



LOUISIANA DEPARTMENT OF
EDUCATION

Early Childhood
“Type III” License
Application User Guide

edlink

December 2024

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EDLINK ACCOUNT SET-UP FOR NEW USERS

LDOE.EDLINK.LA.GOV

ACCEPTED BROWSERS

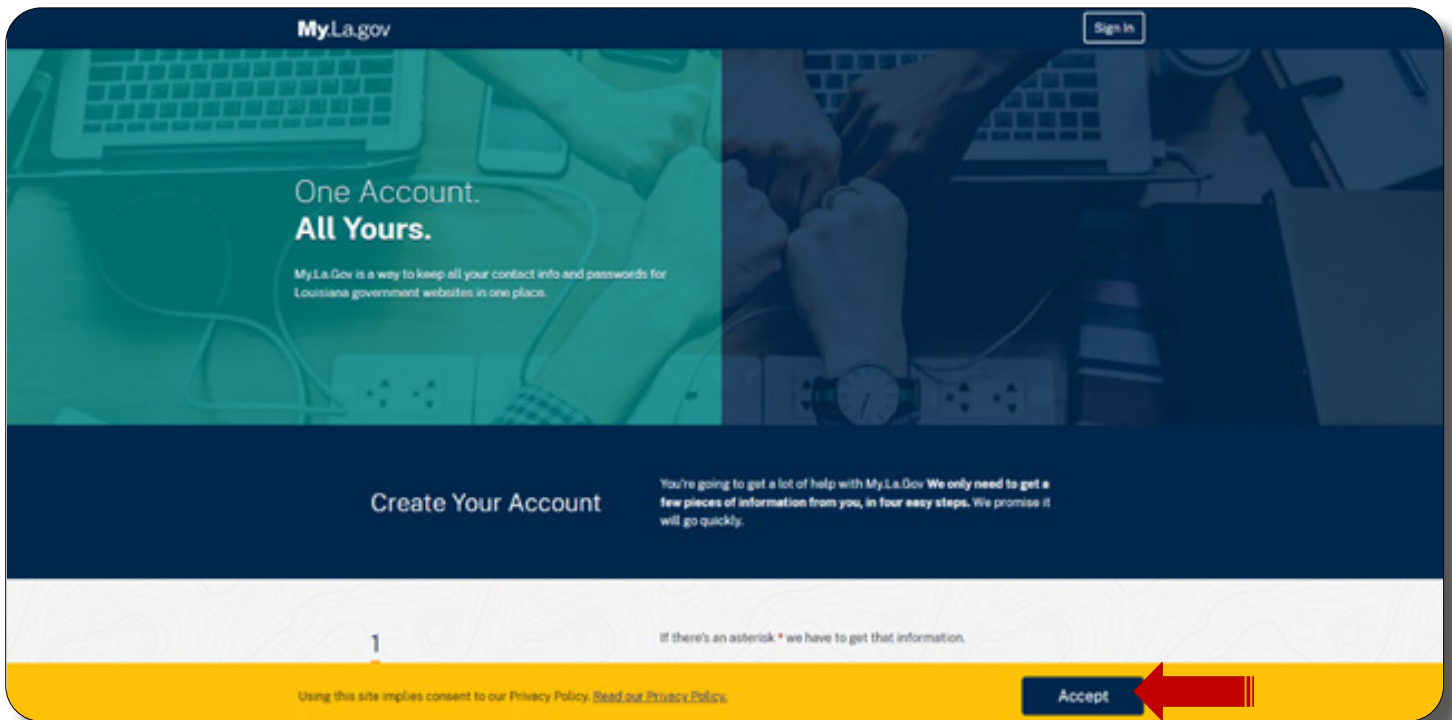
GOOGLE CHROME



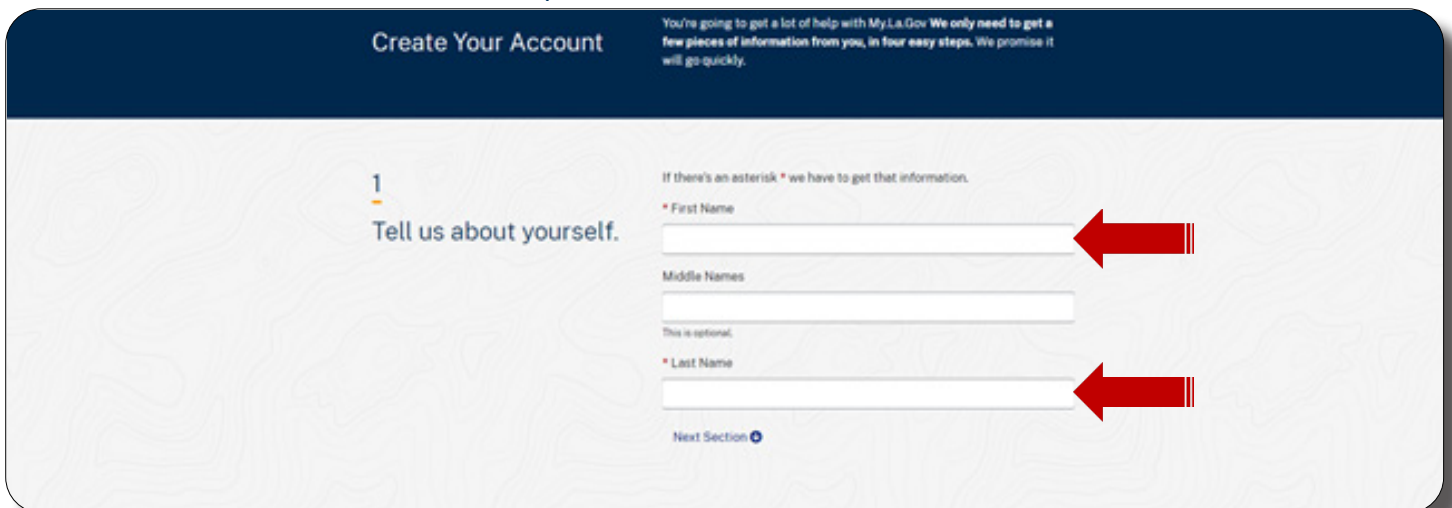
MICROSOFT EDGE



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



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




Create a User ID. If you need help with creating a User ID, please click on the blue light bulb situated below the text box. This light bulb will remain visible throughout the entire process.

2
Let's start your account.

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


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

* User ID

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

* Password

Show Passwords

 [Want help making a Password?](#)


* Confirm Password






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

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

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

* User ID

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

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

* Password

Show Passwords

[Want help making a Password?](#)

- ✘ Don't use a password from any of your other accounts.
- ✔ You must use letters and numbers.
- ✔ Make some letters uppercase, make letters some lowercase.
- ✔ Use some of these symbols too:
`{ [(< ! # , $ % ^ @ : \ | / & * - _ + = ; >)] }`

* Confirm Password

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

Before moving forward, record your Password and User ID.

User IDs and Password Standards:

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

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

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

3
Let's set a PIN.

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

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

* New PIN * Confirm New PIN

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

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

4
How should we contact you?

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

Telephone

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

* Email Address

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

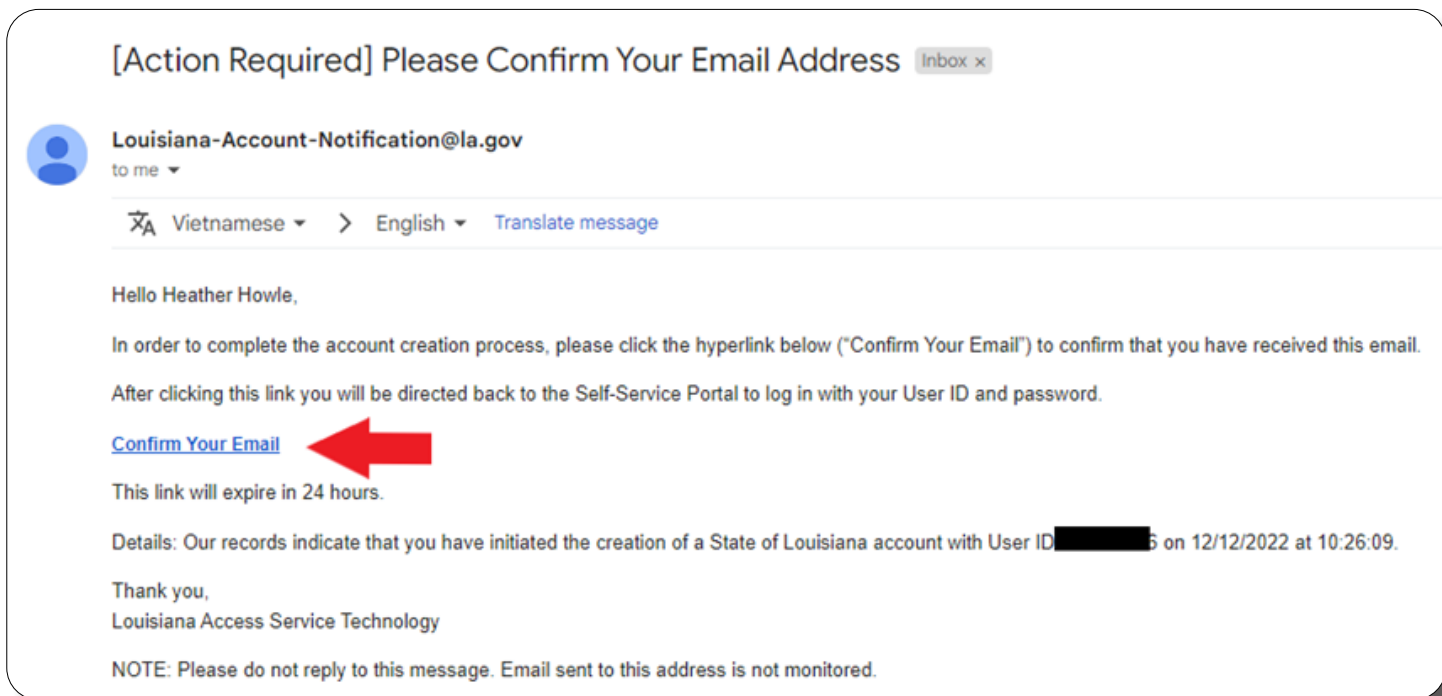
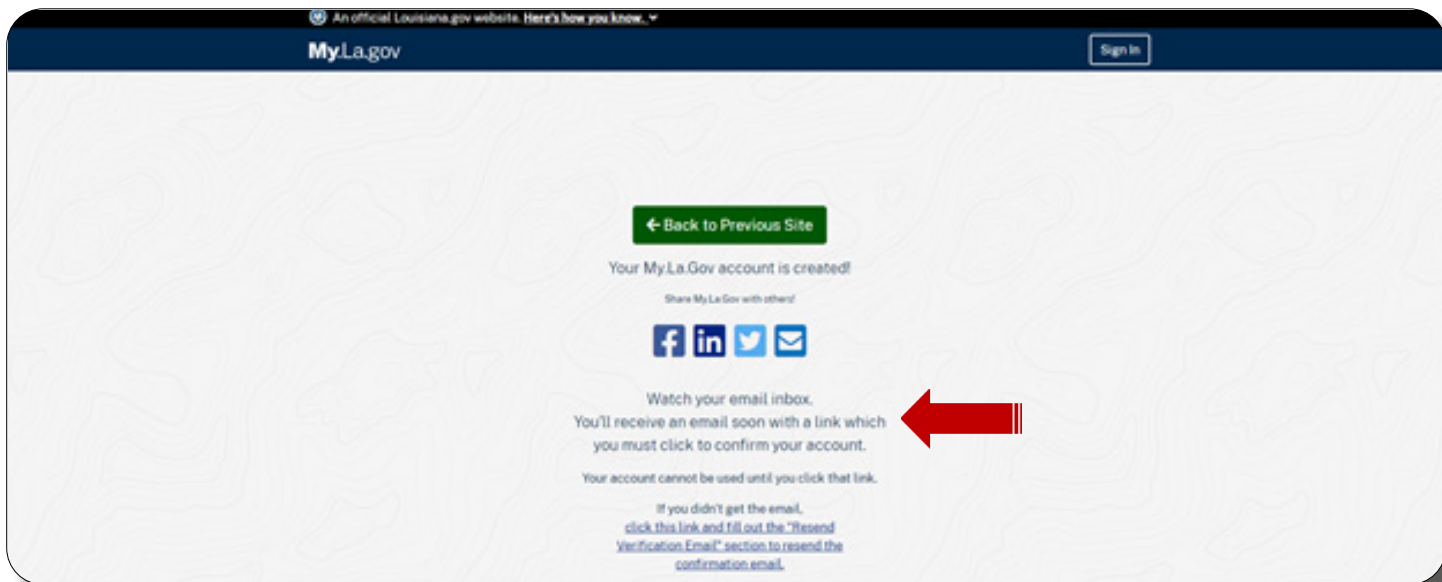
That's it! [Create Your Account](#)

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

Please proceed to the next page to receive instructions for Confirming your Email. Access to your account will be restricted until your email has been confirmed. It is essential to confirm your email within the permitted 24-

CONFIRM EMAIL

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



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


LDOE.EDLINK.

