dashboard, your Entity Name and License Status is shown, if you are an existing Entity. If you are applying for licensing or certification for the first time, your access will be limited until your application has been approved.

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

The screenshot shows the 'Unread Messages and Notifications' section. It features a filter bar with 'Show All', 'Notifications', 'Messages', and 'View All' buttons. A 'View All Messages' link is in the top right. The messages are sorted by 'Newest to Oldest'. The list includes five items: 1. 'Message - Initial Application Rejected' (Oct 17, 2022 9:05 AM), 2. 'Notification - Application Cancellation' (Oct 14, 2022 7:44 AM), 3. 'Message - Renewal Application Withdrawn' (Oct 14, 2022 7:44 AM), 4. 'Message - Initial Application Review' (Oct 12, 2022 8:24 PM), and 5. 'Notification - Initial Application Review' (Oct 12, 2022 8:24 PM). Each item has an 'unread' status and an 'Action Required' note. The last item has a 'Review' button with an upward arrow.

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

**NEW PROVIDERS, SKIP TO PAGE 25  
OF THIS MANUAL TO BEGIN A NEW  
APPLICATION.**

**EXISTING PROVIDERS, CONTINUE  
TO THE NEXT PAGE OF THIS  
MANUAL TO REQUEST ACCESS TO  
YOUR ENTITY AND BEGIN YOUR  
RENEWAL APPLICATION.**

## **\*Licensed Provider Renewal Applications Only\***

Next, you'll request to be assigned as the Entity Manager and Security Coordinator for your Entity. You will need to be approved for both roles to gain access. You must make requests for each location, one at a time, for Entity access.

**NEW PROVIDERS** will request access **AFTER** your new application has been approved and issued. Until then, you will have limited access to Edlink.



## REQUESTING ACCESS FOR ENTITY MANAGER

To begin the request for access to your Entity and begin the completion of the Renewal Application, follow the upcoming instructions.

Select the Requesting Access to Entity button.

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

**Welcome, Pamela Mertens**

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

**Get Started**

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

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

**Pending Applications**

You don't have any Pending Applications

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

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

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

| Entity Name                  | Address | Role |
|------------------------------|---------|------|
| There are no records to show |         |      |

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

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

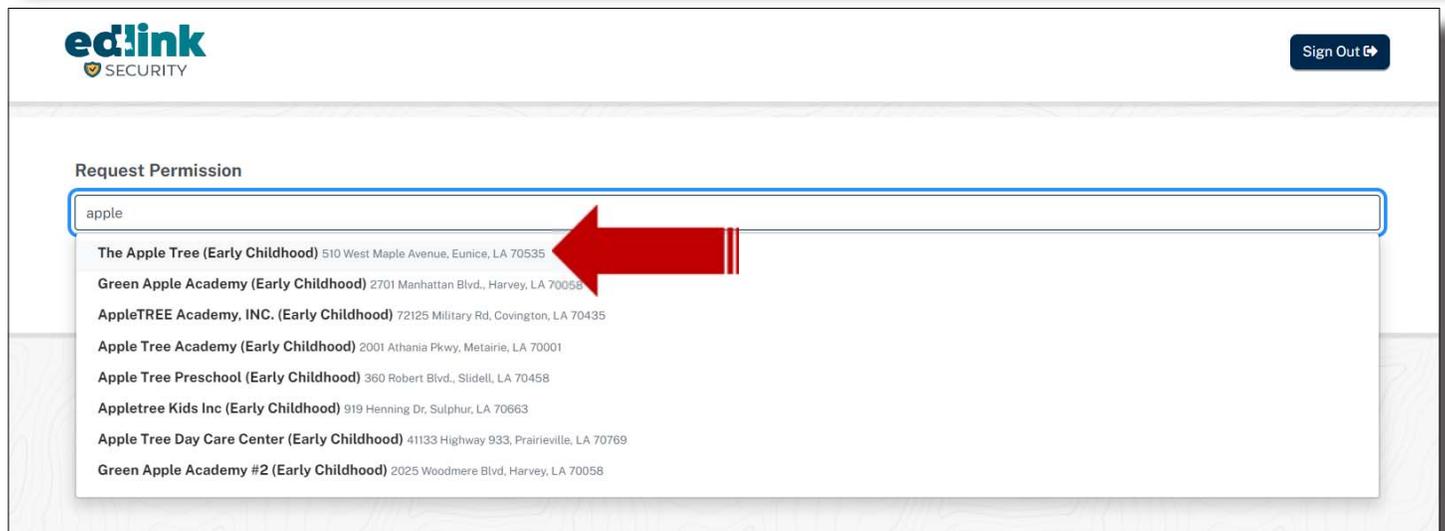
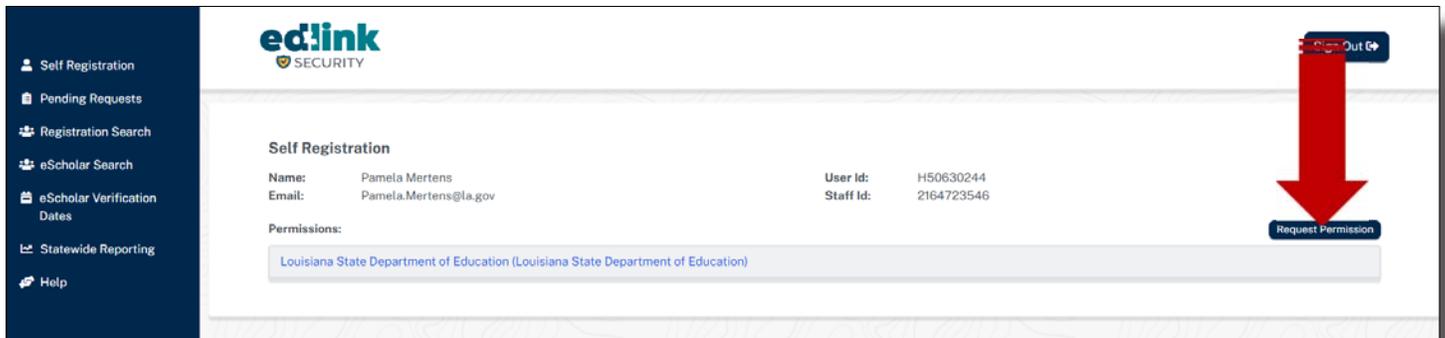
You may also click on the link below to request access to your Entity. Both the previous button and this link will navigate you the same Edlink Security, Self Registration page. Follow the instructions in a step-by-step format to help you do this.

<https://registration.edlink.la.gov>



### Requesting Entity Manager

1. Allow the screen to fully navigate to the Edlink Security page. This may take a few seconds.
2. Select “Request Permission” on the right side of the screen.
3. From the first drop-down, begin typing your center’s name. Select the correct entity.
4. From the second drop-down that appears, select Edlink Ops Portal.
5. From the third drop-down, select Entity Manager.
6. In the final box that appears, enter a statement explaining why you are requesting the role of Entity Manager.
7. Click inside of the little box labeled, Entity Manager, and select “Submit.”



### Request Permission

Location: The Apple Tree (Early Childhood)  
Address: 510 West Maple Avenue, Eunice, LA 70535

Please Select Application ...  
Please Select Application ...  
EdLink 360  
EdLink Ops Portal  
EdLink Security  
KinderConnect  
SER

### Request Permission

Location: The Apple Tree (Early Childhood)  
Address: 510 West Maple Avenue, Eunice, LA 70535  
Application: EdLink Ops Portal

Please Select Role ...  
Please Select Role ...  
Entity Manager  
NPS School Manager  
Other Staff  
Staff Administrator  
Teacher

### Request Permission

Location: The Apple Tree (Early Childhood)  
Address: 510 West Maple Avenue, Eunice, LA 70535  
Application: EdLink Ops Portal  
Role: Entity Manager

Optional Notification:  
Requesting Access as Entity Manager

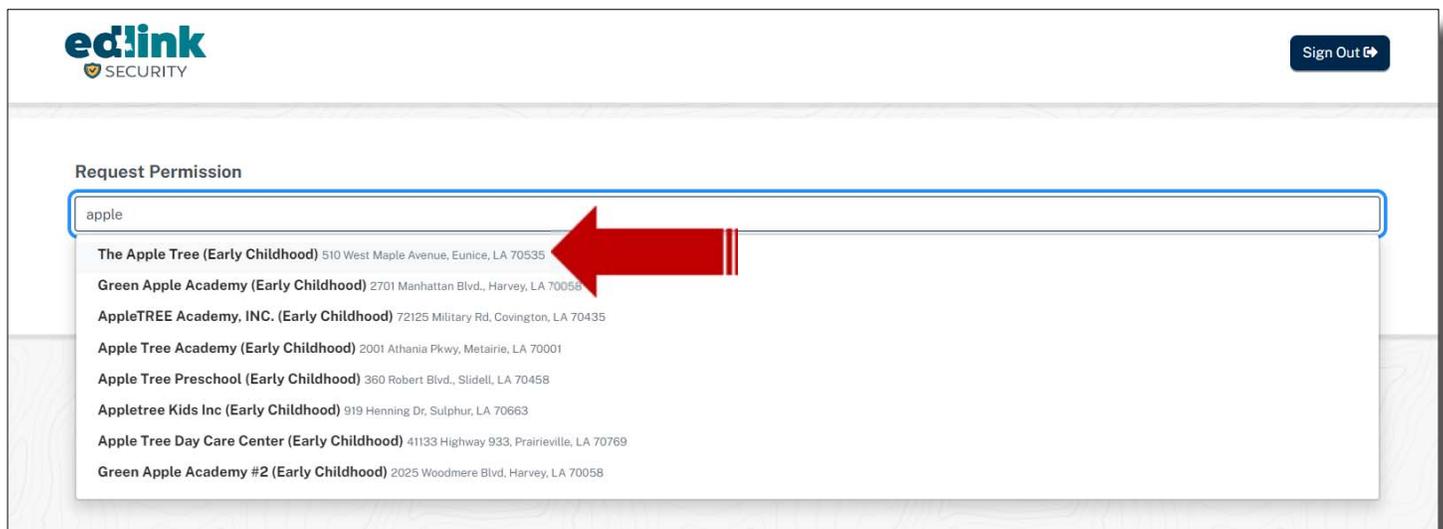
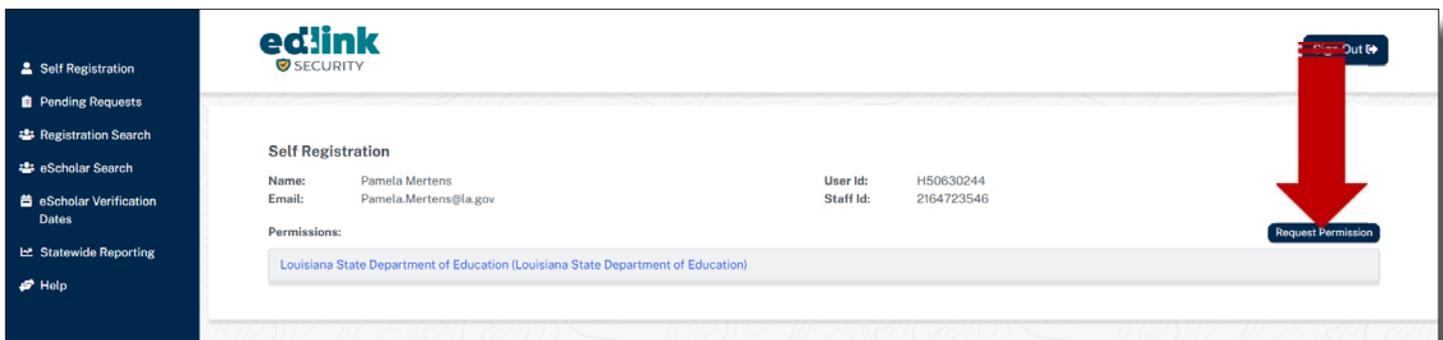
Permissions:  
 Entity Manager

Submit Request Cancel Request

# Next, you'll request to be assigned as Security Coordinator for your entity.

## Request Security Coordinator

1. Allow the screen to fully navigate to the Edlink Security page. This may take a few seconds.
2. Select "Request Permission" on the right side of the screen.
3. From the first drop-down, begin typing your center's name. Select the correct entity.
4. From the second drop-down that appears, select Edlink Security.
5. From the third drop-down, select Local.
6. In the final box that appears, enter a statement explaining why you are requesting the role of Security Coordinator.
7. Click inside of the little box labeled, Security Coordinator, and select "Submit."



Request Permission

Location: The Apple Tree (Early Childhood)  
Address: 510 West Maple Avenue, Eunice, LA 70535

Please Select Application ...

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



Request Permission

Location: The Apple Tree (Early Childhood)  
Address: 510 West Maple Avenue, Eunice, LA 70535

Application: EdLink Security

Please Select Role ...

- Please Select Role ...
- Local**



Submit Request Cancel Request

Request Permission

Location: The Apple Tree (Early Childhood)  
Address: 510 West Maple Avenue, Eunice, LA 70535  
Application: EdLink Security  
Role: Local

Optional Notification:

Requesting permission as Security Coordinator



Permissions:

- Security Coordinator



Submit Request Cancel Request



Select, "Local." Then select, "Submit."

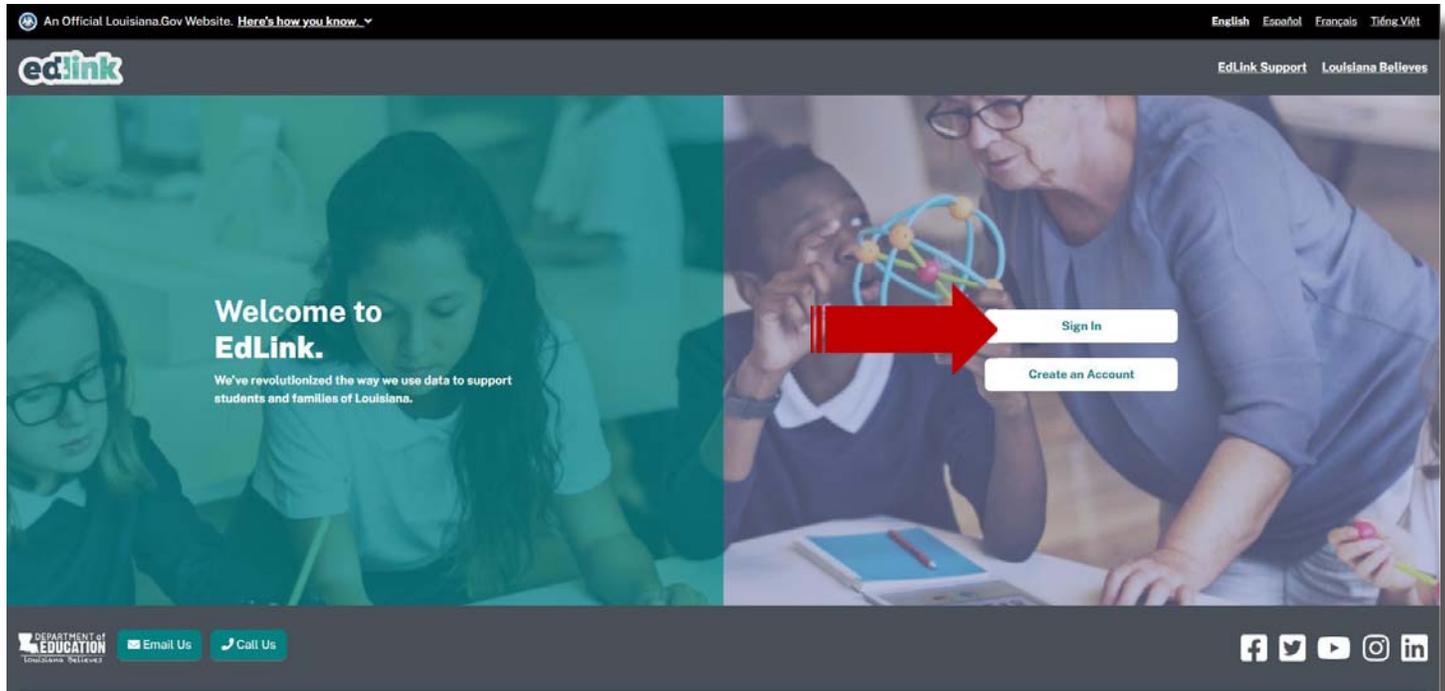
Please allow 24-48 Hrs. for your requests to be approved by LDOE.

You will receive an email from LDOE informing you of the next steps, once your requests have been approved.

### After Approval...

Log back into Edlink at  
<https://ldoe.edlink.la.gov>

Select, Sign In."



The next page displays an image of what your Entity Dashboard will look like. If you have received approvals for both Entity Manager and Security Coordinator, signed in and do not see a Dashboard in the next image, please submit a [Support Ticket](#) and describe the issue as, "I have approved access but I'm still seeing my New User Dashboard or I have only NA's in the Entity section."

## ENTITY DASHBOARD

The screenshot shows the 'edlink' Entity Dashboard. The user is Pamela Mertens. The dashboard displays the following information:

- Entity:** Lafayette Cristian Academy
- Address:** Luis Junctions, Sawayn Dale, Destrehan, Louisiana, 70114
- License Status:** Open
- License Number:** 87981688
- Expiration Date:** 12/30/2022

The **Entity Snapshot** bar chart shows the following data:

| Category         | Value |
|------------------|-------|
| Capacity         | 25    |
| Total Staff      | 4     |
| Licensing Visits | 2     |
| Deficiencies     | 0     |

A **Renew License** button is located at the bottom right of the dashboard, highlighted with a red arrow. Below the button, there is a note: "Click the 'Start Renewal' button to begin a Renewal Application for your entity. If you have multiple entities, select the appropriate site in the left side navigation. Note: An LDOE Licensing Consultant will need to review and approve your submission to receive a new license."

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

Use the white drop-down menus to view and work with a different Entity, if you have multiple sites.

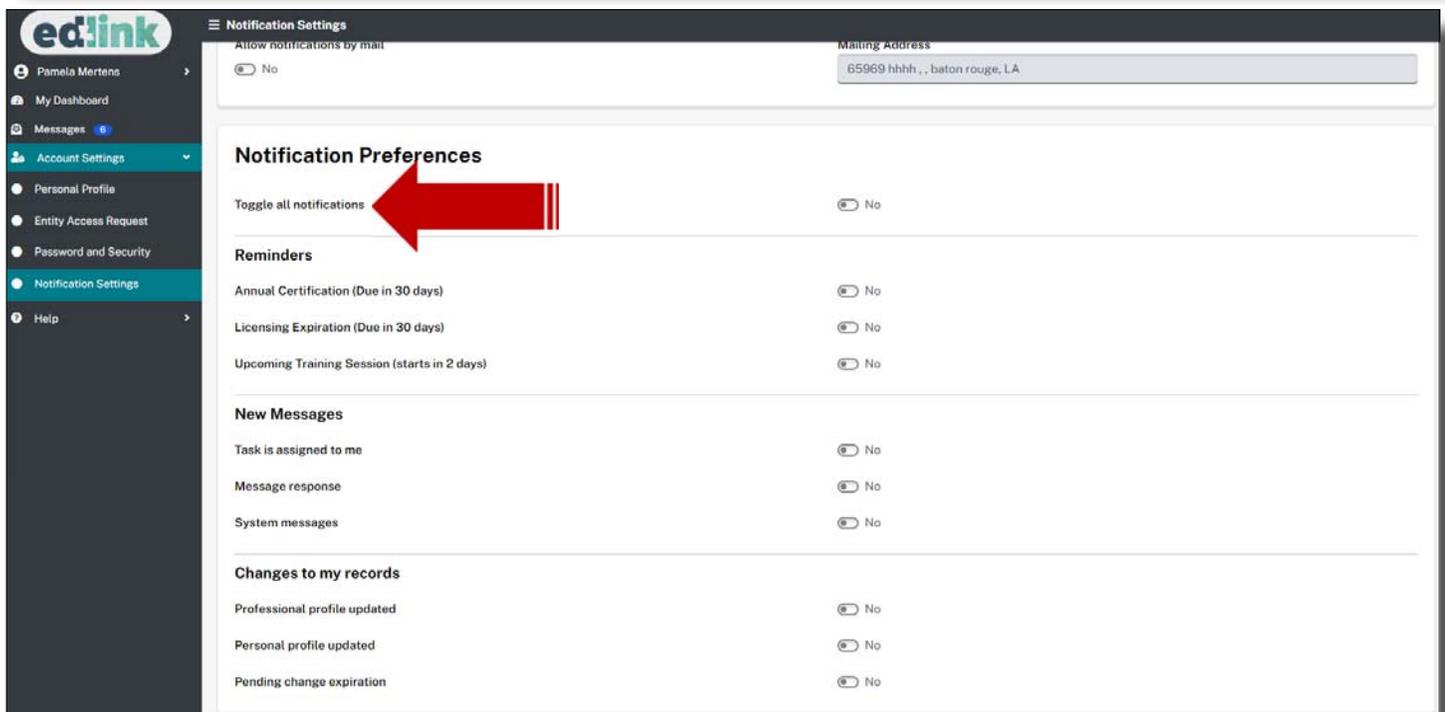
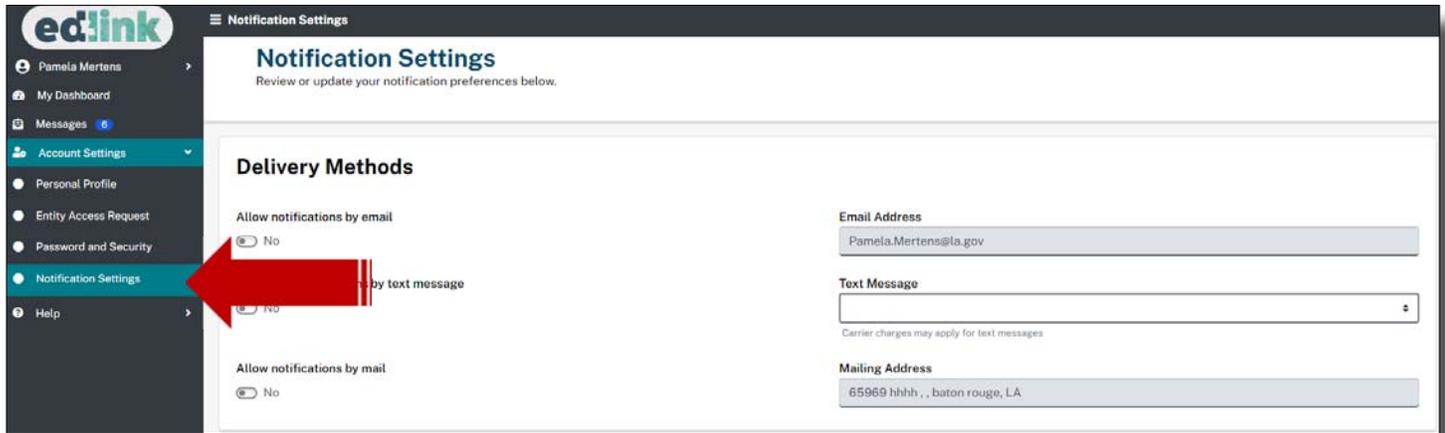
Your renewal button will only be active if you are less than 90 days from your expiration date. If the button is dark grey, you may click it and begin your renewal.

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

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

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

Select, "Toggle all notifications" to avoid missing any important notifications. You may always return to this page and reduce the level of notifications if you're receiving too many or not receiving them at all.





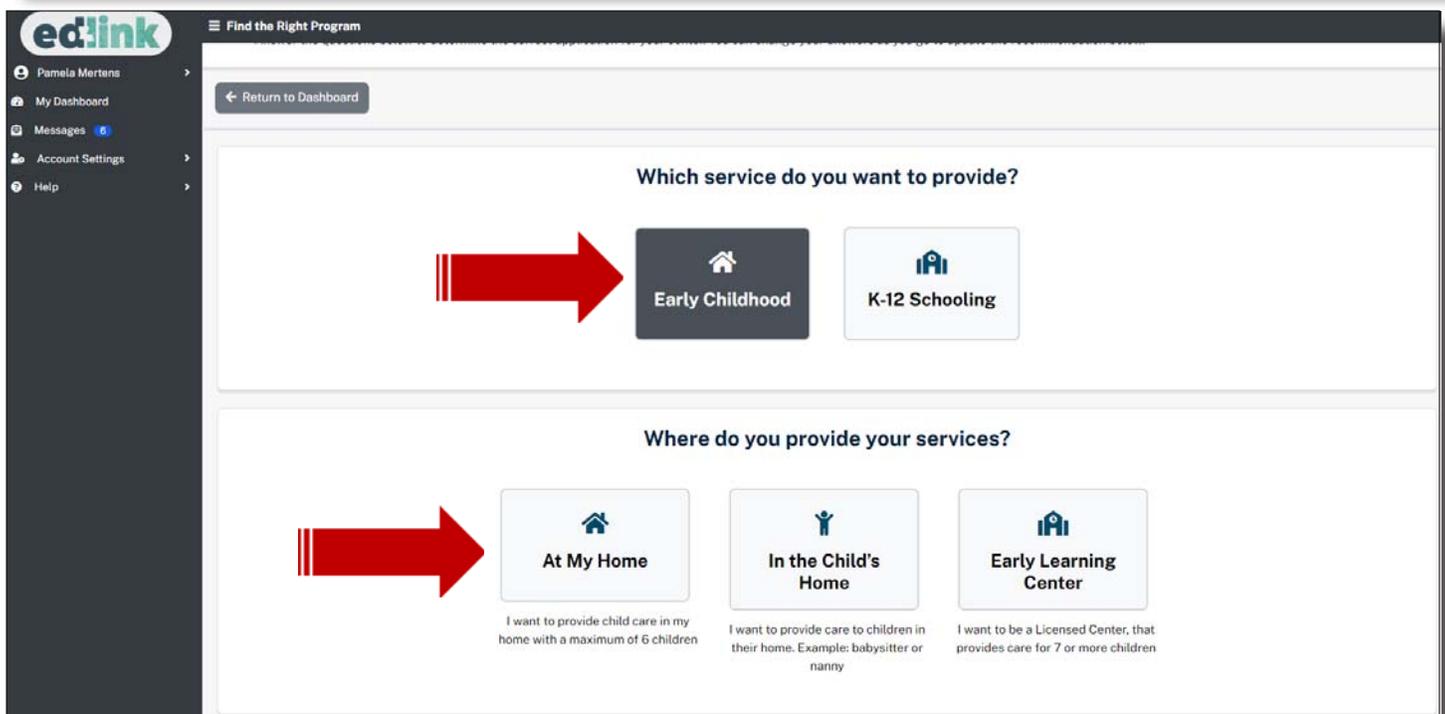
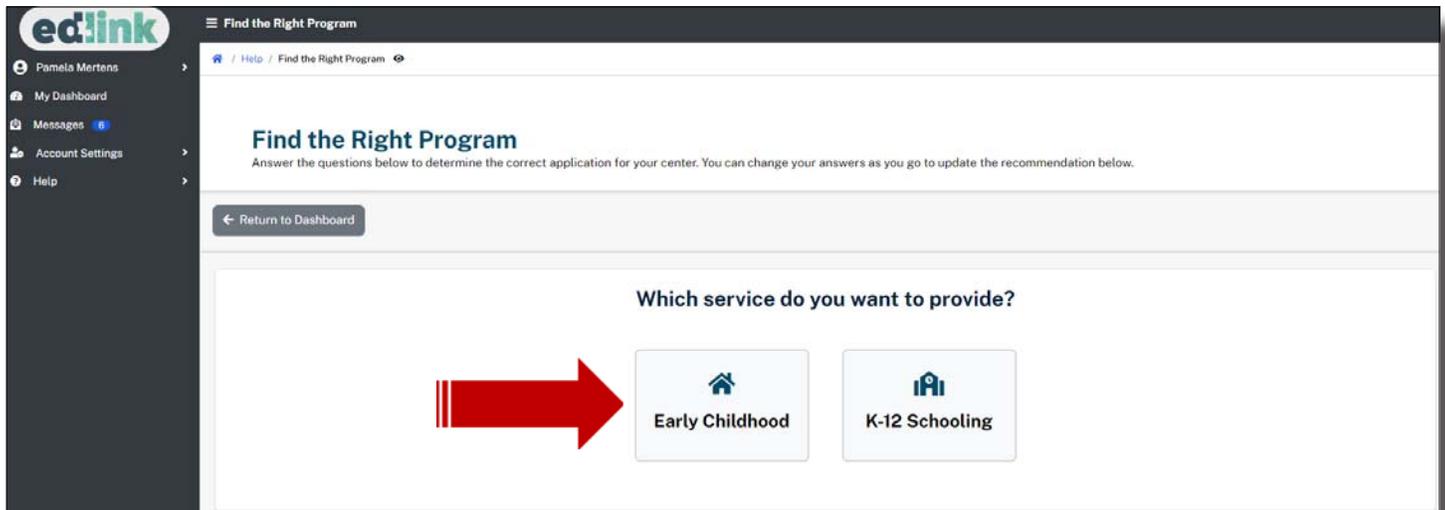
## NEW PROVIDER APPLICATION PROCESS

Find the Right Program will navigate you to a series of questions that will help identify which Type of licensing or Certification is the best fit for you and children who will be in your care.