FORGOTTEN USER ID/RESETTING PASSWORD

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

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

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

MyLa  [FAQs](#) [Help](#) [Sign In](#)

Account help

@ 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?

2

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?

1

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


Email Address

[Send User ID Reminder](#)

? Want to know more?

MyLa will replace outdated ways of signing in to Louisiana government websites. Read our [Frequently Asked Questions](#) and get to know MyLa

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

MyLa  [FAQs](#) [Help](#)

Sign In

* User ID

* Password

Show Password

[Sign In](#)

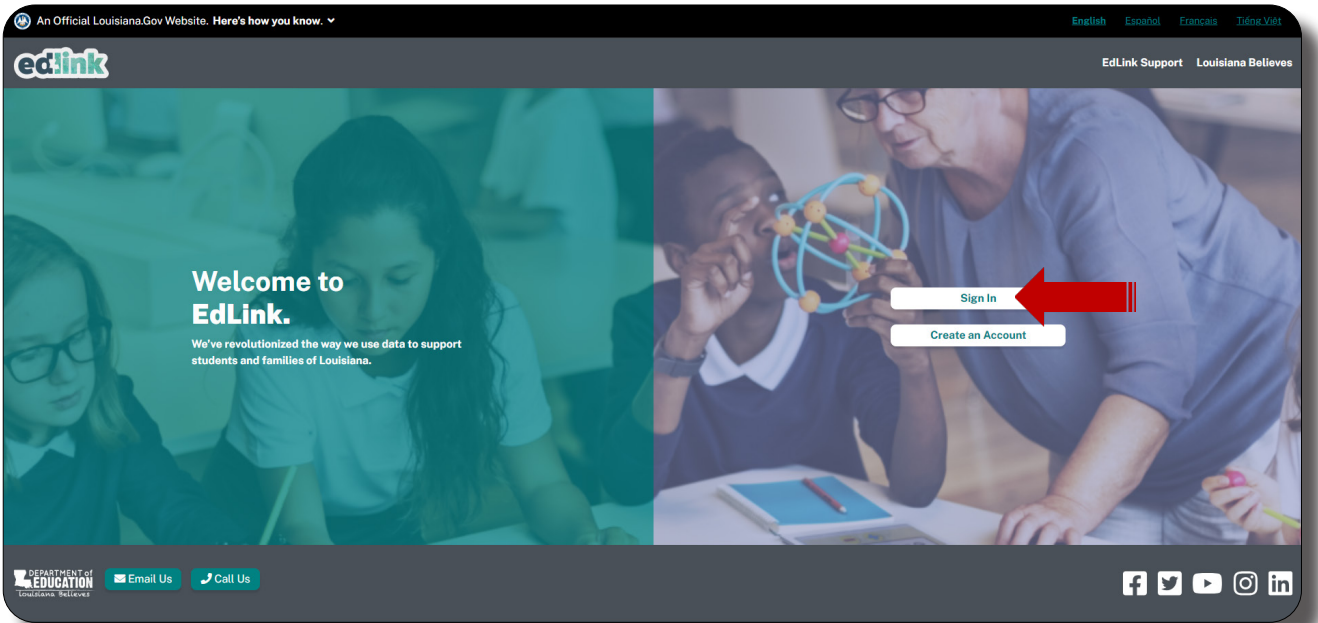
Need help? [Click here to get help logging in.](#)

[Home](#) [FAQs](#) [Help](#) [Privacy](#)

EDLINK OPS LOGIN PROCEDURE

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

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



NEW USER-PERSONAL PROFILE (Edlink Ops)

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


New User - Personal Profile

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

User Account Type

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

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

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

Name and Contact

Provide your information in the fields below.

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

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

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

Address Information

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

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

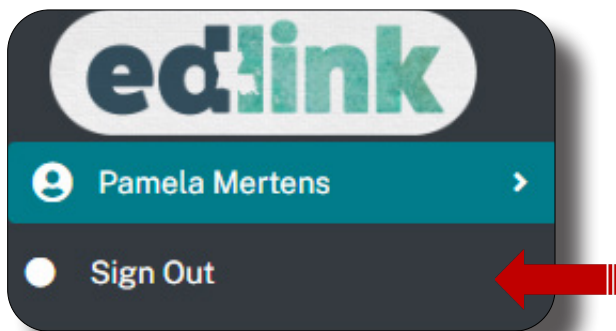
Personal Information

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

*Date of Birth	*SSN	*Identification Number	*Issuing State
<input type="text" value="01/02/1980"/>	<input type="text" value="888-55-1212"/>	<input type="text" value="00016589"/>	<input type="text" value="Louisiana"/>
*Sex	*Race		
<input type="text" value="Female"/>	<input type="text" value="White"/>		

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

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



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

ACCEPTED BROWSERS



GOOGLE CHROME

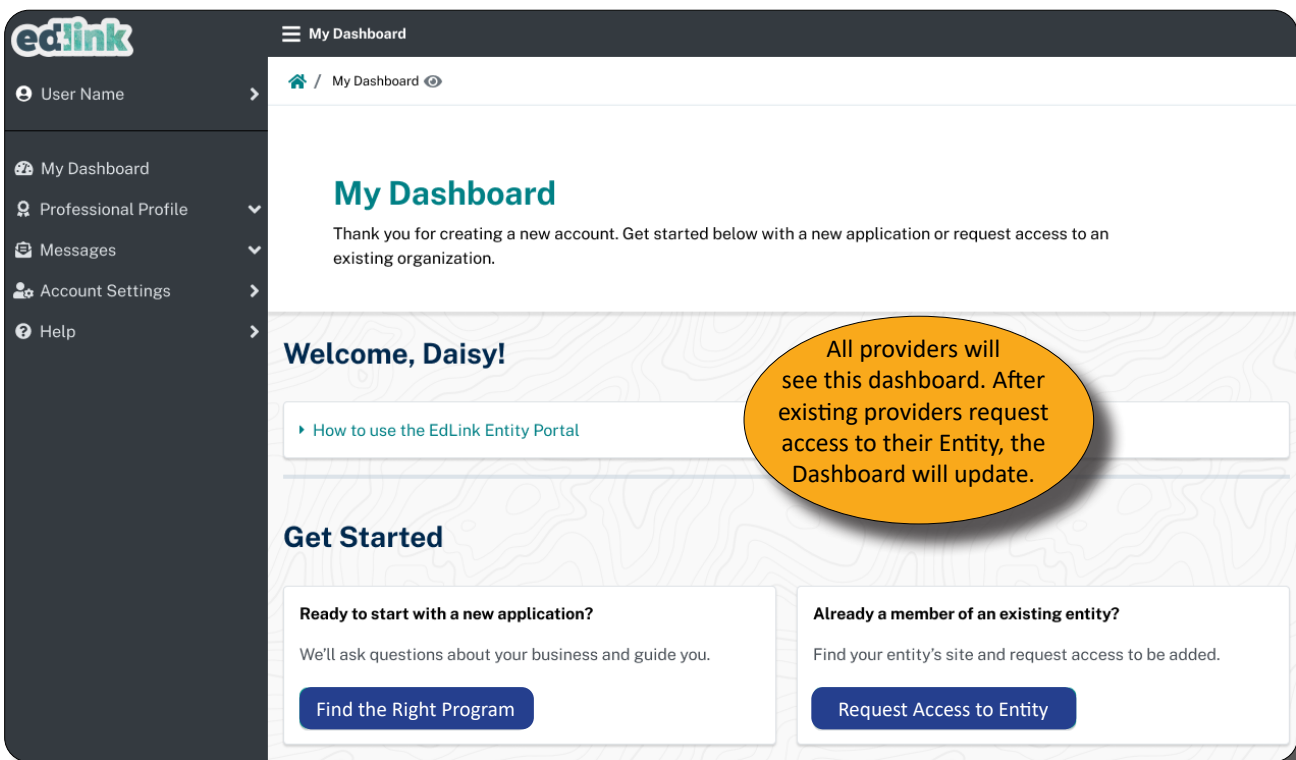


MICROSOFT EDGE





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



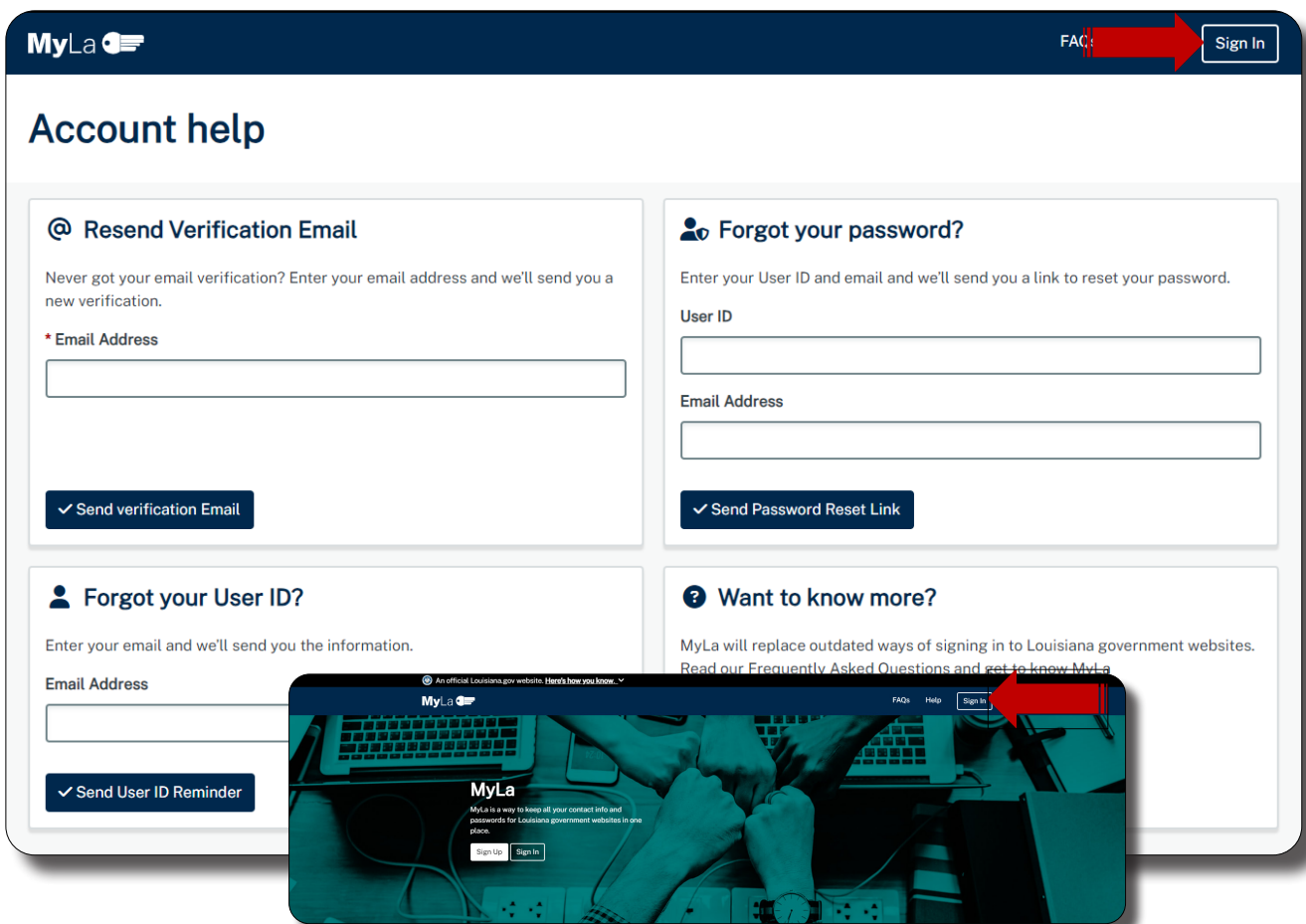
For new providers (those who do not currently possess a license), please select Help from the left menu and then choose Find the Right Program to initiate a new application. New providers will be required to request access only after their license has been approved and issued.