The screenshot displays the EdLink My Dashboard for user Pamela Mertens. The dashboard includes a navigation menu on the left with options like 'My Dashboard', 'Messages', 'Account Settings', and 'Help'. The main content area features a 'Welcome, Pamela Mertens' message and two primary action paths under the 'Get Started' heading. The 'Ready to start with a new application?' path is highlighted with a red arrow pointing to the 'Find the Right Program' button. The 'Already a member of an existing entity?' path leads to a 'Request Access to an Entity' button. Below these, the 'Pending Applications' section indicates that the user currently has no pending applications.

Find the Right Program is also located in the left navigation panel in Help. Both methods will navigate to the same series of questions.

Select, Early Childhood by clicking on the box. The box will darken slightly and another set of options will appear beneath the previous question.



**edlink** Find the Right Program

Pamela Mertens  
My Dashboard  
Messages  
Account Settings  
Help

### Where do you provide your services?



**At My Home**

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



**Home**

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



**Early Learning Center**

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

### Do you wish to provide service to families, who are approved for Child Care Assistance?





**Yes**

Our CCAP providers are eligible for up to \$9,411 annually per publicly funded child!



**No**

Your center will be missing out on earning up to \$35.65 per child per day in assistance.

**edlink** Find the Right Program

Pamela Mertens  
My Dashboard  
Messages  
Account Settings  
Help

### Do you wish to provide service to families, who are approved for Child Care Assistance?





**Yes**

Our CCAP providers are eligible for up to \$9,411 annually per publicly funded child!



**No**

Your center will be missing out on earning up to \$35.65 per child per day in assistance.

### You may be eligible for the following benefits

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

#### Child Care Assistance

Registered Family Child Care providers can be eligible for up to \$9,411 annually per publicly funded child!



#### Child and Adult Care Food Program

You can be eligible for up to \$6 per child per day from the Federal Division of Nutrition Services.



#### Advertise your School or Center

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



**RECOMMENDED**

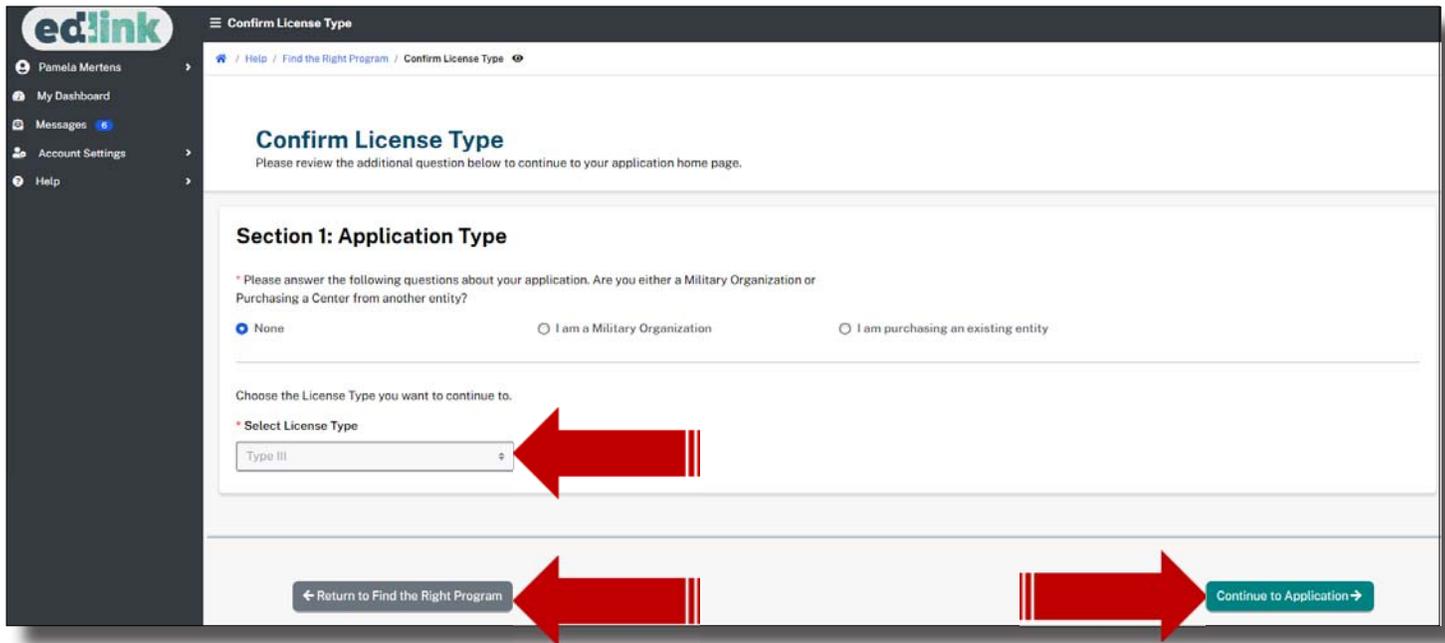
**Type III License Application** ←

Let's begin filling out your application today.

→ Start Application

By scrolling back up and changing your responses, a new recommendation for license type will be displayed. Click on any of the picture links above for more information on benefits that may be available to you as a provider and children in your care. Once you have decided which license or certification type you'll need, select, Start Application.

In this section, you'll confirm your license type and if you have either situation listed below. You will most likely not select either situation and will leave the selection on None (default). If the correct license or certification type is not displayed, click on the large gray button, Return to Find the Right Program, to change the responses to the series of questions. A new type may be recommended. Start the application as before. If the license type is correct, select, Continue to



Begin your application. 

# APPLICATION HOME AND INSTRUCTIONS

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

**Blue: Need to select first**

**Green: Step is complete (Exception: Step 7)**

**Yellow: Incomplete**

Badges will change colors as you complete the application.

The screenshot shows the 'Application Home' page with a navigation menu at the top. Below the header, there is a breadcrumb trail: 'Find the Right Program / New Type III Application / Application Home'. The main heading is 'Application Home' with a sub-heading: 'The Application Home page lists all the required steps in completing the Type III Licensing Application. Once all required information is submitted, you will be able to submit your application for review.' A 'Return to Application Selector' button is located below the header. A blue banner contains 'Page Help' text: 'We have provided a way for you to keep track of all the information needed for you to complete your school's application. After all required information is submitted within each step, you will see a green "Completed" badge on the Application Home page. If a section remains incomplete there will be a yellow "Incomplete" badge. Once you have started a step, you can always return to a previous section using the "Return to Previous" button or return to this Home page by using the "Return to Application Home" button.' Below the banner is a list of 9 steps, each with a description and a 'Fill Out Step' button. A large red arrow points to the 'Fill Out Step 1' button. The steps 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, and 9 - Emergency Plan.

| Step Number | Step Title                        | Description   | Action          |
|-------------|-----------------------------------|---|-----------------|
| 1           | Application Instructions          | This page describes all the requirements and instructions for completing the Licensing Application.                       | Fill Out Step 1 |
| 2           | Funding Source                    | Enter all the funding sources for your Early Learning Center on this page.  | Fill Out Step 2 |
| 3           | Early Learning Center Information | Provide the name, location, and contact information for your Early Learning Center on this page.                          | Fill Out Step 3 |
| 4           | Services and Hours                | This page allows you to enter the Center's hours of operation and list the services offered at your facility.             | Fill Out Step 4 |
| 5           | Ownership Type                    | This page asks for the legal Ownership type of your Early Learning Center.  | Fill Out Step 5 |
| 6           | Center Owner                      | List all the legal Owners of the Early Learning Centers on this page.   | Fill Out Step 6 |
| 7           | Center Staff                      | Enter in all currently hired Directors, Director Designees and Other Staff on this page.                                  | Fill Out Step 7 |
| 8           | Criminal Background Check         | This page will provide you the status of all Owners, Directors, and Staff who have completed a Criminal Background check. | Fill Out Step 8 |
| 9           | Emergency Plan                    | The center's Emergency Preparedness Plan and emergency contacts will be completed on this page.                           | Fill Out Step 9 |

**10 - CCAP**  
Review and accept the details of the Child Care Assistance Program on this page, and supply additional information about your Center's fees. [Fill Out Step 10](#)

**11 - Academic Approval**  
Review and accept the details of the Academic Approval Agreement. [Fill Out Step 11](#)

**12 - Document Upload**  
This page allows you to upload all required supporting documentation for your Early Learning Center. [Fill Out Step 12](#)

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

Green Save, Save and Close and Save and Continue will remain light green and inactive until all required information has been entered.

[Submit Application →](#)

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

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

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

Notes:

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

# Application Instructions

Initial Application for license to operate an Early Learning Center. A License is required **Prior** to opening your Center.

[← Return to Application Home](#)



▼ List of all Staff Members

All On-Site Staff Members will need to be identified in the Center Staff section of the license application. This information will be validated against the CCCBC system status of background checks. Director information is required in this section of the application. If the Director has a responsibility at another Center then a Director Designee is also required.

You will need to provide information about all Current Hired Staff. This includes their personal address, phone number, and additional personally identifiable information. You will also need to upload training documentation for any Directors and Director-Designees. Owners who are also On-Site Staff members will be required to enter their details on both the Center Owner and Center Staff pages.

▶ Child Care Civil Background Check

▶ Current Commercial and Medical Liability Insurance

▶ Current State Fire Marshal Inspection

▶ Current Office of Public Health Approval

▶ Pictures of Center

▶ Emergency Preparedness Plan

▶ Documentation of Ownership

▶ Qualifications of Director and Designee

▶ Additional Supporting Documents (based on location or services offered)

▶ Provider Agreement / Provider Rate Agreement

▶ Verification of identity (must be a government issued picture ID)

▶ Social Security Cards (copy) for all Owners and Directors

▶ IRS SS-4 Form (IRS generated copy)

▶ Verification of checking or savings account  
 ▶ Verification of Rates  
 ▶ Pre-service Orientation Training  
 ▶ Louisiana CCAP Time and Attendance Equipment Agreement

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

Yes, I Agree

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

## FUNDING SOURCES

Funding Source  
 Find the Right Program / New Type III Application / Funding Source

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

**Section 1: Funding Source**  
 How will your center be funded? Choose all that apply:

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

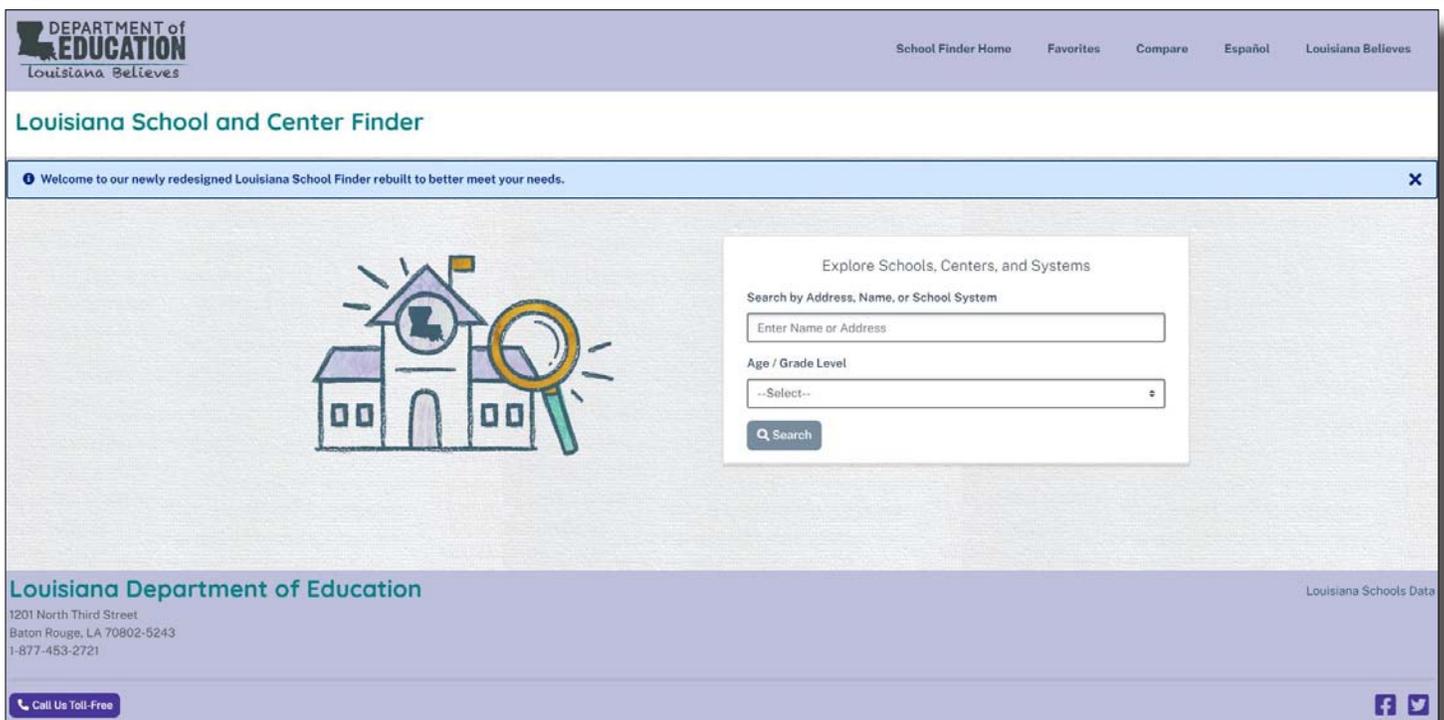
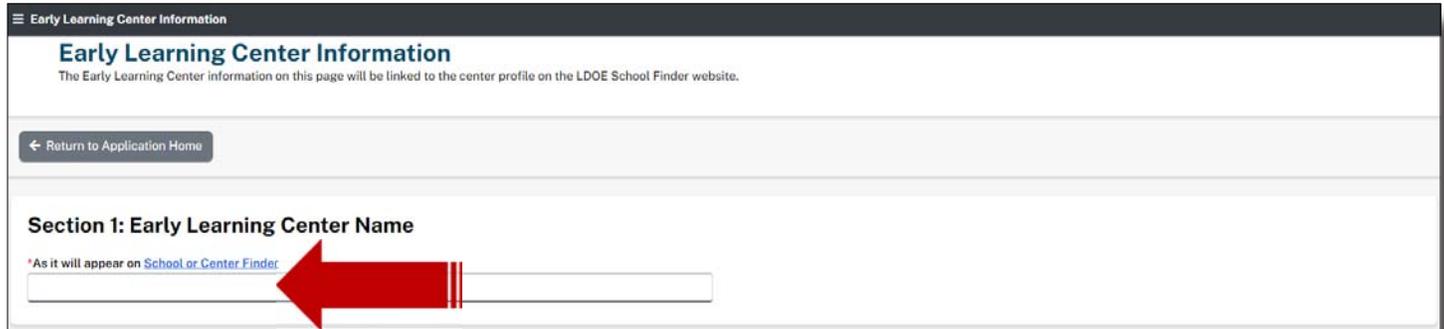
Private Pay will be a default even if you are Grant, CCAP or Headstart funded. Select any additional sources. Select Save and continue.

Select, Save and Continue to proceed to Step 3, Early Learning Center Information.



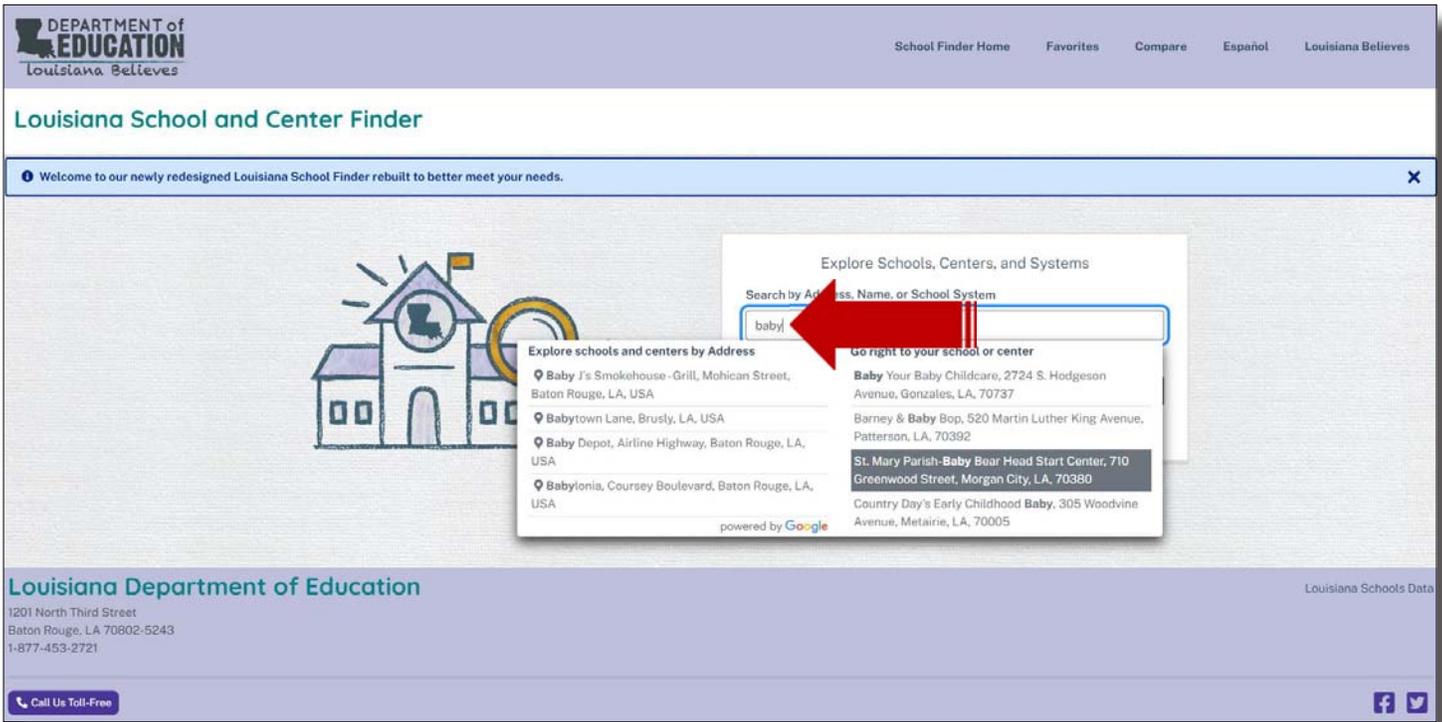
# EARLY LEARNING CENTER INFORMATION

In the early Learning Center section, input the name of your new center. Many centers are identically or similarly named, so click on the School and Center Finder link to see if the name you've chosen is already taken by another provider. If so, return to the ELC Name section and modify your center name so that it is unique.

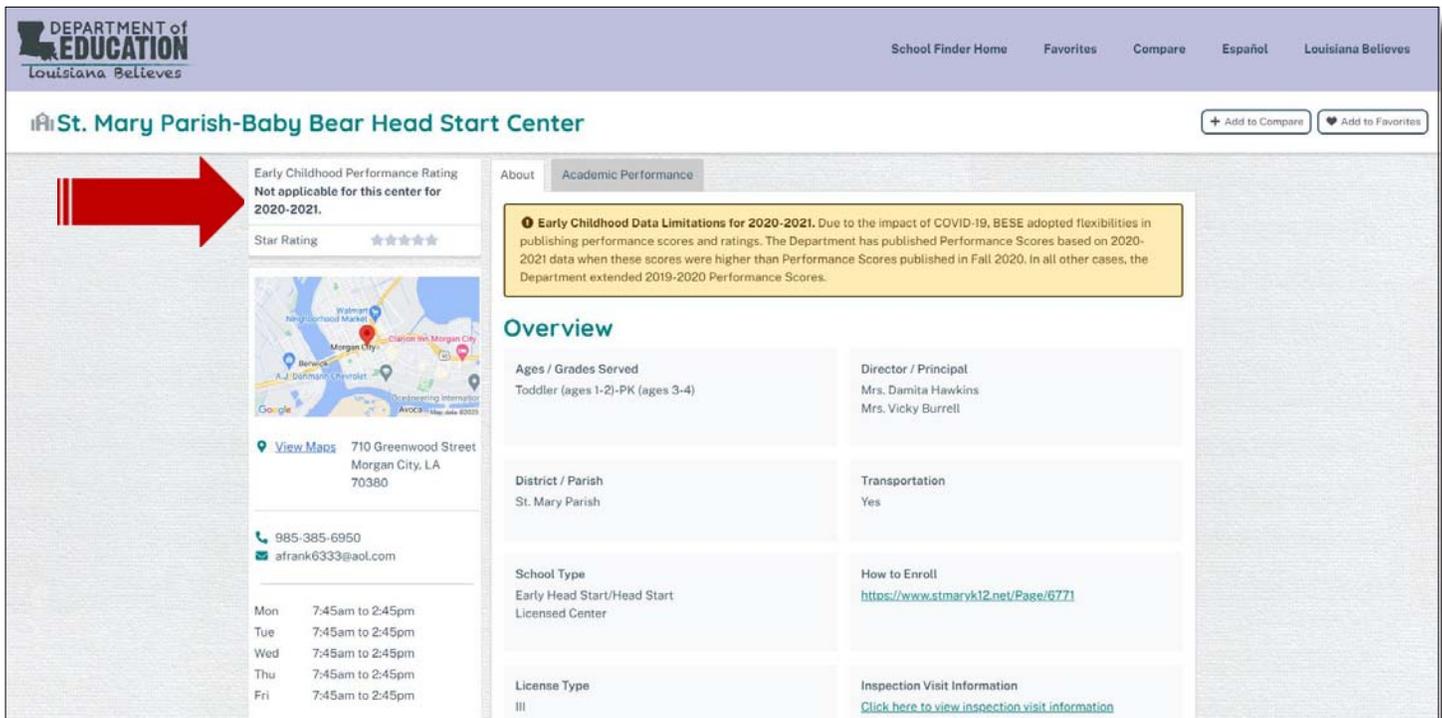


Close the link's browser tab if you are finished searching. All links opened from within the application, may be closed at any time without impacting the application process. Each link opens into a separate window.





The School and Center Finder displays individual Center and Provider pages for parents and other providers.



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

In “Step 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” drop-down, there is only 1 drop-down but 5 text boxes that requires Provider to enter information, which are:

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

Note:

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

In the “Mailing Address” drop-down, there is only 1 drop-down but 5 text boxes that requires Provider to enter information, which are:

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

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.

Early Learning Center Information

### Section 1: Early Learning Center Name

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

NASA Babies

If you receive any errors on this page, check that the name is not already taken or contact [EdlinkSupport@la.gov](mailto:EdlinkSupport@la.gov).

### Section 2: Address Information

**Physical Address**

\*Street Name 1  
4562 Apollo Rd.

Street Name 2

\*City  
Houston

\*State  
Louisiana

\*Zip  
89874

\*Parish/County  
Claiborne

[Copy to Mailing](#)

**Mailing Address**

\*Street Name 1  
4562 Apollo Rd.

Street Name 2

\*City  
Houston

\*State  
Louisiana

\*Zip  
89874

\*Parish/County  
Claiborne

Early Learning Center Information

\*City  
Houston

\*State  
Louisiana

\*Zip  
89874

\*Parish/County  
Claiborne

[Copy to Mailing](#)

\*City  
Houston

\*State  
Louisiana

\*Zip  
89874

\*Parish/County  
Claiborne

### Section 3: Early Learning Center Contacts

\*Primary Telephone Number  
365-987-5489

Secondary Telephone Number

\*Notification Email Address  
nasababies@gmail.com

Center Website Address

Center Facebook Page

Center Twitter Account

Center Instagram Account

Is your Center located in a School?  
 No

[← Back to Funding Source](#)

[Save and Continue →](#)

The information that is entered in this Step will be visible to anyone who accesses and searches centers and providers using the School and Center Finder. This is a great and free opportunity to advertise your center and the services that will be offered. Include your URL's, social media pages, email and phone numbers. This information can be edited at a later time by submitting an Entity Change Application, which is very quick and simple.

Select, Save and Continue to proceed to Step 4, Services and Hours.



## SERVICE AND 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 drop-downs, requiring information to be entered, which are:

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

In “Section 2: Operating Hours” section, questions must be answered using Yes or No, selection of each day and time ranges. Each day requires that the 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 drop-downs:

- From (Open)
- To (Close)

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

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

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

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

[Return to Application Home](#)

### Section 1: Licensed Capacity

\*How many buildings will be used by the children:

\*How many classrooms will be used by the children:

\*Enter Age:  Minimum age being served

\*Select Age Range:

\*Enter Age:  Maximum age being served

\*Select Age Range:

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

### Section 1: Licensed Capacity

\*How many buildings will be used by the children:

\*How many classrooms will be used by the children:

\*Enter Age:  Minimum age being served

\*Select Age Range:

\*Enter Age:  Maximum age being served

\*Select Age Range:

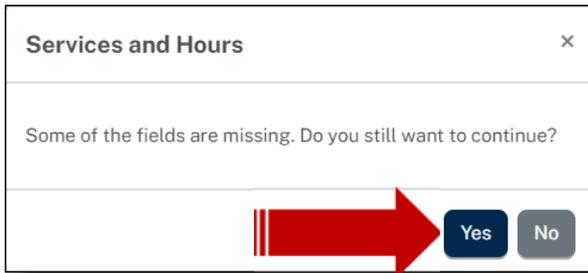
### Safety Approved Cribs (less than 1 yr old)

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

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

\*Signature:  Type your full name to certify.

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



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

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

### Section 2: Operating Hours

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

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

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

[Copy to all](#)

### Section 3: Additional Services

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

### Section 4: Additional Service Hours

#### Before Care

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

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

Available  
  Available  
  Available  
  Available  
  Available  
  Unavailable  
  Unavailable

---

#### After Care

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

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

Available  
  Available  
  Available  
  Available  
  Available  
  Unavailable  
  Unavailable

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

## OWNERSHIP TYPE

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

In “Section 1: Ownership Type”, the drop-down 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 drop-down that requires the entry of information, which are:

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

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

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

Note:

- Providers may utilize the “Copy to All” selection if 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

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 drop-down that require the entry of information, which are:

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

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

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

Note:

- 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 drop-down that require the entry of information, which are:

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

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

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

Note:

- 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 drop-down that require the entry of information, which are:

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

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

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

Note:

- 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, select, Save and Continue, and the “Center Owner” page will appear.