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

UPDATING YOUR EMAIL

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

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



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

Account home

[Resume your journey →](#)

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

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

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

[Update Name](#)

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

Telephone:
Just numbers, nothing else, start with area code.

* Email Address:

[Update Contact](#)

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

* New PIN:
* Confirm New PIN:

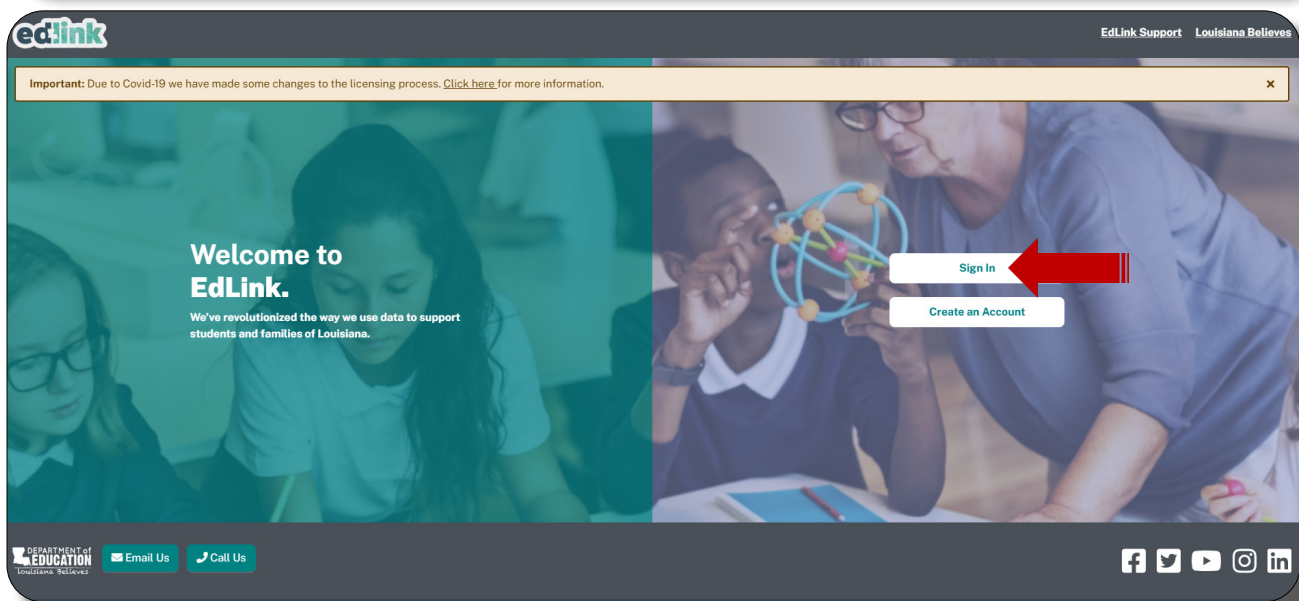
[Update PIN Number](#)

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

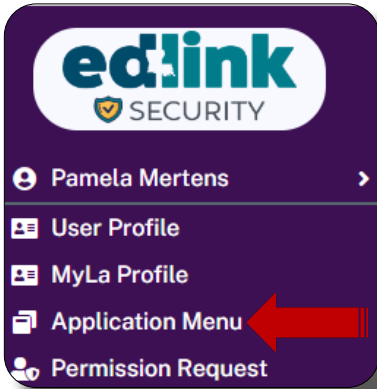
[Update Password](#)

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

(Red arrows point to the Telephone and Email Address fields in the Contact Info section.)

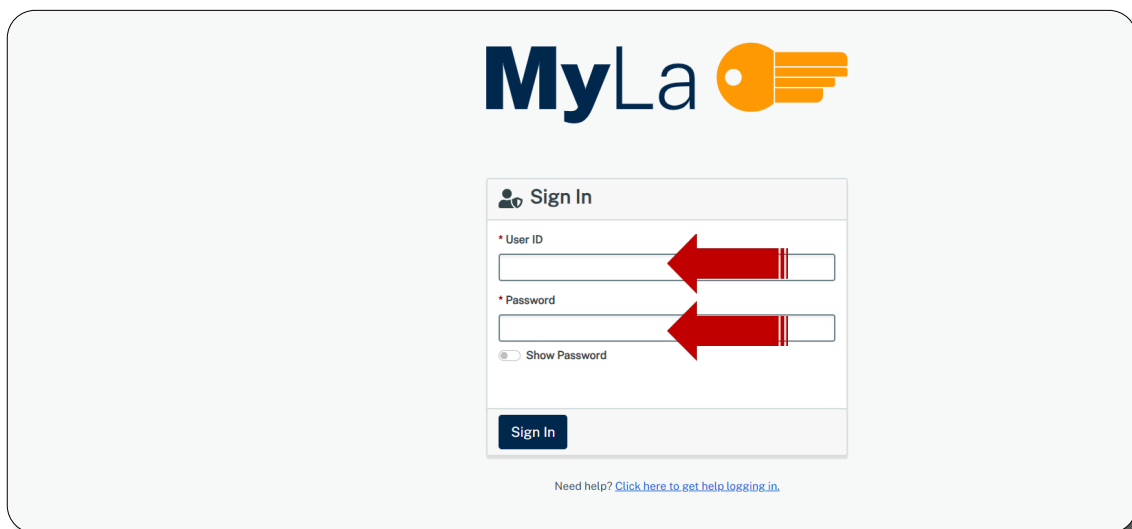
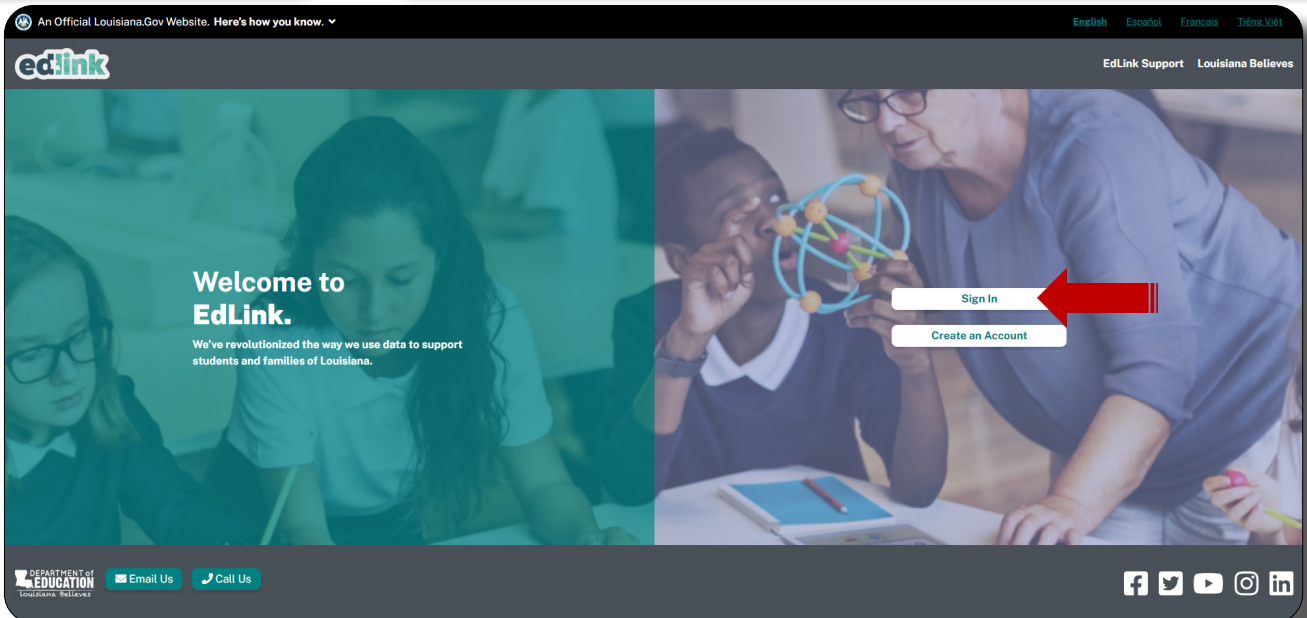


7. Please sign out of all pages and reopen Edlink Ops at <https://ldoe.edlink.la.gov/#/>. Alternatively, you may select the Application Menu and then the Edlink Ops Portal, as illustrated below. It is important not to proceed prematurely. Your Edlink Ops New User Profile must be completed prior to requesting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