### Ownership Type

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

Return to Application Home

#### Section 1: Ownership Type

\*Select your organization structure type

--Select--  
--Select--  
Individual  
Corporation  
Partnership  
Church and/or Religious Organization  
University  
Government  
Limited Liability Company



Save and Continue

Select an Ownership Type and provide the required data, as shown below. You may have different requirements depending upon the type chosen.

### Ownership Type

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

Return to Application Home

#### Section 1: Ownership Type

\*Select your organization structure type

Limited Liability Company

#### Section 2: LLC

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.

\*Business Entity Name

Previous Name

### Section 3: Address Information

| Physical Address                          | Mailing Address                           |
|---|---|
| <p>*Street Name 1<br/>4562 Apollo Rd.</p> | <p>*Street Name 1<br/>4562 Apollo Rd.</p> |
| <p>Street Name 2</p>                      | <p>Street Name 2</p>                      |
| <p>*City<br/>Houston</p>                  | <p>*City<br/>Houston</p>                  |
| <p>*State<br/>Louisiana</p>               | <p>*State<br/>Louisiana</p>               |
| <p>*Zip<br/>89874</p>                     | <p>*Zip<br/>89874</p>                     |
| <p>*Parish/County<br/>Claiborne</p>       | <p>*Parish/County<br/>Claiborne</p>       |
| <p><a href="#">Copy to Mailing</a></p>    |   |

Click on the Copy to Mailing button to transfer physical address information to mailing, if it is the same.

### Section 4: Tax Information

Is your organization a non-profit organization?  
 Yes

|                                   |   |
|-----------------------------------|---|
| <p>*Federal EIN<br/>545465446</p> | <p>*State Tax ID Number<br/>4654654</p> |
|-----------------------------------|---|

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

Enter Tax information, as shown above.

Select, Save and Continue, to proceed to the Center Owner, page.

## CENTER OWNER

After the Provider is navigated to the "Center Owner" Page, "Section 1: Officers and Agents" will appear. 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 drop-down, 1 text box and a date picker requiring the entry or selection of information, which are:

- Owner Type (Drop-down: Officer, Agent)
- Title (Text box)
- Appointment 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 drop-down that require the entry of information, which are:

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

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

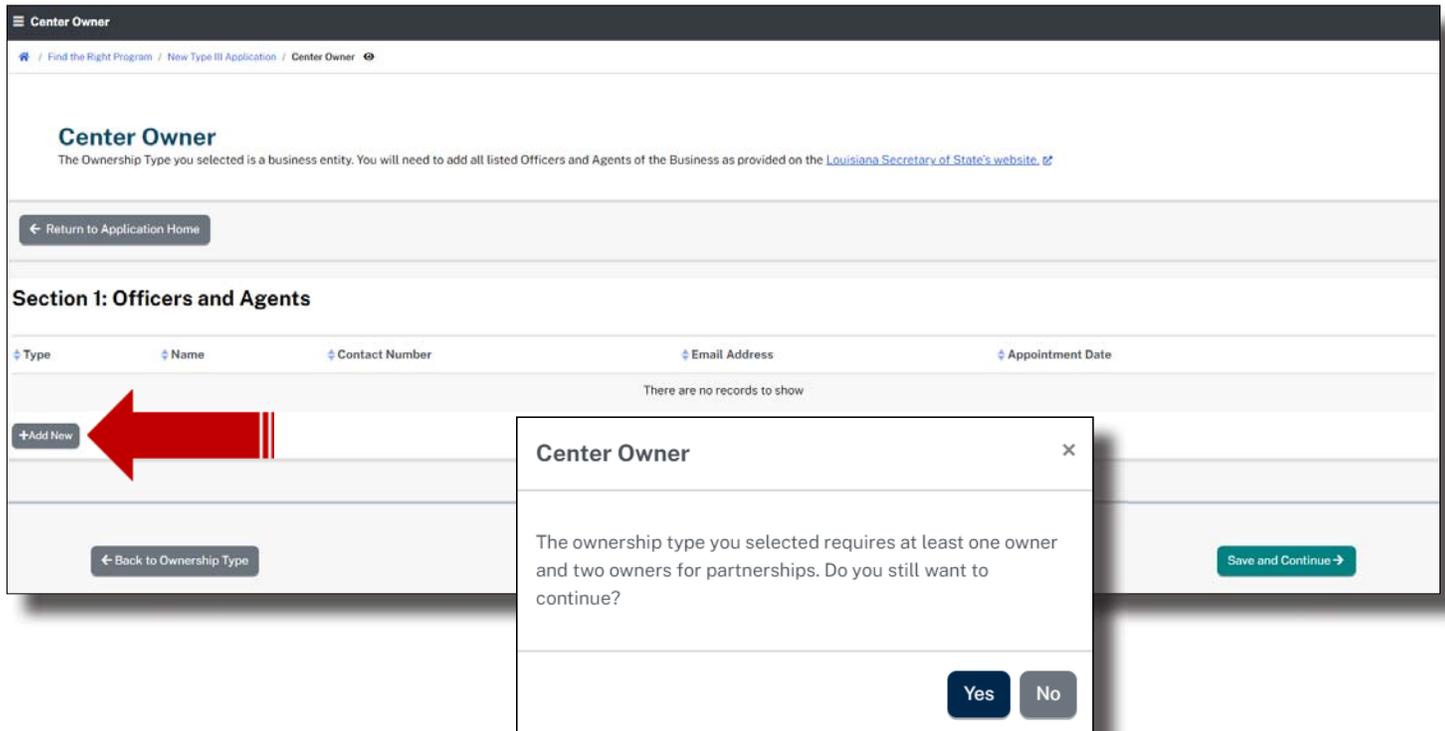
- Street Name 1
- Street Name 2
- City
- Zip
- State(Drop-down)
- Parish/County

Note:

- 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 (Drop-down)



If you would like to return to this page later, click on Save and Continue.

### 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](#).

#### Section 1: Officers/Agent Designation

\*Owner Type: Officer  
\*Title: Director  
\*Appointment Date: 01/04/2023

#### Section 2: Name and Contact

Owner Name: Prefix, First Name (Betsy), Middle Name, Last Name (Ross), Suffix

Owner Information: \*Primary Phone Number (646-546-5465), Secondary Phone Number, \*Email Address (BetsyRoss@gmail.com)

This employee is an emergency contact for this Center:  Yes  
I will be working on-site at this Center:  Yes



#### Section 3: Additional Names

Have you used another name in the past 5 years?

No

#### Section 3: Additional Names

Have you used another name in the past 5 years?

Yes

Please add at least one additional name.

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

+Add New



#### Section 3: Additional Names

Have you used another name in the past 5 years?

Yes

Please add at least one additional name.

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

+Add New

\*First Name: Sally, Middle Name: , \*Last Name: Fields, Suffix:

\*Date Started: 11/01/2022, \*Date Ended: 01/11/2023

Click on the check icon to save the entry.



### Section 4: Address Information

| Physical Address |                  | Mailing Address |                  |
|------------------|------------------|-----------------|------------------|
| *Street Name 1   | 55 Flamingo Lane | *Street Name 1  | 55 Flamingo Lane |
| Street Name 2    |                  | Street Name 2   |                  |
| *City            | New Orleans      | *City           | New Orleans      |
| *State           |                  | *State          |                  |
| *Zip             | 87954            | *Zip            | 87954            |
| *Parish/County   | --Select--       | *Parish/County  | --Select--       |

Copy to Mailing

Be sure to select a Parish from above and utilize the Copy to Mailing option.

A legitimate date of birth, SSN#, Identification # (govt. Issued ID), Sex and Race are required.

### Section 5: Personal Identification

|                |            |       |             |                        |             |                |           |
|----------------|------------|-------|-------------|------------------------|-------------|----------------|-----------|
| *Date Of Birth | 01/05/1976 | *SSN  | ***-**-6555 | *Identification Number | 65465651561 | *Issuing State | Louisiana |
| *Sex           | Female     | *Race | White       |                        |             |                |           |

Save Cancel

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

Select, Save and you'll be navigated to early Learning Center Staff page.



## EARLY LEARNING CENTER STAFF (DIRECTOR/DESIGNEE)

**Early Learning Center Staff**

Enter all hired Staff Members who will be on site at the Early Learning Center. Every Center must have at least one Director identified. If that Director is responsible for multiple Centers, then a Director Designee will also be required. Owners who will be working on site will also need to be re-entered to Staff Member page.

← Return to Application Home

**Section 1: Staff Members**

| Name                         | Position Type | Primary Phone Number | Email Address | Date Hired |
|------------------------------|---------------|----------------------|---------------|------------|
| There are no records to show |               |                      |               |            |

+ Add New

← Back to Center Owner

Continue →

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.

**Center Staff Detail**

**Early Learning Center Staff**

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

**Section 1: Name and Contact**

Prefix

\*First Name  
Sally

Middle Name

\*Last Name  
Fields

Suffix

\*Primary Phone Number  
564-654-6546

Secondary Phone Number

\*Email Address  
sallyf@gmail.com

This employee is an emergency contact for this Center  
 Yes

**Center Staff Detail**

### Section 2: Address Information

**Physical Address**

\*Street Name 1  
25 Blue Bird Circle

Street Name 2

\*City: New Orleans      \*State: Louisiana

\*Zip: 54656      \*Parish/County: East Baton Rouge

[Copy to Mailing](#)

**Mailing Address**

\*Street Name 1  
25 Blue Bird Circle

Street Name 2

\*City: New Orleans      \*State: Louisiana

\*Zip: 54656      \*Parish/County: East Baton Rouge

**Center Staff Detail**

### Section 3: Personal Identification

\*Date Of Birth: 01/05/1980

\*SSN: \*\*\*-\*\*-4554

\*Identification Number: 54654654

\*Issuing State: Louisiana

\*Sex: Female

\*Race: Black/African American

Married:  No

---

### Section 4: Employment Details

\*Position Type: Director

\*Years of experience in a licensed center: 15

\*Date appointed to current role: 01/06/2023

Responsible for other Early Learning Centers:  No

\*Date Hired in any Capacity: 01/06/2023

Qualify for School Readiness Tax Credit Level:  No

**Section 5: Degrees and Certifications**

The reported credentials may qualify for an Early Childhood Ancillary Certificate (ECAC). An ECAC can be used as a qualifying credential to become a Director or Director Designee of a licensed child care center. Visit the [Teach LA Live Portal](#) to apply for an ECAC. Note: The submitted ECAC application will need to include a transcript showing the degree completion. For Directors and Director Designees, please review [Application Instructions](#).

Category:      Type:

no records to show

[+ Add New](#)

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

Upload all documents and Save.

The date of birth and Social Security Number must be accurate for each staff member. They are used to synch to the CCCBC System and provides an up-to-date status on all background checks. These statuses are integrated into your application. The Identification Number is any Government Issued ID. See Bulletin 137-140 for position requirements.

Directors and Director Designees are required to upload, Pre-Service Orientation (CCAP/All Type III), CPR, Pediatric First Aid, Mandated Reporter, Medication Administration, ELC Experience. If you are a Headstart or Grant Funded, upload a blank doc into the Pre-Service Orientation Category.

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

## Section 5: Degrees and Certifications

The reported credentials may qualify for an Early Childhood Ancillary Certificate (ECAC). An ECAC can be used as a qualifying credential to become a Director or Director Designee of a licensed child care center. Visit the [Teach LA Live Portal](#) to apply for an ECAC. Note: The submitted ECAC application will need to include a transcript showing the degree completion. For Directors and Director Designees, please review [Application Instructions](#).

Category Type

There are no records to show

+ Add New

\*Category --Select--

\*Type --Select--

\*Choose File

Choose File Browse

Save Cancel

\*Category

--Select--

Education/Training

Certifications

Experience

Browse

\*Category

Education/Training

\*Choose File

Choose File Browse

\*Type

--Select--

CPR Training

Pediatric First Aid

Pre-service Orientation

Medication Administration Training

Degree

Continuing Education Training

College Credit Hours

Mandated Reporters

\*Category

Education/Training

\*Certified by

state

\*Choose File

Choose File Browse

\*Type

CPR Training

\*Expiration Date

02/03/2023

This screenshot shows a file selection dialog box overlaid on a form. The file explorer is set to 'This PC > Documents' and lists various folders and files. A red arrow points to the 'Open' button in the file explorer. Below the dialog, the form has several fields: 'Category' (Education/Training), 'Type' (CPR Training), 'Certified by' (state), and 'Expiration Date' (02/03/2023). There is a 'Choose File' button with a 'Browse' sub-button. A red arrow points to the 'Choose File' button. At the bottom left of the form is a 'Save' button, also indicated by a red arrow.

This screenshot shows the same form as above, but now the 'Choose File' field displays 'Test 1.docx'. Below the file name are icons for refresh and delete. A red arrow points to a checkmark button located at the bottom left of the file selection area.

### Section 5: Degrees and Certifications

The reported credentials may qualify for an Early Childhood Ancillary Certificate (ECAC). An ECAC can be used as a qualifying credential to become a Director or Director Designee of a licensed child care center. Visit the [Teach LA Live Portal](#) to apply for an ECAC. Note: The submitted ECAC application will need to include a transcript showing the degree completion. For Directors and Director Designees, please review [Application Instructions](#).

This screenshot shows the form with the 'Category' field set to 'Education/Training' and the 'Type' field set to 'CPR Training'. A red arrow points to the 'CPR Training' text in the 'Type' field. At the bottom of the form are 'Save' and 'Cancel' buttons.

\*Category: Education/Training

\*Type: Pediatric First Aid

\*Certified by: state

\*Expiration Date: 02/03/2023

\*Choose File: Choose File (Browse)

Test 1.docx

✓ ✕

### Section 5: Degrees and Certifications

The reported credentials may qualify for an Early Childhood Ancillary Certificate (ECAC). An ECAC can be used as a qualifying credential to become a Director or Director Designee of a licensed child care center. Visit the [Teach L.A Live Portal](#) to apply for an ECAC. Note: The submitted ECAC application will need to include a transcript showing the degree completion. For Directors and Director Designees, please review [Application Instructions](#).