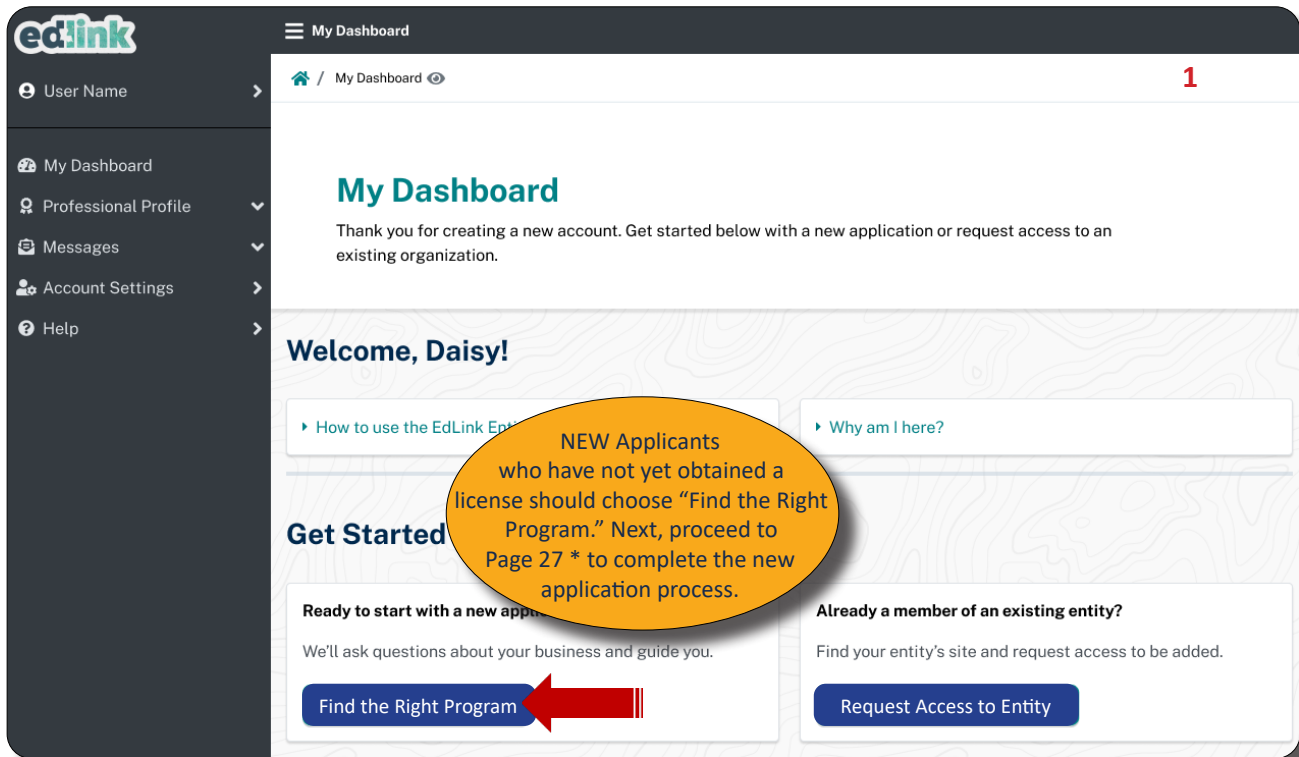


Application Menu

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



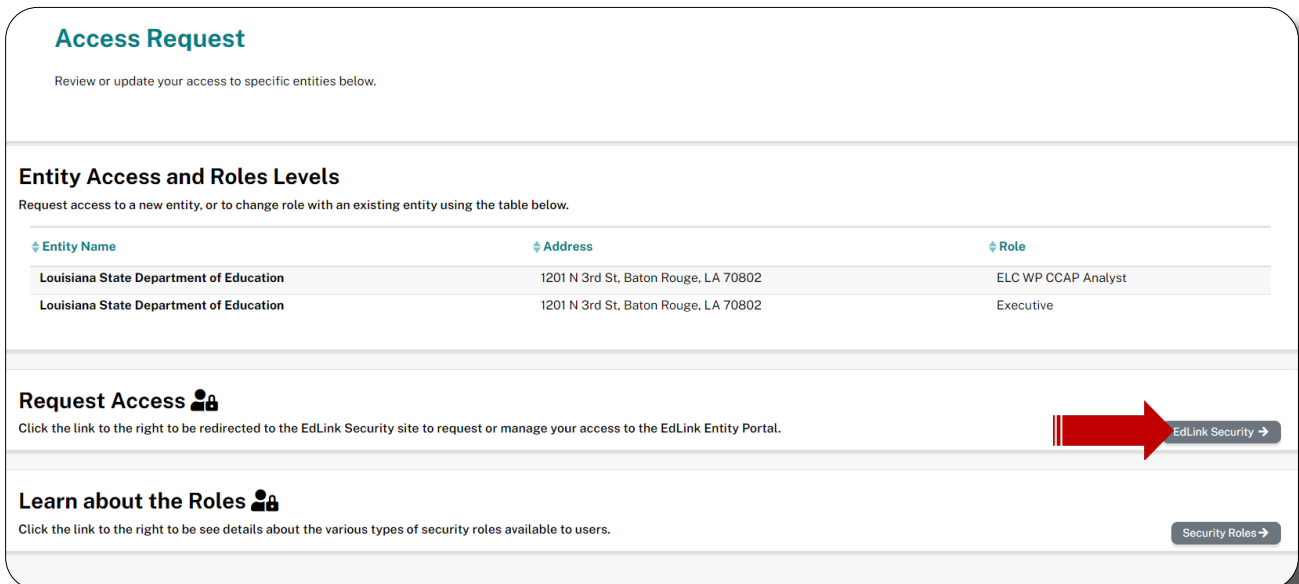
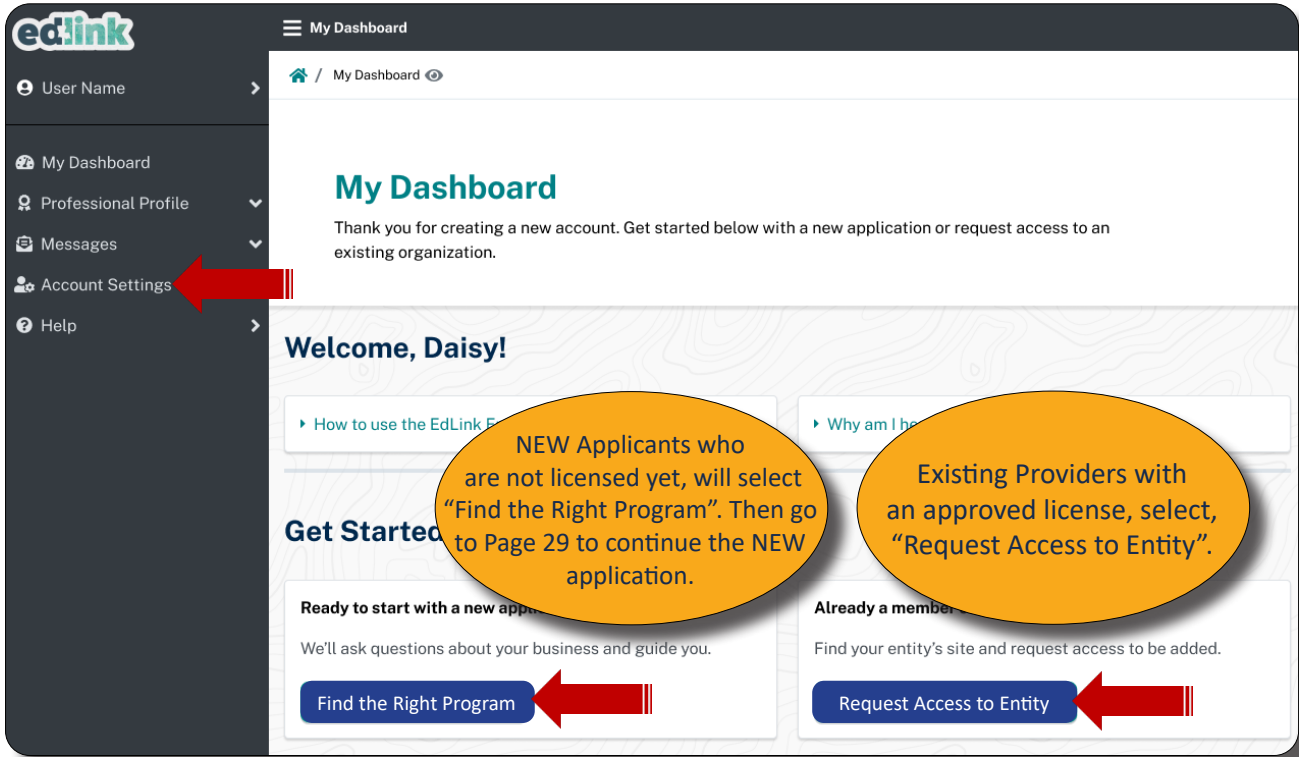
Your Edlink Ops dashboard will be displayed as illustrated in the example below. All new and existing providers will only have access to this dashboard until a new license has been approved or the Entity Role Requests have received approval from LDOE.



REQUESTING ACCESS TO ENTITY

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

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

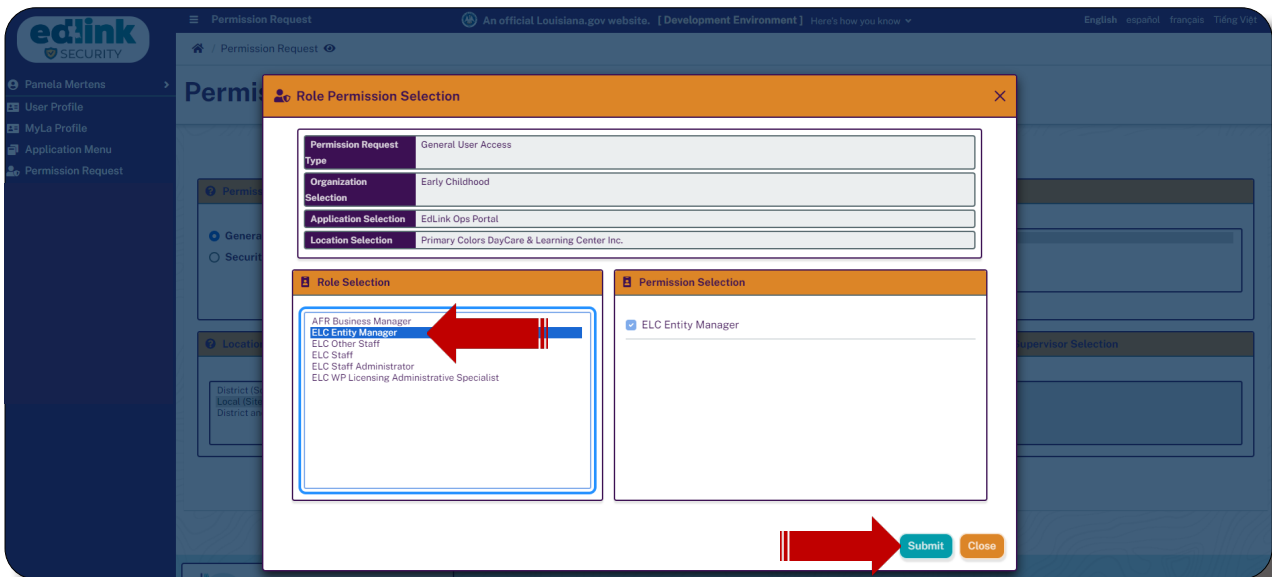
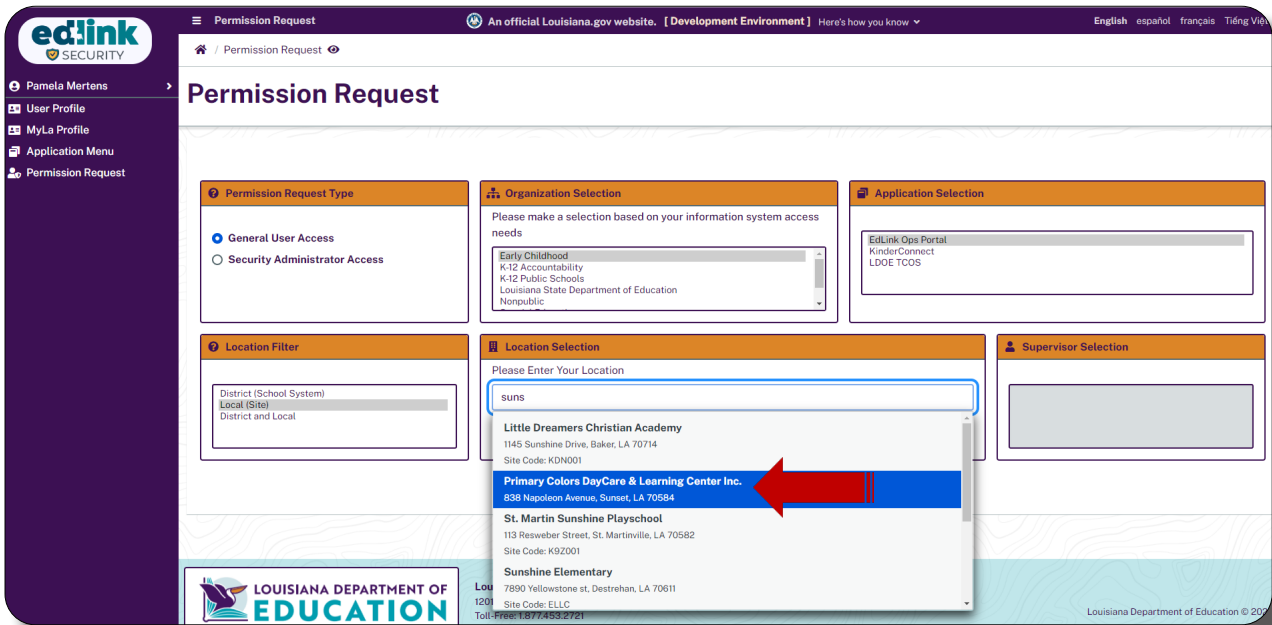
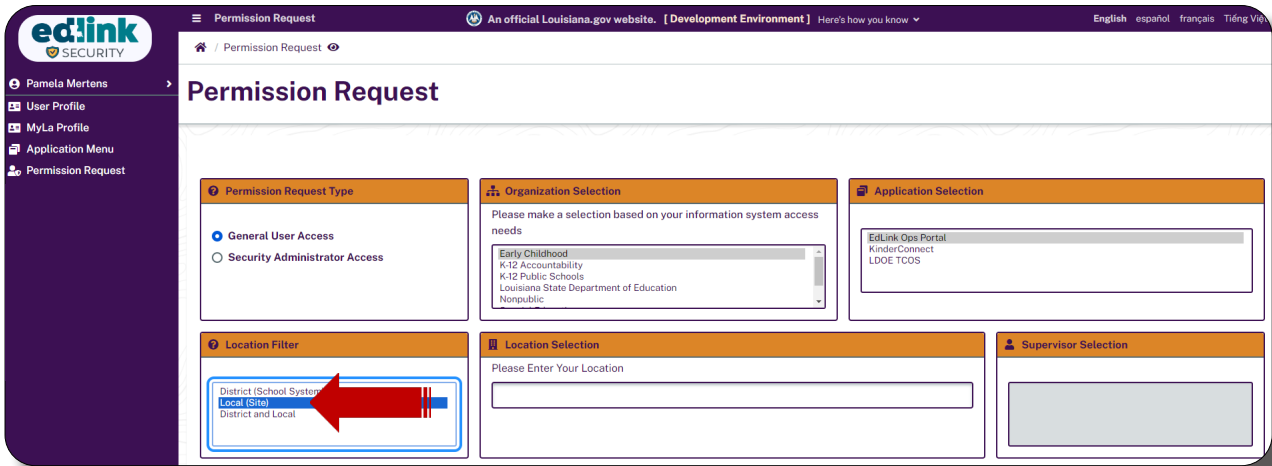


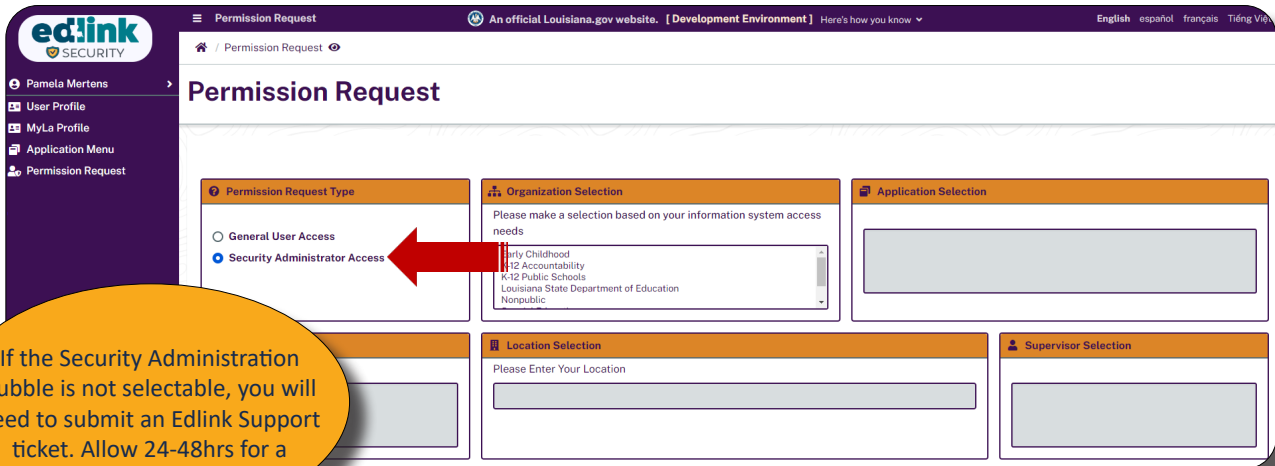
ENTITY MANAGER, STAFF ADMINISTRATOR OR STAFF OPTIONS

Follow the red arrows to request your role.

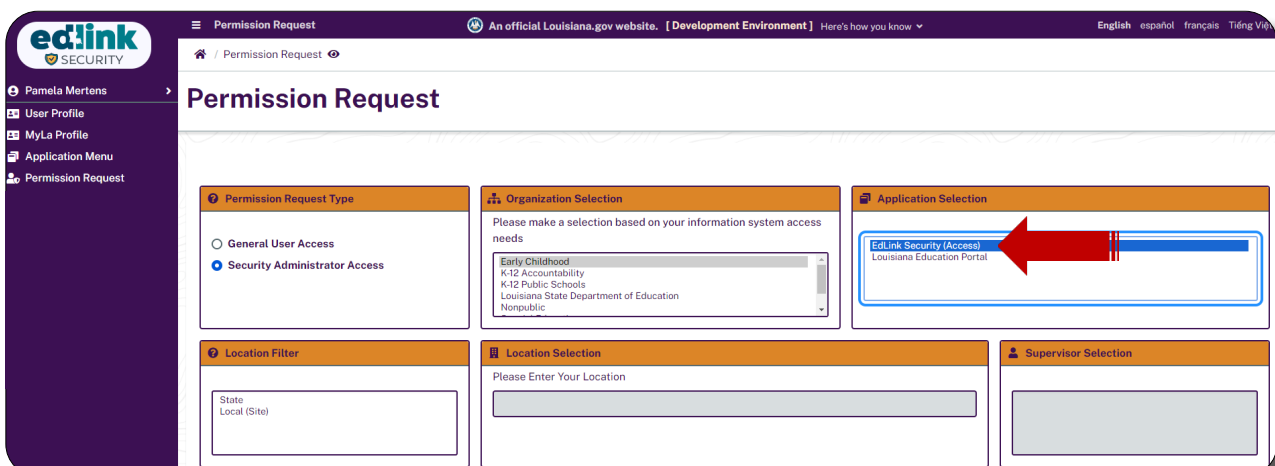
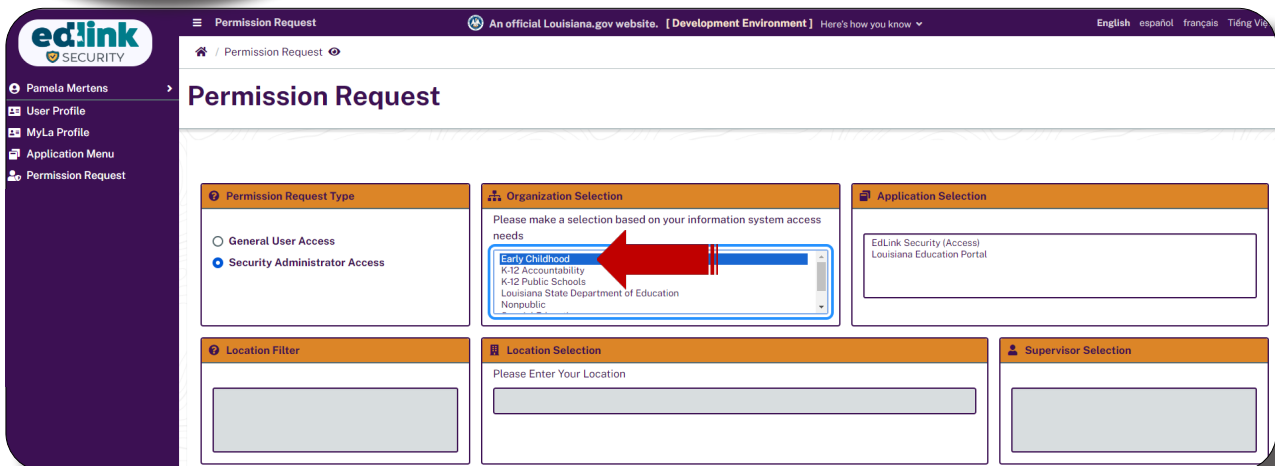
Type III's must request Entity Manager, Edlink Security Access and CCAP Administrator.

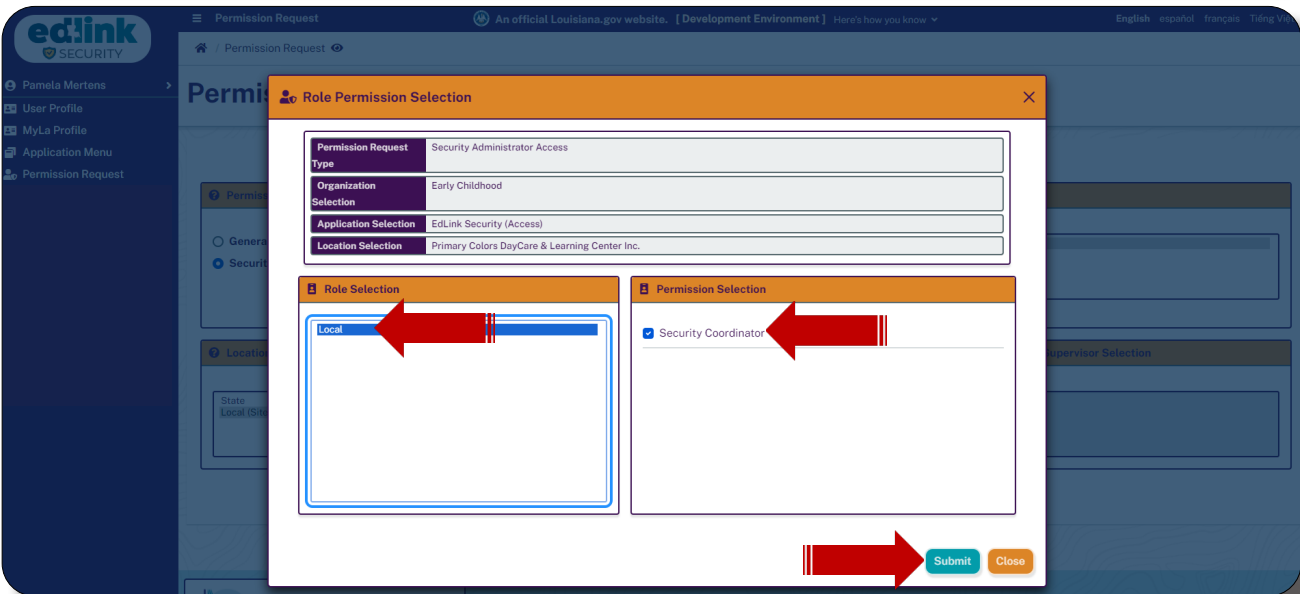
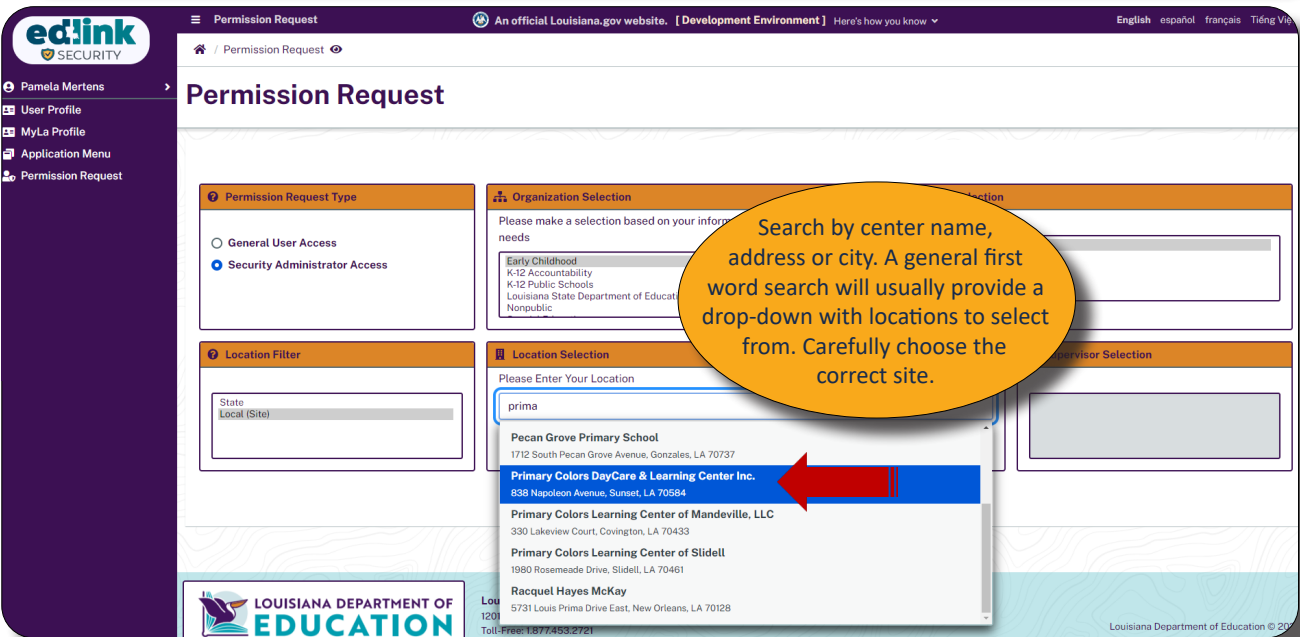
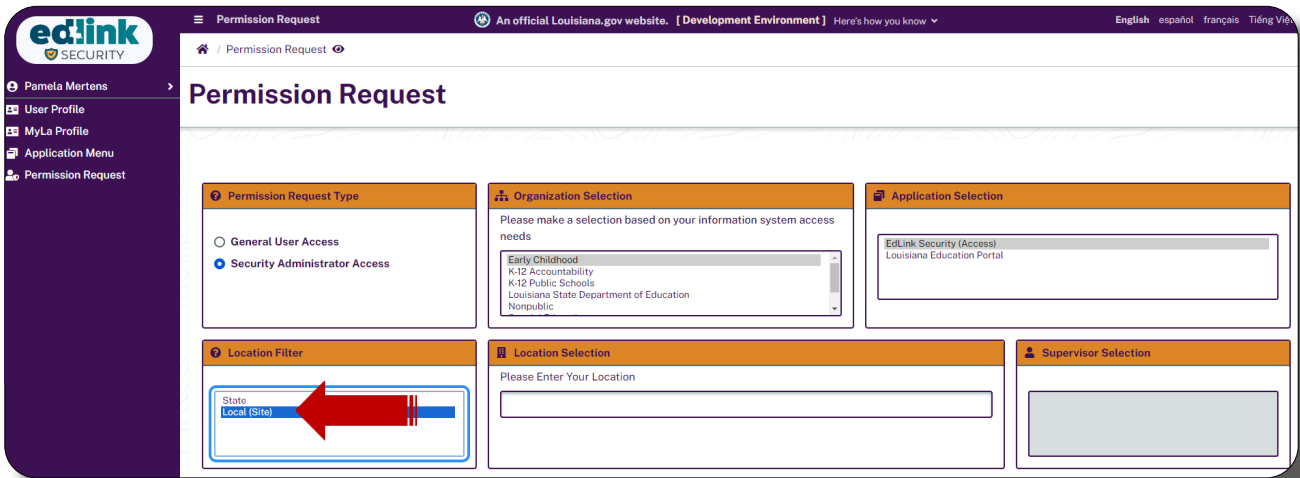
EdLink Ops Portal