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

+ Add New

Save Cancel

↑

\*Category: Education/Training

\*Type: Pre-service Orientation

\*Certified by: state

\*Date Completed: 01/11/2023

\*Expiration Date: 01/28/2023

\*Choose File: Choose File (Browse)

Test 1.docx

✓ ✕

### Section 5: Degrees and Certifications

The reported credentials may qualify for an Early Childhood Ancillary Certificate (ECAC). An ECAC can be used as a qualifying credential to become a Director or Director Designee of a licensed child care center. Visit the [Teach L.A Live Portal](#) to apply for an ECAC. Note: The submitted ECAC application will need to include a transcript showing the degree completion. For Directors and Director Designees, please review [Application Instructions](#).

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

+ Add New

Save Cancel

↑

\*Category: Education/Training

\*Type: Medication Administration Training

\*Certified by: state

\*Expiration Date: 02/04/2023

\*Choose File: Choose File [Browse]

Test 1.docx

[✓] [x]

### Section 5: Degrees and Certifications

The reported credentials may qualify for an Early Childhood Ancillary Certificate (ECAC). An ECAC can be used as a qualifying credential to become a Director or Director Designee of a licensed child care center. Visit the [Teach L.A. Live Portal](#) to apply for an ECAC. Note: The submitted ECAC application will need to include a transcript showing the degree completion. For Directors and Director Designees, please review [Application Instructions](#).

| Category           | Type                               |                 |
|--------------------|------------------------------------|-----------------|
| Education/Training | CPR Training                       | [edit] [delete] |
| Education/Training | Pediatric First Aid                | [edit] [delete] |
| Education/Training | Pre-service Orientation            | [edit] [delete] |
| Education/Training | Medication Administration Training | [edit] [delete] |

+ Add New

Save Cancel [↑]

\*Category: Education/Training

\*Type: Mandated Reporters

\*Choose File: Choose File [Browse]

\*Expiration Date: 01/28/2023

Test 1.docx

[✓] [x]

## Section 5: Degrees and Certifications

The reported credentials may qualify for an Early Childhood Ancillary Certificate (ECAC). An ECAC can be used as a qualifying credential to become a Director or Director Designee of a licensed child care center. Visit the [Teach LA Live Portal](#) to apply for an ECAC. Note: The submitted ECAC application will need to include a transcript showing the degree completion. For Directors and Director Designees, please review [Application Instructions](#).

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

[+ Add New](#)

[Save](#) [Cancel](#) [↑](#)

\*Category: Experience (dropdown menu open showing: --Select--, Education/Training, Certifications, Experience)

\*Type: --Select-- (dropdown menu)

[Browse](#)

[✓](#) [✗](#)

\*Category: Experience (dropdown menu)

\*Type: ELC Experience (dropdown menu open showing: --Select--, --Select--, ELC Experience)

\*Choose File: Choose File (input field) [Browse](#)

[✓](#) [✗](#)

\*Category: Experience (dropdown menu)

\*Type: ELC Experience (dropdown menu open showing: Licensed Early Learning Center or comparable)

\*Number of years: 15 (input field)

\*Choose File: Choose File (input field) [Browse](#)

Test 1.docx (file upload area with [↶](#) and [✗](#) icons)

[✓](#) [✗](#)



## Section 5: Degrees and Certifications

The reported credentials may qualify for an Early Childhood Ancillary Certificate (ECAC). An ECAC can be used as a qualifying credential to become a Director or Director Designee of a licensed child care center. Visit the [Teach.LA Live Portal](#) to apply for an ECAC. Note: The submitted ECAC application will need to include a transcript showing the degree completion. For Directors and Director Designees, please review [Application Instructions](#).

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

[+ Add New](#)

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

Early Learning Center Staff Great Job Center Staff information saved successfully.

[Find the Right Program](#) / [New Type III Application](#) / [Early Learning Center Staff](#)

### Early Learning Center Staff

Enter all hired Staff Members who will be on site at the Early Learning Center. Every Center must have at least one Director identified. If that Director is responsible for multiple Centers, then a Director Designee will also be required. Owners who will be working on site will also need to be re-entered to Staff Member page.

[Return to Application Home](#)

#### Section 1: Staff Members

| Name         | Position Type | Primary Phone Number | Email Address    | Date Hired |  |
|--------------|---------------|----------------------|------------------|------------|--|
| Sally Fields | Director      | 564-654-6546         | sallyf@gmail.com | 01/06/2023 |  |

[+ Add New](#)

[Back to Center Owner](#) [Continue](#)

After entering all staff members and documents, select, continue.

# EARLY LEARNING CENTER OTHER STAFF

Center Staff Detail

## Early Learning Center Staff

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

### Section 1: Name and Contact

|             |                                     |   |   |
|-------------|-------------------------------------|---|---|
| Prefix      | <input type="text"/>                | *Primary Phone Number                                 | <input type="text" value="645-556-3563"/>   |
| *First Name | <input type="text" value="Abby"/>   | Secondary Phone Number                                | <input type="text"/>                        |
| Middle Name | <input type="text"/>                | *Email Address  | <input type="text" value="abby@gmail.com"/> |
| *Last Name  | <input type="text" value="Rhodes"/> | This employee is an emergency contact for this Center | <input type="radio"/> No                    |
| Suffix      | <input type="text"/>                |   |   |

### Section 2: Address Information

|   |   |
|---|---|
| <b>Physical Address</b>   | <b>Mailing Address</b>  |
| *Street Name 1<br><input type="text" value="25 London Dr."/>    | *Street Name 1<br><input type="text" value="25 London Dr."/>    |
| Street Name 2<br><input type="text"/>                           | Street Name 2<br><input type="text"/>                           |
| *City<br><input type="text" value="New Orleans"/>               | *City<br><input type="text" value="New Orleans"/>               |
| *State<br><input type="text" value="Louisiana"/>                | *State<br><input type="text" value="Louisiana"/>                |
| *Zip<br><input type="text" value="54545"/>                      | *Zip<br><input type="text" value="54545"/>                      |
| *Parish/County<br><input type="text" value="East Baton Rouge"/> | *Parish/County<br><input type="text" value="East Baton Rouge"/> |
| <input type="button" value="Copy to Mailing"/>                  |   |

### Section 3: Personal Identification

|   |  |   |  |
|---|--|---|--|
| *Date Of Birth<br><input type="text" value="01/06/1995"/> | *SSN<br><input type="text" value="***-**-4655"/> | *Identification Number<br><input type="text" value="55641654"/> | *Issuing State<br><input type="text" value="Louisiana"/> |
| *Sex<br><input type="text" value="Female"/>               | *Race<br><input type="text" value="Asian"/>      | Married<br><input type="radio"/> No                             |  |

### Section 4: Employment Details

|  |
|--|
| *Position Type<br><input type="text" value="Other Staff"/>                 |
| *Date appointed to current role<br><input type="text" value="01/11/2023"/> |
| *Date Hired in any Capacity<br><input type="text" value="01/01/2023"/>     |

## Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop down selections and upload your supporting documentation. For Directors and Director Designees, please review [Application Instructions](#)

Category Type

There are no records to show

[+ Add New](#)

[Save](#) [Cancel](#) ↑

\*Category \*Type

--Select-- --Select--

Education/Training  
Certifications  
Experience Browse

✓ ✕

\*Category \*Type

Education/Training --Select--

\*Choose File --Select--

Choose File Browse

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

✓ ✕

\*Category \*Type

Education/Training CPR Training

\*Certified by \*Expiration Date

state 01/27/2023

\*Choose File Choose File

Choose File Browse

Test 1.docx 👁️ 🗑️

✓ ✕

### Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop down selections and upload your supporting documentation. For Directors and Director Designees, please review [Application Instructions](#)

| Category           | Type         |   |
|--------------------|--------------|---|
| Education/Training | CPR Training |   |

[+ Add New](#)

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

**\*Category**  
Education/Training

**\*Type**  
Pediatric First Aid

**\*Certified by**  
state

**\*Expiration Date**  
02/11/2023

**\*Choose File**  
Choose File [Browse](#)

Test 1.docx  

### Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop down selections and upload your supporting documentation. For Directors and Director Designees, please review [Application Instructions](#)

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

[+ Add New](#)

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

**\*Category**  
Education/Training

**\*Type**  
Mandated Reporters

**\*Choose File**  
Choose File [Browse](#)

Test 1.docx  

### Section 5: Degrees and Certifications

Add all validated education, training, and/or certifications. Choose the category and type from the drop down selections and upload your supporting documentation. For Directors and Director Designees, please review [Application Instructions](#)

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

[+ Add New](#)

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

### Early Learning Center Staff

Great Job Center Staff information saved successfully.

Find the Right Program / New Type III Application / Early Learning Center Staff

#### Early Learning Center Staff

Enter all hired Staff Members who will be on site at the Early Learning Center. Every Center must have at least one Director identified. If that Director is responsible for multiple Centers, then a Director Designee will also be required. Owners who will be working on site will also need to be re-entered to Staff Member page.

[Return to Application Home](#)

#### Section 1: Staff Members

| Name         | Position Type | Primary Phone Number | Email Address    | Date Hired |   |
|--------------|---------------|----------------------|------------------|------------|---|
| Sally Fields | Director      | 564-654-6546         | sallyf@gmail.com | 01/06/2023 |     |
| Abby Rhodes  | Other Staff   | 645-556-3563         | abby@gmail.com   | 01/01/2023 |   |

[+ Add New](#)

[Back to Center Owner](#)  [Continue](#)

After entering all staff members and documents, select, continue.

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

**Background Check**

### Criminal Background Check

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

[Return to Application Home](#)

#### Section 1: Submit CCCBC Application

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

Click the image below to access the CCCBCS Page

#### Section 2: Background Status

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

Filter by Status:

[Refresh CCCBC Status](#)

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

[Back to Center Staff](#) [Save and Continue](#)

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

**Boing School - Type 3** In Progress

| Application ID | Category | Last Update | Expires on |
|----------------|----------|-------------|------------|
| 112824         | Renewal  | 01/12/2023  | 04/12/2023 |

[Edit](#) [Cancel](#)

# EMERGENCY PREPAREDNESS PLAN

Emergency Preparedness Plan

## Emergency Preparedness Plan

The Emergency Plan describes the procedures that your Early Learning Center uses to provide for the care and well-being of children under care and your staff. This plan addresses circumstances that threaten lives and property.

[← Return to Application Home](#)

### Section 1: Upload your Plan

Upload your plan below, if you do not have an existing plan, download the template below.

[Download Plan Template](#)

\*File

Choose File [Browse](#)

|                |             |  |
|----------------|-------------|--|
| Emergency Plan | Test 1.docx |  |
|                | 01/16/2023  |  |

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

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

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

### 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](#)

### Section 3: Emergency Contacts

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

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

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

[+Add New](#)

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

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

### Section 3: Emergency Contacts

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

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

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

+Add New

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

\*Off-Site Emergency Contact Name

Clark Gable

\*Primary Phone Number

654-654-6546

Secondary Phone Number

\*Email Address

clar@gmail.com



Pencil=Edit  
Trashcan=Delete  
Check=Save

### Section 3: Emergency Contacts

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

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

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

+Add New

← Back to Background Check

Save and Continue →

You must have 1 On-Site and 1 Off-Site Emergency Contact to proceed. Once you have both, select, Save.



# CHILD CARE ASSISTANCE PROGRAM (CCAP)

All Type III centers must also be CCAP providers. The CCAP is defaulted into the Type III application, so there is no need to upload a separate application. An exception to this mandate is for Headstarts and Grant funded centers. These providers do not charge for their services and are funded either privately or sources outside of the CCAP. All Types III's will need to read through (grab the scroll bar and slide down) the Provisions to activate the Accepted button. Download the CCAP Agreement for your records.

Child Care Assistance Program

## Child Care Assistance Program

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

Return to Application Home

### Section 1: CCAP Agreement Provisions

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

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

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

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

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

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

Accepted

Download a copy of the CCAP Agreement for your records.

Download CCAP Agreement

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

### Section 2: CCAP Assurances

Please initial each section as you agree to the provisions.

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

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

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

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

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

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

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

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

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

### Section 3: Rates and Fees

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

**Enter Your Daily Rates**

| Age          | *Full Daily Rate                | *Part Time Hourly Rate          |
|--------------|---------------------------------|---------------------------------|
| Age 0        | <input type="text" value="75"/> | <input type="text" value="20"/> |
| Age 1        | <input type="text" value="75"/> | <input type="text" value="20"/> |
| Age 2        | <input type="text" value="75"/> | <input type="text" value="20"/> |
| Age 3        | <input type="text" value="75"/> | <input type="text" value="20"/> |
| Age 4        | <input type="text" value="75"/> | <input type="text" value="20"/> |
| Age 5 & Over | <input type="text" value="75"/> | <input type="text" value="20"/> |

\*Do you charge a registration fee?  
 No



If a registration fee will be charged for any service that is offered, select yes. See each drop-down for options. If no registration fee will be charged, leave the box empty. You do not have to charge fees for a specific services.

\*Do you charge a registration fee?  
 Yes

| Registration Fee   | *This fee is charged                   | *This fee is collected                |
|--|--|---------------------------------------|
| <input type="text" value="45"/><br><small>Example 75.00</small>  | <input type="text" value="Per Child"/> | <input type="text" value="Annually"/> |
| <input type="text" value="25"/><br><small>Example 75.00</small>  | <input type="text" value="Per Child"/> | <input type="text" value="One-Time"/> |
| <input type="text" value="025"/><br><small>Example 75.00</small> | <input type="text" value="Per Child"/> | <input type="text" value="One-Time"/> |



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

### Section 4: Time and Attendance Agreement

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

[Download CCAP 14EA Form](#)

\*Upload File

Choose File

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



## 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

Director

\*Full Name

Betsy Ross

\*Date of Birth

01/06/1969



← Back to Emergency Plan

Save and Continue →



Select, Save and Continue, to be navigated to the Academic Approval page.