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





edlink SECURITY

Permission Request

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

English español français Tiếng Việt

Pamela Mertens

User Profile

MyLa Profile

Application Menu

Permission Request

Permission Request

Permission Request Type

General User Access

Security Administrator Access

Organization Selection

Please make a selection based on your information system access needs

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

Application Selection

EdLink Ops Portal
KinderConnect
LDOE TCOS

Location Filter

Location Selection

Please Enter Your Location

Supervisor Selection

edlink SECURITY

Permission Request

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

English español français Tiếng Việt

Pamela Mertens

User Profile

MyLa Profile

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Permission Request

Permission Request

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

Application Selection

EdLink Ops Portal
KinderConnect
LDOE TCOS

Location Filter

District (School System)
Local (Site)
District and Local

Location Selection

Please Enter Your Location

Supervisor Selection

edlink SECURITY

Permission Request

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

English español français Tiếng Việt

Pamela Mertens

User Profile

MyLa Profile

Application Menu

Permission Request

Permission Request

Permission Request Type

General User Access

Security Administrator Access

Organization Selection

Please make a selection based on your information system access needs

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

Application Selection

EdLink Ops Portal
KinderConnect
LDOE TCOS

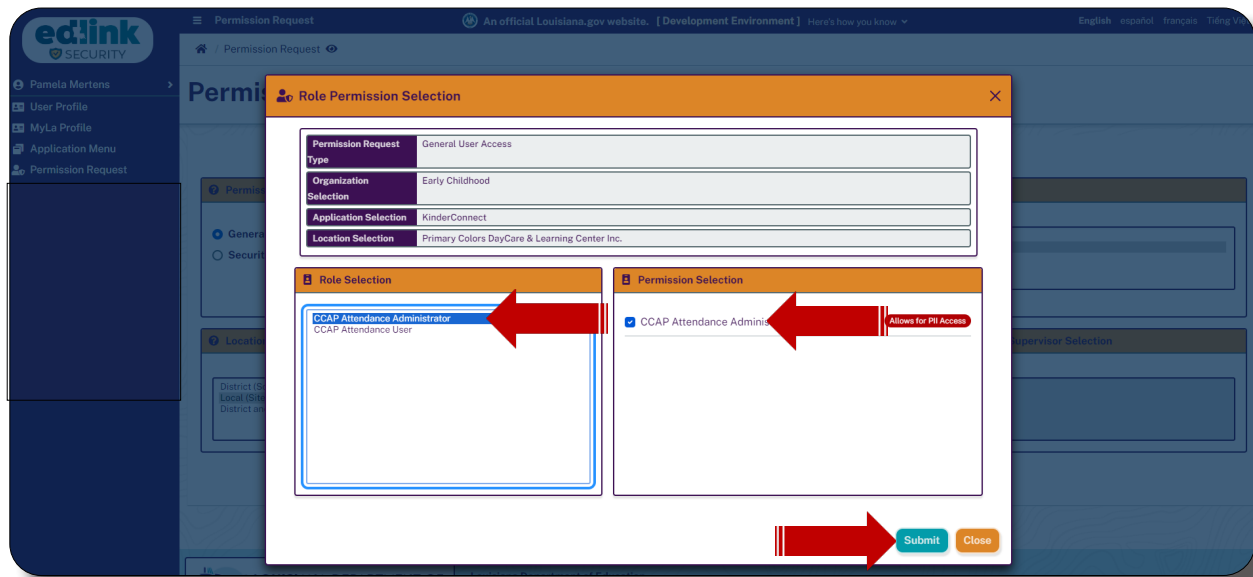
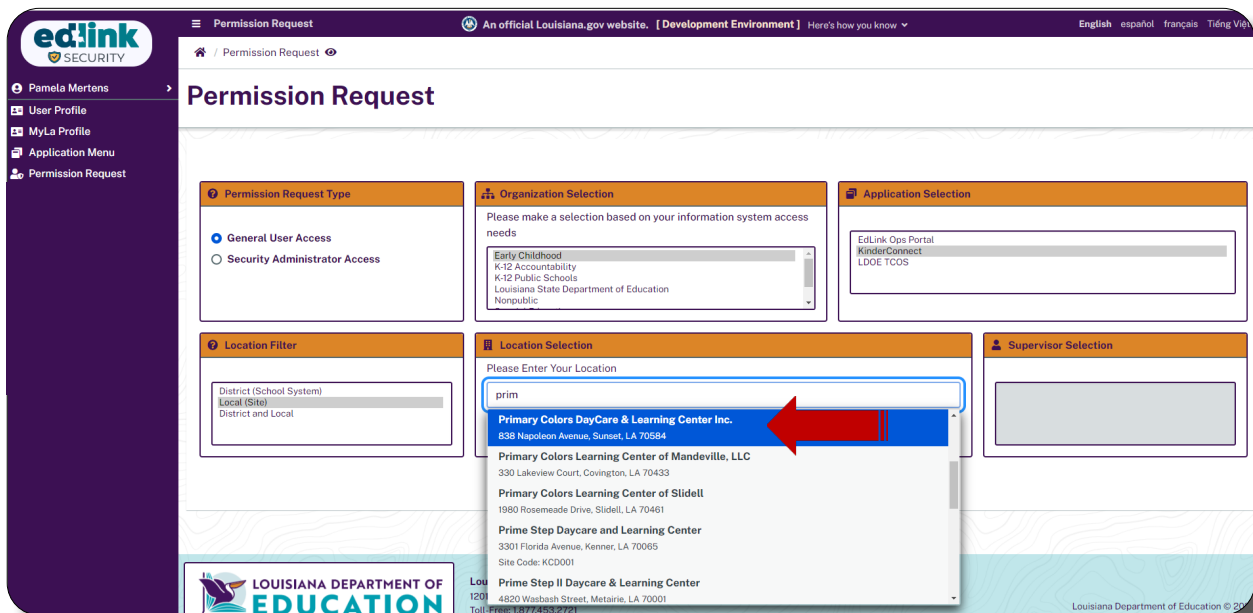
Location Filter

District (School System)
Local (Site)
District and Local

Location Selection

Please Enter Your Location

Supervisor Selection



Select:

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

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

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



LDOE.EDLINK.LA.GOV

ACCEPTED BROWSERS

GOOGLE CHROME

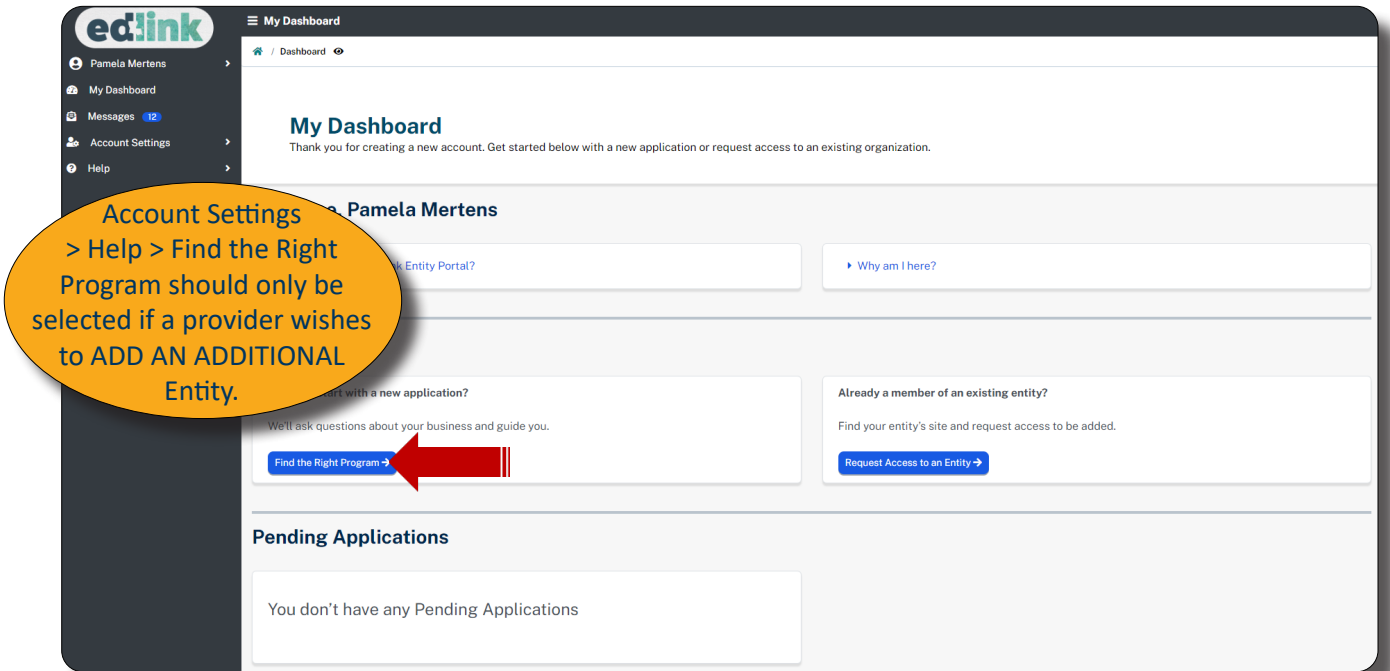


MICROSOFT EDGE

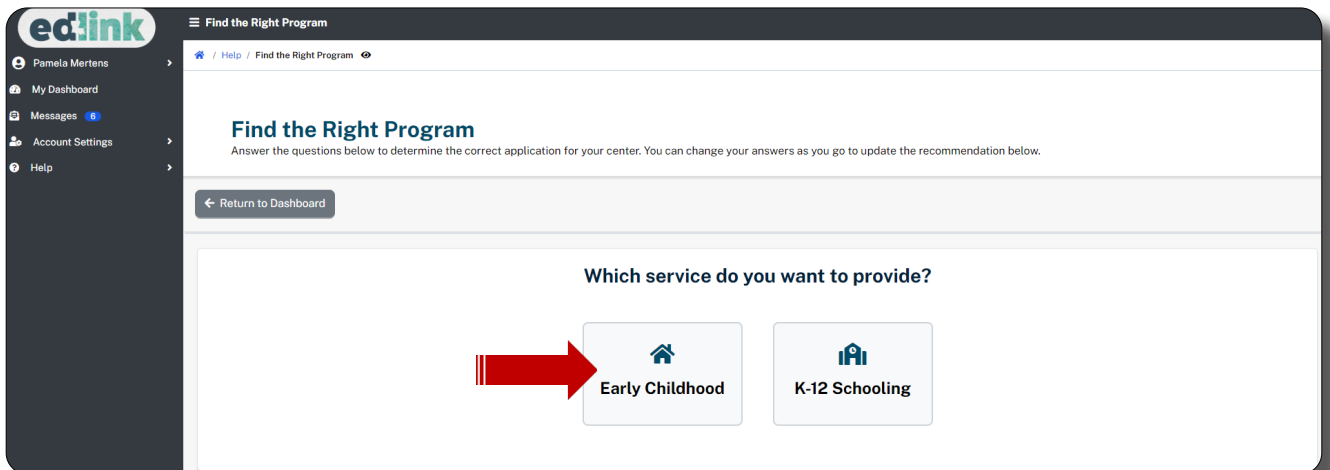


NEW PROVIDER SITE APPLICATION

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



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




edlink Find the Right Program

Pamela Mertens
My Dashboard
Messages 6
Account Settings
Help

Return to Dashboard

Which service do you want to provide?


 Early Childhood
 K-12 Schooling

Where do you provide your services?

At My Home
 In the Child's Home
 Early Learning Center

I want to provide child care in my home with a maximum of 6 children
 I want to provide care to children in their home. Example: babysitter or nanny
 I want to be a Licensed Center, that provides care for 7 or more children

edlink Find the Right Program

Pamela Mertens
My Dashboard
Messages 6
Account Settings
Help

Where do you provide your services?

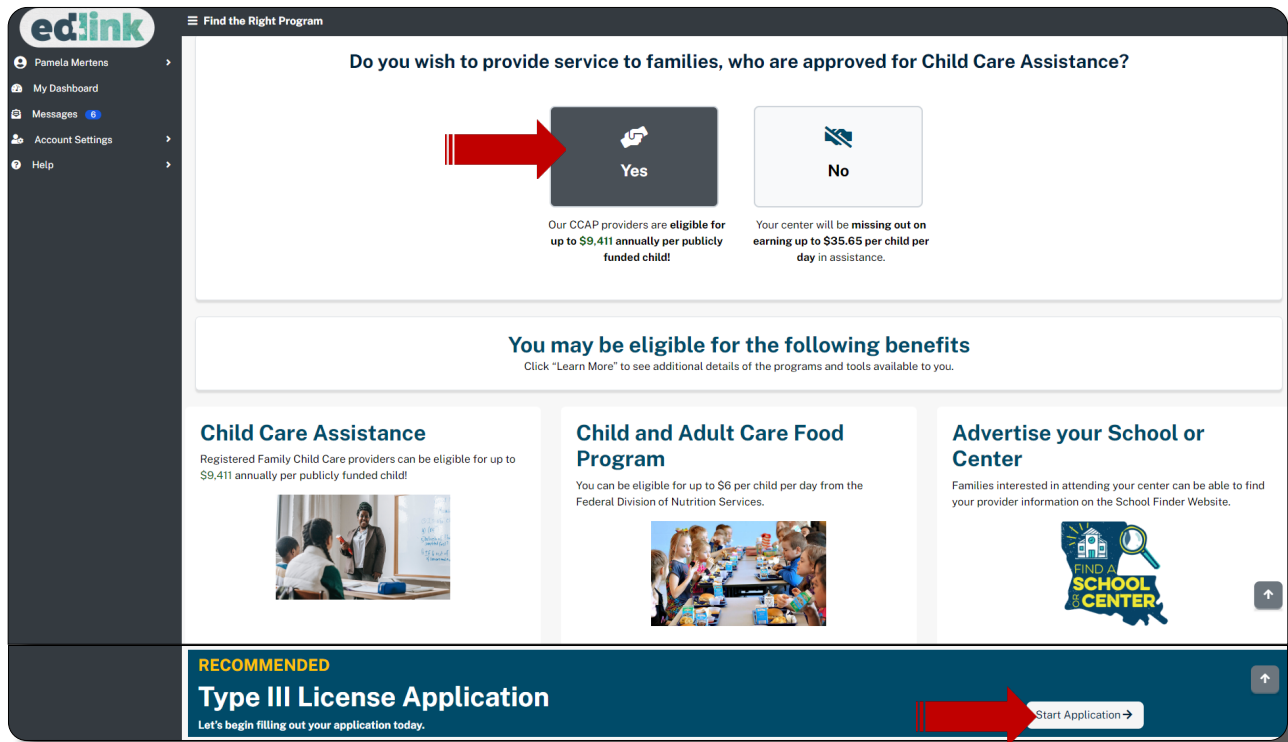
At My Home
 In the Child's Home
 Early Learning Center

I want to provide child care in my home with a maximum of 6 children
 I want to provide care to children in their home. Example: babysitter or nanny
 I want to be a Licensed Center, that provides care for 7 or more children

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

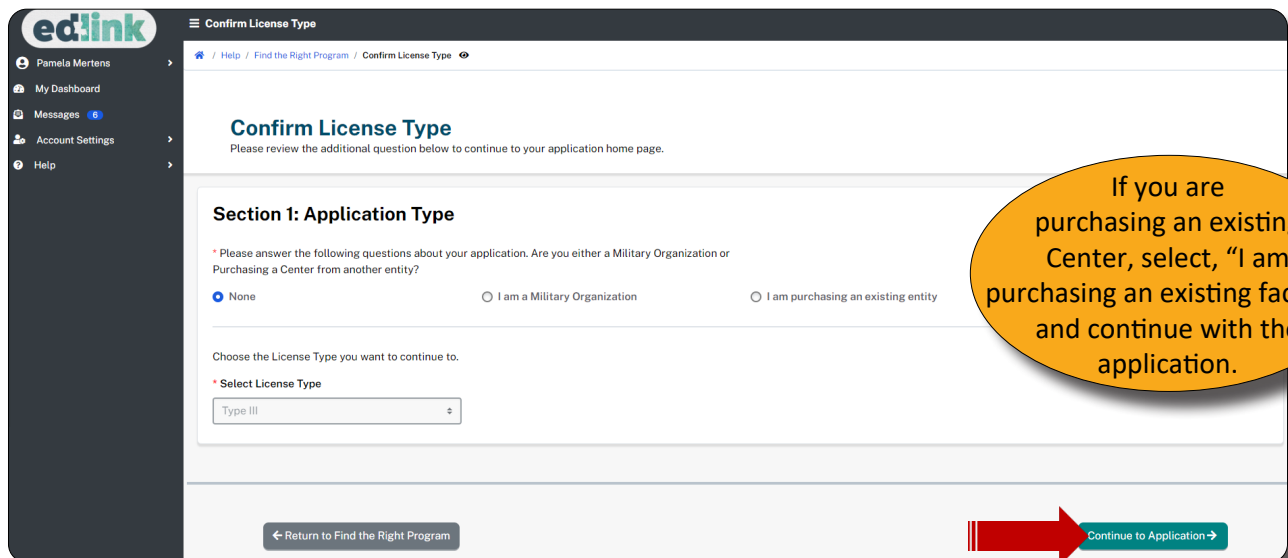
Yes
 No

Our CCAP providers are **eligible for up to \$9,411 annually per publicly funded child!**
 Your center will be **missing out on earning up to \$35.65 per child per day** in assistance.



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

In this section, you will confirm your license type and indicate whether you have either of the situations listed below. It is likely that you will not select either situation and will leave the selection set to None (default). If the appropriate license or certification type is not displayed, please click on the large gray button labeled Return to Find the Right Program to modify your responses to the series of questions. A new type may be recommended.



APPLICATION HOME

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

Blue: Must be selected first

Green: Step is complete (Exception: Step 7)

Yellow: Incomplete

The screenshot shows the 'Application Home' page with 11 steps listed. A blue banner at the top contains a 'Page Help' message. A red arrow points to the '1 - Application Instructions' step, and another red arrow points to the 'Fill Out Step 1' button. A yellow callout bubble explains that steps must be completed in chronological order. Another yellow callout bubble states that completed steps turn green and incomplete steps turn yellow, with a note to review Step 7 regardless of color. A 'Return to Dashboard' button is visible at the top left.

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 Dashboard](#)

Page Help. We have provided a way for you to keep track of all the information needed for you to complete your 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. [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 - Academic Approval
Review and accept the details of the Academic Approval Agreement. [Fill Out Step 10](#)

11 - Document Upload
This page allows you to upload all required supporting documentation for your Early Learning Center. [Fill Out Step 11](#)

Steps must be initially opened in chronological order. Steps may be revisited and completed in any order.

Completed Steps will turn green and incomplete Steps will turn yellow. Review Step 7 regardless of color.

APPLICATION INSTRUCTIONS

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

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](#)

[Expand All](#)

- ▶ 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

Return to Step 1 at any time to utilize links and instructions. See Bulletin 137 for more information.

You must select, Yes I Agree, in order to enable the Save and Continue button and proceed to Step 2, Funding Source. At any point during your application, you have the option to return to this step to review the instructions or access relevant links. Simply click on Back/Return to Application Home Page, and then select Step 1.

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

← Back to Application Home

Save and Continue →

FUNDING SOURCES

Select, Save and Continue to proceed to Step 3, Early Learning Center Information. Contact the LDOE Licensing Division if you require help with your choices.

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

← Return to Application Home

Section 1: Funding Source

* My Type III center is participating in the Child Care Assistance Program (CCAP)
 Yes No

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

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

← Back to Application Instructions

Save and Continue →

Alert

You have selected that your center is participating in the Child Care Assistance Program (CCAP).
Do you want to proceed further?

Yes No

EARLY LEARNING CENTER INFORMATION

In the Early Learning Center area, enter the title of your new center. Numerous centers may have identical or similar names, so click on the School and Center Finder link to check if the name you selected is already in use by another provider. If it is, go back to the Center Name section and revise your center name to ensure it is unique.

Early Learning Center Information

The Early Learning Center information on this page will be linked to the center profile on the LDOE School Finder website.

[← Return to Application Home](#)

Section 1: Early Learning Center Name

*As it will appear on School or Center Finder

The physical address of the Center cannot be changed without submitting a Change of Location (CHOL).

Section 2: Address Information

Physical Address	Mailing Address
<input type="text" value="555 Mountain Way"/> <input type="text" value=""/> <input type="text" value="Baton Rouge"/> <input type="text" value="Louisiana"/> <input type="text" value="88888"/> <input type="text" value="Desoto"/>	<input type="text" value="555 Mountain Way"/> <input type="text" value=""/> <input type="text" value="Baton Rouge"/> <input type="text" value="Louisiana"/> <input type="text" value="88888"/> <input type="text" value="Desoto"/>

Section 3: Early Learning Center Contacts

<input type="text" value="555-888-9999"/> <input type="text" value=""/> <input type="text" value="pamela.mertens@la.gov"/> <input type="text" value="http://www.ondricka.us/shop/form.lsp"/>	<input type="text" value="https://www.facebook.com/user"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input checked="" type="radio"/> No
---	--

[← Back to Funding Source](#)

The details provided here will be accessible to anyone who searches for centers and providers through the School and Center Finder. This presents an excellent and cost-free chance to promote your center and the services available. Be sure to include your URLs, social media accounts, email, and phone numbers. This information can be modified later by submitting an Entity Change Application, which is a very quick and straightforward process.

SCHOOL & CENTER FINDER

Please close the browser tab of the link once you have completed your search. All links opened from within the application may be closed at any time without affecting the application process. Each link opens in a separate window.

DEPARTMENT of EDUCATION
Louisiana Believes

School Finder Home Favorites Compare Español Louisiana Believes

Louisiana School and Center Finder

Welcome to our newly redesigned Louisiana School Finder rebuilt to better meet your needs.

Explore Schools, Centers, and Systems

Search by Address, Name, or School System

Enter Name or Address

Age / Grade Level

--Select--

Search

Louisiana Department of Education

1201 North Third Street
Baton Rouge, LA 70802-5243
1-877-453-2721

Louisiana Schools Data

Call Us Toll-Free

DEPARTMENT of EDUCATION
Louisiana Believes

School Finder Home Favorites Compare Español Louisiana Believes

Louisiana School and Center Finder

Welcome to our newly redesigned Louisiana School Finder rebuilt to better meet your needs.

Explore Schools, Centers, and Systems

Search by Address, Name, or School System

baby|

Explore schools and centers by Address

- Baby J's Smokehouse - Grill, Mohican Street, Baton Rouge, LA, USA
- Babytown Lane, Brusly, LA, USA
- Baby Depot, Airline Highway, Baton Rouge, LA, USA
- Babylonia, Coursey Boulevard, Baton Rouge, LA, USA

Go right to your school or center

- Baby Your Baby Childcare, 2724 S. Hodgeson Avenue, Gonzales, LA, 70737
- Barney & Baby Bop, 520 Martin Luther King Avenue, Patterson, LA, 70392
- St. Mary Parish-Baby Bear Head Start Center, 710 Greenwood Street, Morgan City, LA, 70380
- Country Day's Early Childhood Baby, 305 Woodvine Avenue, Metairie, LA, 70005

powered by Google

Louisiana Department of Education

1201 North Third Street
Baton Rouge, LA 70802-5243
1-877-453-2721

Louisiana Schools Data

Call Us Toll-Free

The School and Center Finder showcases separate pages for each Center and Provider, intended for parents and other service providers.

DEPARTMENT of EDUCATION
Louisiana Believes

School Finder Home Favorites Compare Español Louisiana Believes

St. Mary Parish-Baby Bear Head Start Center + Add to Compare + Add to Favorites

Early Childhood Performance Rating
Not applicable for this center for 2020-2021.