## ACADEMIC APPROVAL

In “Academic Approval,” there are two sections that will require entry of information or acknowledgment, which are:

- Section 1: Academic Approval Agreement
- Section 2: Agreement Signatures

In “Section 1: Academic Approval Agreement,” there are 3 options of acknowledgment that must be checked, which are:

- I elect to participate in the School Readiness Tax Credit Program
- I certify that all of the lead teachers who have been working in my center for 24 months or more will have met the requirement set forth in Bulletin 140
- Please Note: Your application will be valid for the following calendar years

In “Section 2: Agreement Signatures”, there is 1 drop-down and 2 text boxes that will require information to be entered, which are:

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

## Academic Approval

Publicly-funded child care centers are required to meet a set of performance and academic standards resulting in academic approval. Academic Approval requires publicly-funded child care centers to participate in the community network system.

[← Return to Application Home](#)

### Section 1: Academic Approval Agreement

Please review the Academic Approval Agreement document below. Once you have read through the agreement and scrolled to the bottom, you will be able to sign electronically.

\*Does your site offer full time or part-time care?

Part Time

Part-time care is defined as offering less than 30 hours of care per week, with up to a maximum of 129 hours per month, including care offered on holidays, and before and after school. Full-time care is defined as offering care for 30 hours or more per week.

SELECT PART-TIME OR FULL-TIME.

#### I. ANCILLARY CERTIFICATE REQUIREMENTS FOR TYPE III CENTERS

I understand the following:

- A Lead Teacher is defined as the early childhood care and education classroom teacher that is primarily responsible for the classroom for a minimum 20 hours a week for every classroom providing full-day care in a publicly-funded site;
- Pursuant to Bulletin 140, all lead teachers in full day type III early learning centers hired into their role prior to July 1, 2018 must obtain their early childhood ancillary certificate by July 1, 2020; and all lead teachers in full day type III early learning centers hired into their role on or after July 1, 2018 must obtain their early childhood ancillary certificate within 24 months from their date of hire;

PLEASE NOTE: The Early Childhood Ancillary Certificate does not fulfill the requirement of a valid and current Louisiana teaching certificate for lead teachers in publicly funded pre-K (LA 4 and NSECD) classrooms and it will not qualify an individual to work as a lead teacher in public schools. The bachelor's degree and teaching certificate requirement for pre-K teachers in public and non-public schools will remain the same. Head Start teacher requirements will continue to follow the national credential and qualification guidelines.

I elect to participate in the School Readiness Tax Credit Program

I Agree

I certify that all of the lead teachers who have been working in my center for 24 months or more will have met the requirement set forth in Bulletin 140

I Agree

Please Note: Your application will be valid for the following calendar years:

2022-2023

### Section 2: Site Contact Information

Select your Program Partner Chief Administrator from the list of owners/staff you have identified with your entity. If you need to make a correction please return to the Center Information page.

Entity Name

NASA Babies

Physical Address

4562 Apollo Rd.  
Houston, Louisiana, 89874  
Claiborne

Mailing Address

4562 Apollo Rd.  
Houston, Louisiana, 89874  
Claiborne

Primary Phone

3659875489

Secondary Phone

Email Address

nasababies@gmail.com

\*Select your program partner Chief Administrator

--Select--  
--Select--  
Sally Fields  
Abby Rhodes  
Betsy Ross

Select a Chief Administrator. This is normally the Owner or Director.

### Section 3: Agreement Signatures

An authorized Owner, Director, or Director Designee will need to sign the Academic Assurance Agreement.

My organization will comply with all provisions of State Board of Elementary and Secondary Education (BESE) Bulletin 140-Louisiana Early Childhood Care Education network.

\*Position Type

Director

\*Full Name

Betsy Ross

\*Date Of Birth

01/20/1969

Note: An email notification will be sent to the Entity/Site's email address once the full Licensing application is submitted for review.

[← Back to CCAP](#)

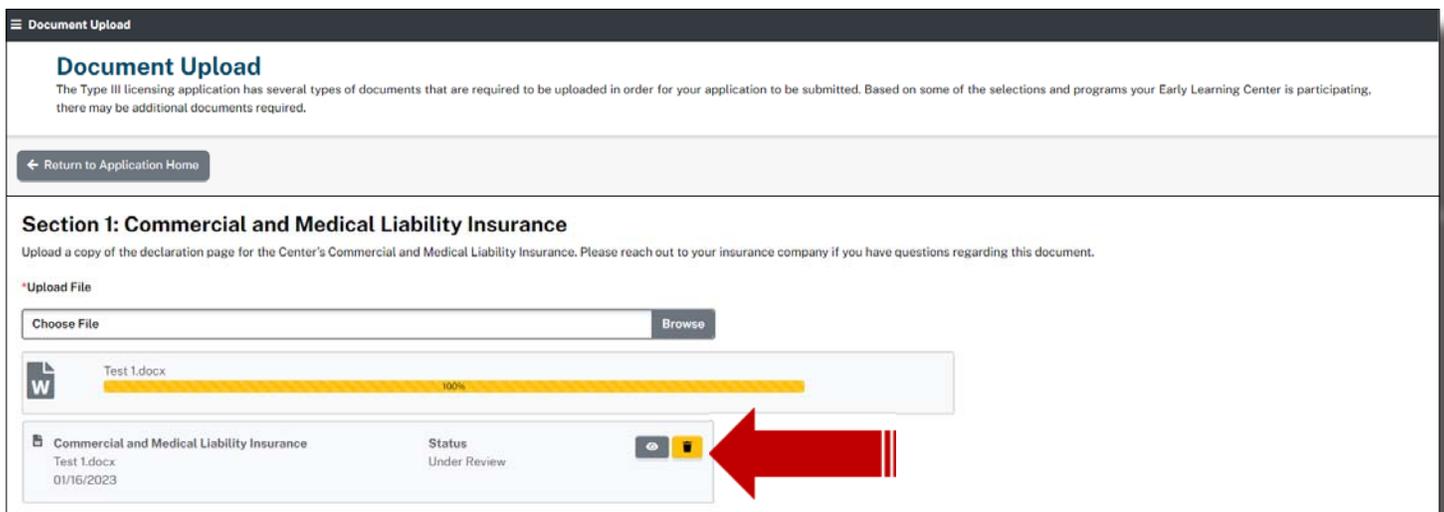
[Save and Continue →](#)

# DOCUMENT UPLOAD

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

Upload the required documents below. Multiple files may be uploaded in each section. Ensure that your scanned documents are not too large for your personal computer to upload. Scan Profiles should be 70-100 DPI, B&W and a common file type, such as PDF, JPG, BMP...Edlink will take most types with the exception of video files. This profile will ensure that the files are small in file size but completely viewable.



The screenshot shows the "Document Upload" interface. At the top, there is a "Document Upload" header with a sub-header "Document Upload" and a brief description. Below this is a "Return to Application Home" button. The main section is titled "Section 1: Commercial and Medical Liability Insurance" with instructions to upload a declaration page. Underneath, there is an "Upload File" section with a "Choose File" input and a "Browse" button. A file named "Test 1.docx" is shown with a 100% progress bar. Below the progress bar is a table with columns for file name, status, and actions. A red arrow points to the trash icon in the actions column of the table.

| Commercial and Medical Liability Insurance | Status       |   |
|--|--------------|---|
| Test 1.docx<br>01/16/2023                  | Under Review |  |

Continue to upload the mandatory documents. Take a moment to read the excerpts below each section for descriptions of what is needed. More detailed instructions and links are also located on the Application Home page in Step 1, Application Instructions.

**Section 2: State Fire Marshal Information**  
Upload the Center's completed and approved State Fire Marshal Inspection Form. To request a State Fire Marshal Inspection, visit [here](#) for more details.

\*Upload File  
Choose File

**Section 3: Office of Public Health Approval**  
Upload the Center's completed and approved Office of Public Health Inspection. To schedule your inspection, complete and submit your Day Care Plans Review Packet to LDH [here](#).

\*Upload File  
Choose File

**Section 4: Center Pictures**  
Pictures of the Facility will need to be uploaded as part of the Licensing Application process. Picture should include at a minimum: The center's front entrance, kitchen, direct exit, and playground.

\*Upload File  
Choose File

**Section 5: Documentation of Ownership**  
A signed, dated, and notarized documentation of ownership of the Early Learning Center will need to be uploaded to your licensing application.

\*Upload File  
Choose File

**Section 6: Rates Verification**  
Upload a copy of notice to parents such as newsletter, bulletin, memo, etc.

\*Upload File  
Choose File

**Section 7: Verification of Identity**  
Upload a copy of a government issued picture ID for all owners, directors, and designees.

\*Upload File  
Choose File

**Section 8: Social Security Cards**  
Upload a copy of a government issued social security card for all owners and directors.

\*Upload File  
Choose File

**Section 9: W-9 or IRS SS-Form**  
Upload a copy of the most recent W-9 or IRS SS-Form

\*Upload File  
Choose File

|  |                        |   |
|--|------------------------|---|
|  IRS SS-4 Form<br>Test 1.docx<br>01/16/2023 | Status<br>Under Review | <input type="button" value="↶"/> <input type="button" value="⏏"/> |
|--|------------------------|---|

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

## BANKING INFORMATION

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

The screenshot shows a web interface for uploading banking information. At the top, there is a navigation bar with a hamburger menu icon, the text "Banking Information", and a green notification box that says "Great Job Document Upload information saved successfully." Below the navigation bar, the main heading is "Banking Information" with the subtext "Upload document that has information about your bank." A button labeled "Return to Application Home" is located below the heading. The main content area is titled "Section 1: Banking Information" and contains the instruction: "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." Below this instruction is a button labeled "Download Bank Info Template" with a red arrow pointing to it. Underneath is an "Upload File" section with a "Choose File" input field and a "Browse" button. Below the input field is a table with one row of file information:

| Banking Information       | Status       |   |
|---------------------------|--------------|---|
| Test 1.docx<br>01/16/2023 | Under Review |   |

A red arrow points to the trash icon in the table. At the bottom of the page, there is a "Back to Document Upload" button on the left and a "Save and Review" button on the right, with a red arrow pointing to it.

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



# APPLICATION HOME PAGE

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

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

- 1 - Application Instructions**  
This page describes all the requirements and instructions for completing the Licensing Application. [Review or Edit 1](#) [Complete](#)
- 2 - Funding Source**  
Enter all the funding sources for your Early Learning Center on this page. [Review or Edit 2](#) [Complete](#)
- 3 - Early Learning Center Information**  
Provide the name, location, and contact information for your Early Learning Center 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 - Center Owner**  
List all the legal Owners of the Early Learning Centers on this page. [Review or Edit 6](#) [Complete](#)
- 7 - Center Staff**  
Enter in all currently hired Directors, Director Designees and Other Staff on this page. [Review or Edit 7](#) [Complete](#)
- 8 - Criminal Background Check**  
This page will provide you the status of all Owners, Directors, and Staff who have completed a Criminal Background check. [Review or Edit 8](#) [Complete](#)
- 9 - Emergency Plan**  
The center's Emergency Preparedness Plan and emergency contacts will be completed on this page. [Review or Edit 9](#) [Complete](#)
- 10 - 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 10](#) [Complete](#)
- 11 - Academic Approval**  
Review and accept the details of the Academic Approval Agreement. [Review or Edit 11](#) [Complete](#)
- 12 - Document Upload**  
This page allows you to upload all required supporting documentation for your Early Learning Center. [Review or Edit 12](#) [Complete](#)
- 13 - Banking Information**  
This page will collect you banking information. [Review or Edit 13](#) [Complete](#)

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

After you've submitted the application, you'll be navigated back to your New User Dashboard.

**edlink** My Dashboard

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

Welcome, Pamela Mertens

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

**Get Started**

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

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

**Pending Applications**

| NASA Babies - Type 3 |                                      | Pending     |            |
|----------------------|--------------------------------------|-------------|------------|
| Application ID       | Category                             | Last Update | Expires on |
| 303850               | New                                  | 01/16/2023  | 04/16/2023 |
| <a href="#">View</a> | <a href="#">Withdraw Application</a> |             |            |

Scroll to the bottom of the Dashboard to see the status of the submitted application.

- In Progress=Not Submitted Yet
- Pending=Submitted and may take up to 90 days to review/approve
- Withdrawn=Submitted application has been deleted from LDOE. No information will be retained.
- Edit=Return to complete an incomplete application.
- View=Read only of a submitted application. No changes can be made.

## Pending Applications

**NASA Babies - Type 3** Pending

| Application ID       | Category                             | Last Update | Expires on |
|----------------------|--------------------------------------|-------------|------------|
| 303850               | New                                  | 01/16/2023  | 04/16/2023 |
| <a href="#">View</a> | <a href="#">Withdraw Application</a> |             |            |

**- Type 3** In Progress

| Application ID       | Category               | Last Update | Expires on |
|----------------------|------------------------|-------------|------------|
| 304655               | New                    | 02/06/2023  | 05/07/2023 |
| <a href="#">Edit</a> | <a href="#">Cancel</a> |             |            |

**Pamela Mertens - Type In Home** Withdrawn

| Application ID | Category | Last Update | Expires on |
|----------------|----------|-------------|------------|
| 304588         | New      | 02/03/2023  | 05/04/2023 |

# HELP

edlink Report Child Abuse

Pamela Mertens

My Dashboard

Messages 6

Account Settings

Help

Find the Right Program

Report Child Abuse

Submit a Complaint

## Report Child Abuse

### Helpful Links

The links below are for common, frequently-used resources

[Report Child Abuse](#)

edlink

Pamela Mertens

My Dashboard

Messages 6

Account Settings

Help

Find the Right Program

Report Child Abuse

Submit a Complaint

Help us protect Louisiana's children. Report Child Abuse & Neglect: 1-855-4LA-KIDS (1-855-452-5437) toll-free, 24 hours a day

Department of Children & Family Services Building a Stronger Louisiana

I Am About Us Child Welfare Disaster

Louisiana.gov DCFS Child Welfare

## Child Welfare

- About Child Welfare
- Adoption
- Child Abuse/Neglect Background Checks
- Child Protection Investigation
- Extended Foster Care
- Family First
- Family Services
- Foster Parenting
- Grandparents Link
- Kinship Navigator
- Louisiana Fosters
- QPI Louisiana
- Report Abuse/Neglect

## Reporting Child Abuse/Neglect

### Support

#### VIA LINK Louisiana Parent Line

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

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

### Report

#### DCFS Child Abuse/Neglect Hotline

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

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

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

# ACCOUNT SETTINGS

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

**edlink** Password and Security

Account Settings / Password and Security

### Password Reset & User Account History

Request to change password below.

#### Password Reset

Click the link to the right to be redirected to the my.la.gov site to get assistance with changing your password.

**Reset Password** →

#### User History

Quick Filters: [All](#) [My Changes](#) [Other User Changes](#)

| User                         | Field | Original Value | New Value | Request Date/Time |
|------------------------------|-------|----------------|-----------|-------------------|
| There are no records to show |       |                |           |                   |

## Account Help

### What help do you need?

Share My.La.Gov with others!

[f](#) [in](#) [t](#) [✉](#)

#### @ Resend Verification Email

Never got your email verification? Enter your email address and we'll send you a new verification.

\* Email Address

**Send verification Email**

#### Forgot your password?

Enter your User ID and email and we'll send you a link to reset your password.

User ID

Email Address

**Send Password Reset Link**

#### Forgot your User ID?

Enter your email and we'll send you the information.

Email Address

**Send User ID Reminder**

An Official Louisiana.Gov Website. [Here's how you know.](#) English Español Français Titres/DT

**edlink** EdLink Support Louisiana Believes

**Note to all EdLink Users:** There is a known issue with the system not displaying correct Messages and Notifications. We are working to correct this as soon as we can.

**Important:** Due to Covid-19 we have made some changes to the licensing process. [Click here](#) for more information.

Welcome to **EdLink.**  
We've revolutionized the way we use data to support students and families of Louisiana.

Sign In  
Create Account

**Sign In**  
User ID  
Password  
Show Password  
Sign In

Don't have an account? [Create your own MyLa account.](#)  
Need help? [Click here to get help signing in.](#)

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

An official Louisiana.gov website. [Here's how you know.](#)

**Resend Verification Email**  
Never got your email verification? Enter your email address and we'll send you a new verification.  
\* Email Address  
Send verification Email

**Forgot your password?**  
Enter your User ID and email and we'll send you a link to reset your password.  
User ID  
Email Address  
Send Password Reset Link

**Forgot your User ID?**  
Enter your email and we'll send you the information.  
Email Address  
Send User ID Reminder

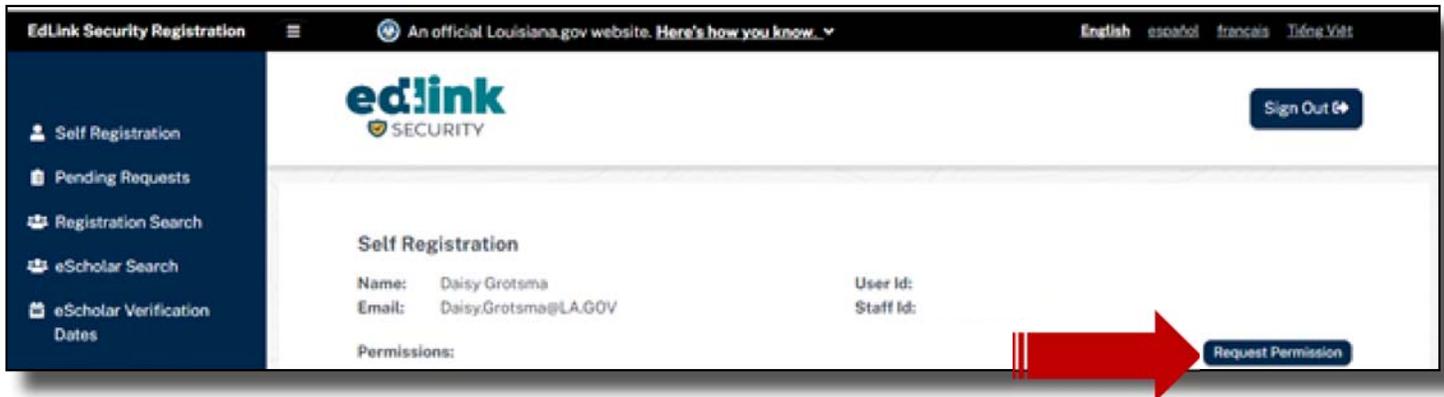
**Want to know more?**  
My.La.Gov will replace outdated ways of signing in to Louisiana government. Frequently Asked Questions and get to know My.La.Gov  
Read the FAQs

Write down your User ID and New Password!

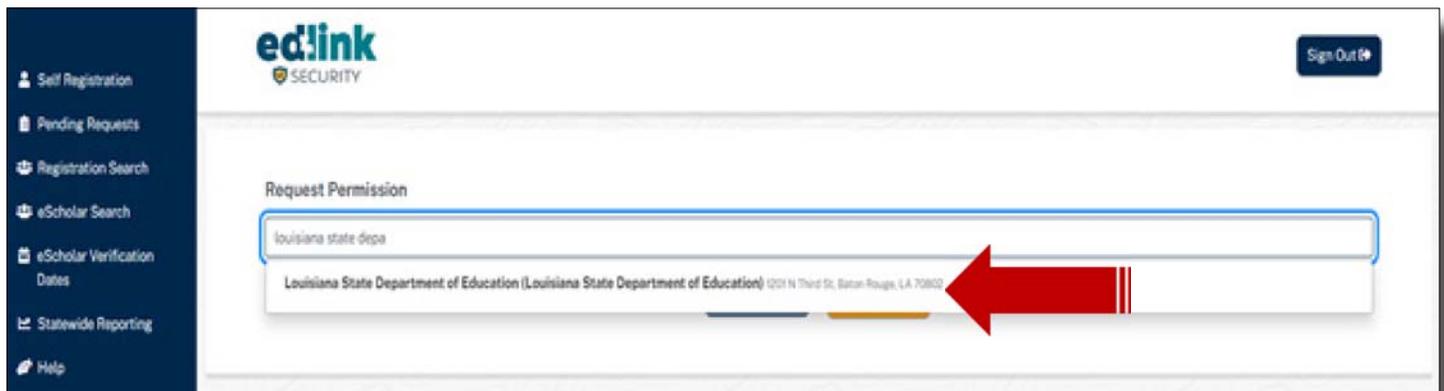
## KINDERCONNECT ACCESS

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

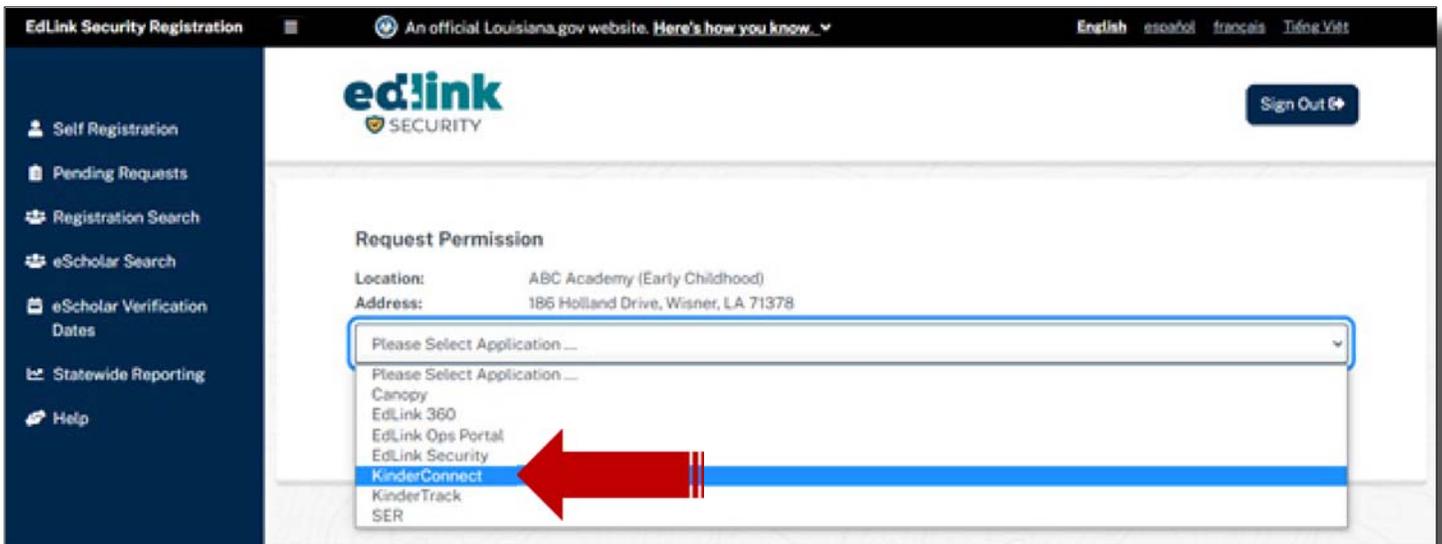
1. You must have a staff ID assigned, to check please click this link: <https://registration.edlink.la.gov>. If you see an error you need to fill out a short excel file and email to [Anantha.Lakkakula@LA.GOV](mailto:Anantha.Lakkakula@LA.GOV)
2. Once you have a staff ID, go to this link in your internet browser : <https://registration.edlink.la.gov>. Allow the screen to fully navigate to the Edlink Security page. This may take a few seconds.
3. Select “Request Permission” on the right side of the screen.



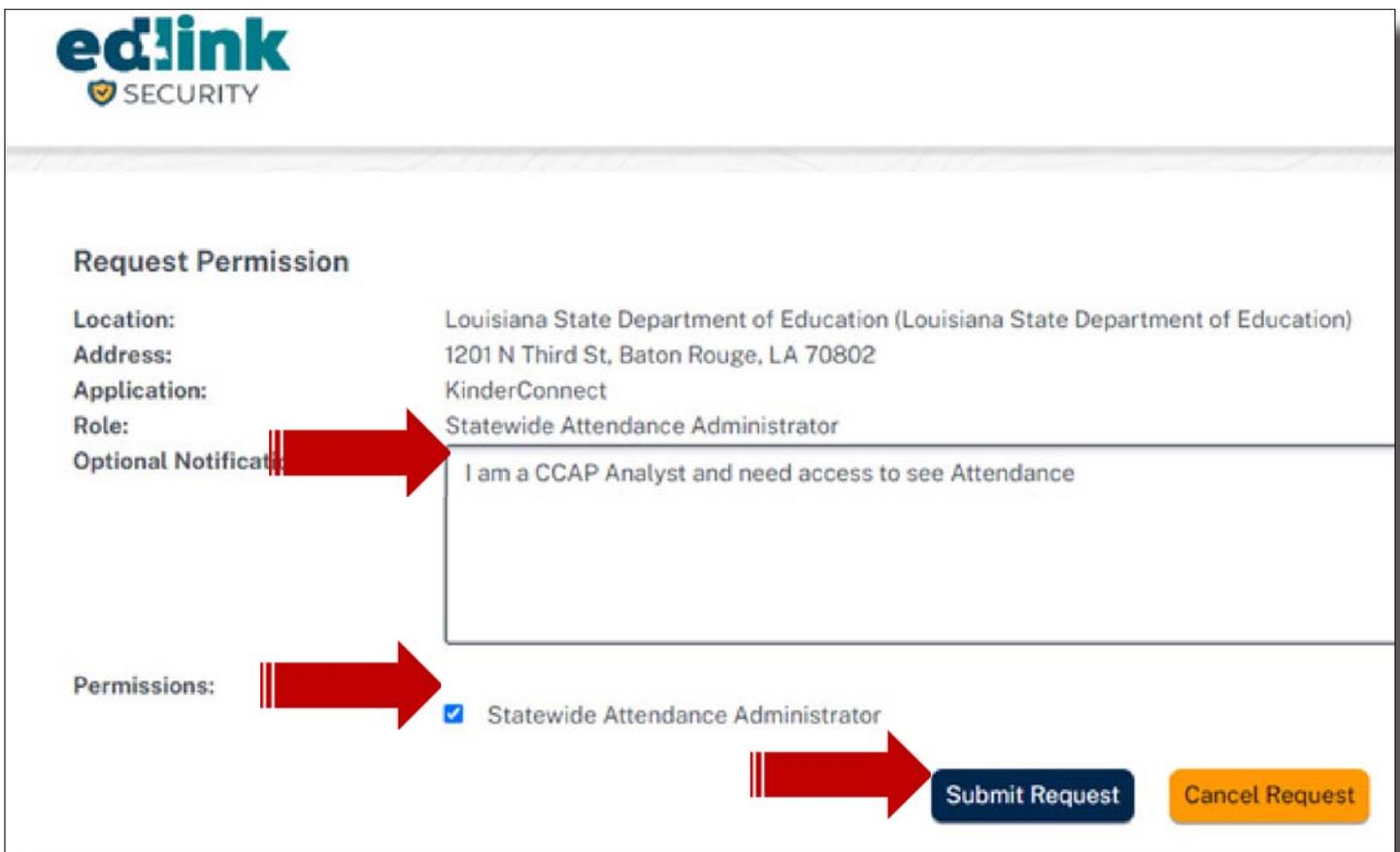
4. From the first drop-down, begin typing “Louisiana State Department of Education”.



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



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



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

7. After access is approved as “Statewide Attendance Administrator “:

- Please log into Edlink <https://ldoe.edlink.la.gov/>
- Click on Entity Management to find the option “KinderConnect”
- Click on KinderConnect and you will be re-directed to KinderConnect website

## MY NOTES