Star Rating ★★★★★

Overview

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

Director / Principal
Mrs. Damita Hawkins
Mrs. Vicky Burrell

District / Parish
St. Mary Parish

Transportation
Yes

School Type
Early Head Start/Head Start
Licensed Center

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

License Type
III

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

710 Greenwood Street
Morgan City, LA 70380

985-385-6950
afrank6333@aol.com

Mon 7:45am to 2:45pm
Tue 7:45am to 2:45pm
Wed 7:45am to 2:45pm
Thu 7:45am to 2:45pm
Fri 7:45am to 2:45pm

Early Childhood Data Limitations for 2020-2021. Due to the impact of COVID-19, BESE adopted flexibilities in publishing performance scores and ratings. The Department has published Performance Scores based on 2020-2021 data when these scores were higher than Performance Scores published in Fall 2020. In all other cases, the Department extended 2019-2020 Performance Scores.

SERVICE & HOURS (CAPACITY)

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 *Select Age Range

*Enter Age *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.

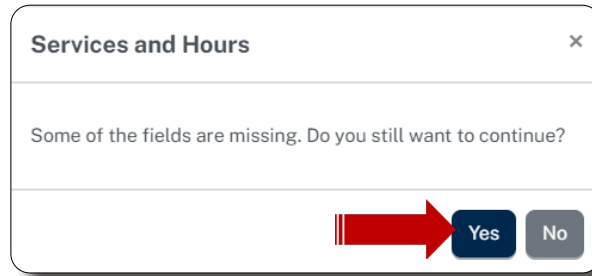
I certify that the center listed on this application currently has the safety approved cribs available for each infant in care.

*Signature *Today's Date

If children under 1 year old are served, you must sign and date the Safety Approved Crib Statement each time the application is opened.

If you are providing care for infants under 1 year old, you will be required to sign and date (always using today's date) the Safety Approved Crib Statement displayed below. You must refresh the date each time this page is opened.

HELPFUL TIP: If you wish to exit this page or any other section of the application before completing it, click on Save and Continue. A message box will appear. There's no need to worry; it simply serves as a notification that not all information has been filled out. The data you have provided will be preserved, and you can revisit this page at any time to complete your information entry.



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	---	---

Section 3: Additional Services

Before Care All Day Transportation (To/From Home or School)

After Care Half Day Special Needs

Summer/Holiday Hours Half Day Only Overnight Care (9pm to 6am)

Federal Law all Early Learning Centers to provide care for special needs children

Special Needs

OWNERSHIP TYPE

Ownership Type

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

[← Return to Application Home](#)

Section 1: Ownership Type

*Select your organization structure type

--Select--
--Select--
Individual
Corporation/LLC
Partnership
Church and/or Religious Organization
University
Government

Ownership Type cannot be changed without submitting a Change of Ownership Type. .

[Save and Continue →](#)

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

Corporation/LLC

Select the type of ownership from the drop-down. Requirements differ depending on your selection.

Section 2: Corporation/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

Cowboys and Cowgirls Corral ELC

Previous Name

Section 3: Address Information

Physical Address

*Street Name 1
555 Mountain Way

Street Name 2

*City
Baton Rouge

*State
Louisiana

*Zip
88888

*Parish/County
East Baton Rouge

[Copy to Mailing](#)

Mailing Address

*Street Name 1
555 Mountain Way

Street Name 2

*City
Baton Rouge

*State
Louisiana

*Zip
88888

*Parish/County
East Baton Rouge

Section 4: Tax Information

Is your organization a non-profit organization?

No

*Federal EIN

685465465

State Tax ID Number

468798754

[← Back to Services and Hours](#)

[Save and Continue →](#)

CENTER OWNER

Center Owner

The Ownership Type selected was a business entity. You will need to add all applicable owner of the Business as defined within Bulletin 137, Section 503. [↗](#)

[← Return to Application Home](#)

Ownership Information

Corporation (including Limited liability companies) owners are identified in Bulletin 137, section 503.A.5 as any person who has:

- 25 percent or greater share in the ownership or management of business; or
- Any person who has less than a 25 percent share in the ownership or management of the business and meets one or more of the following criteria:
 - has unsupervised access to the children in care at the center;
 - is present in the center during hours of operation;
 - makes decisions regarding the day-to-day operations of the center;
 - hires or fires staff including the director; or
 - oversees staff or conducts personnel evaluations of the staff.

For Head Start Centers the owner is identified in Bulletin 137, section 503.A.3 as the individual responsible for supervising center directors.

Do not add Owners to Add New Staff. Answer all questions carefully, including the toggle buttons.

Organization Owners


*Enter all Owners who meet the above criteria below:

Title	Name	Contact Number	Email Address
There are no records to display.			

[+Add New](#)

Alert ✕

New owner will be required to submit documentation of ownership, verification of identification, social security card, and be eligible through CCCBC before submission. Please continue if you are ready to submit your request

 [Continue](#) [Cancel](#)

ADD NEW OWNER

Add New - Owner



Enter the Owner information in the fields below. If they will be working on-site at the Center, then the Staff entry page will also be required for this new member.

[← Return to Center Owner](#)

Section 1: Business Filing Designation

*Designation Type: *Title: *Appointment Date:

Section 2: Name and Contact

Owner Name	Owner Information
Prefix: <input type="text"/>	*Primary Phone Number: <input type="text" value="555-888-9999"/>
*First Name: <input type="text" value="Pamela"/>	Secondary Phone Number: <input type="text"/>
Middle Name: <input type="text"/>	*Email Address: <input type="text" value="pamela.mertens@la.gov"/>
*Last Name: <input type="text" value="Mertens"/>	This employee is an emergency contact for this Center <input checked="" type="radio"/> Yes 
Suffix: <input type="text"/>	I will be working on-site at this Center <input checked="" type="radio"/> Yes 

Section 3: Address Information

Physical Address

*Street Name 1
154 Graham Heights

Street Name 2

*City
East Vestabury

*State
Louisiana

*Zip
54985

*Parish/County
Assumption

[Copy to Mailing](#)

Mailing Address

*Street Name 1
154 Graham Heights

Street Name 2

*City
East Vestabury

*State
Louisiana

*Zip
54985

*Parish/County
Assumption

Section 4: Personal Identification

*Date Of Birth
11/14/1980

*SSN
***-**-6546

*Identification Number
65464654

*Issuing State
Louisiana

*Sex
Female

*Race
Black/African American

[← Cancel Changes](#)

[Save and Continue →](#)

EARLY LEARNING CENTER STAFF

Early Learning Center Staff

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

[← Return to Add New-Officer/Agent](#)

Section 1: Name and Contact

Prefix

First Name
Pamela

Middle Name

Last Name
Mertens

Suffix

Primary Phone Number
555-888-9999

Secondary Phone Number

Email Address
pamela.mertens@la.gov

This employee is an emergency contact for this Center
 Yes

I will be working on-site at this Center
 Yes

Section 2: Address Information

Physical Address

Street Name 1

154 Graham Heights

Street Name 2

City

East Vestabury

State

Louisiana

Zip

54985

Parish/County

Assumption

Copy to Mailing

Mailing Address

Street Name 1

154 Graham Heights

Street Name 2

City

East Vestabury

State

Louisiana

Zip

54985

Parish/County

Assumption

Section 3: Personal Identification

Date Of Birth

11/14/1980

SSN

***-**-6546

Identification Number

65464654

Issuing State

Louisiana

Sex

Female

Race

Black/African American

Section 4: Employment Details

*Position Type

--Select--

--Select--

Director

Director Designee

Lead Teacher

Teacher

Other Staff

REQUIREMENTS AND QUESTIONS WILL VARY DEPENDING UPON THE ROLE SELECTED FOR THE STAFF MEMBER.

Section 4: Employment Details

*Position Type

Director

*Years of experience in a licensed center

10

*Date appointed to current role

10/30/2024

Responsible for other Early Learning Centers

No

*Date Hired in any Capacity

10/30/2024

Qualify for School Readiness Tax Credit Level

No

Section 5: Degrees and Certifications

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

ON-SITE EMERGENCY CONTACT MUST BE SELECTED HERE, WITHIN THE STAFF PAGE. YOU MAY RETURN TO DO THIS BY CLICKING ON THE PENCIL BY THE NAME ON THE STAFF LIST, TOGGLE TO YES AND SAVE. OFF-SITE CONTACTS WILL BE ADDED IN STEP 9.

Director Letter

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

*Number of Year Experience

10

*Choose File

Choose File

Browse

Director Letter
Test.docx

CPR Training

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

*Certified by

American Red Cross

*Expiration Date

10/28/2026

*Choose File

Choose File

Browse

CPR Training
Test.docx

Pediatric First Aid

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

*Certified by *Expiration Date

*Choose File

Pediatric First Aid Test.docx

CCAP Pre-Service Orientation

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

*Certified by *Date Completed

*Choose File

CCAP Pre-Service Orientation Test.docx

Pre-Service Orientation (Key Orientation Modules)

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

*Certified by *Date Completed

*Choose File

Pre-Service Orientation (Key Orientation Modules) Test.docx

Mandated Reporters

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

*Certified by *Expiration Date

*Choose File

Mandated Reporters Test.docx

Clock Hours

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

Total Hours Completed Date Completed

Choose File

Clock Hours Test.docx

Section 6: Optional Records

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

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

Category	Type	Date Completed/Awarded
There are no records to show		
<input type="button" value="+ Add New"/>		

Medication Administration Training is not optional and requires at least 2 staff members per center, to be certified.

Section 6: Optional Records

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

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

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

*Category: Education/Training

*Type: Medication Administration Training

*Certified by: HealthCare

*Expiration Date: 11/14/2025

*Choose File: Choose File [Browse]



Test.docx

✓

Section 6: Optional Records

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

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

Category	Type	Date Completed/Awarded	Expiration Date	
Education/Training	Medication Administration Training	N/A	11/14/2025	 

+ Add New

← Back to Add New - Officer/Agent

Save and Continue →

← Return to Add New - Owner

Section 1: 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 [Browse]

Documentation of Ownership
Test.docx

Center Owner

The ownership type you selected requires at least one owner and two owners for partnerships. Do you still want to continue?

Yes No

Section 2: Verification of Identity

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

*Upload File

Choose File [Browse]

Verification of Identity
Test.docx

← Back to Add New - Owner

Save →

Center Owner

The Ownership Type selected was a business entity. You will need to add all applicable owner of the Business as defined within [Bulletin 137, Section 503](#).

[← Return to Application Home](#)

Ownership Information

Corporation (including Limited liability companies) owners are identified in Bulletin 137, section 503.A.5 as any person who has:



- 25 percent or greater share in the ownership or management of business; or
- Any person who has less than a 25 percent share in the ownership or management of the business and meets one or more of the following criteria:
 - has unsupervised access to the children in care at the center;
 - is present in the center during hours of operation;
 - makes decisions regarding the day-to-day operations of the center;
 - hires or fires staff including the director; or
 - oversees staff or conducts personnel evaluations of the staff.

For Head Start Centers the owner is identified in Bulletin 137, section 503.A.3 as the individual responsible for supervising center directors.

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

Organization Owners

*Enter all Owners who meet the above criteria below:

◆ Title	◆ Name	◆ Contact Number	◆ Email Address	◆ Appointment Date	
Owner	Pamela Mertens	555-888-9999	pamela.mertens@la.gov	11/01/2024	 

[+Add New](#)

CCCBC Affidavit

Please identify any additional owners who owns less than a 25 percent share in the ownership or management of the early learning center and does not meet one or more of the following criteria in Bulletin 137 Section 137-503.A.5a.b.i-v. Read and sign the included affidavit which is required annually.

[Affidavit of 25% Ownership](#)

Upload File

Choose File

Browse

[← Back to Ownership Type](#)

[Save and Continue →](#)

AFFIDAVIT

UNITED STATES OF AMERICA

STATE OF LOUISIANA

PARISH OF _____

BEFORE ME, the undersigned Notary Public, personally came and appeared

First Name Last Name

Whose business address is:

Name of Early Learning Center

Physical Address

City, Louisiana Zipcode

and who, after being duly sworn, did depose and state that:

he/she owns less than a twenty five percent (25%) share in the ownership of the **EARLY LEARNING CENTER**, located at **ADDRESS**.

Affiant averred that he/she has read and is familiar with §503.A.5.b. of Bulletin 137 regarding Child Care Licensing.

Affiant further averred that she does/will not meet any of the criteria listed in §503.A.5.b.

1. has unsupervised access to the children in care at the center;
2. is present in the center during hours of operation;
3. makes decisions regarding the day-to-day operations of the center;
4. hires or fires staff including the director; or
5. oversees staff or conducts personnel evaluations of the staff.

First Name Last Name

Sworn to and subscribed before me, Notary Public, this _____ day of _____, 2024.

NOTARY PUBLIC
My Commission Expires _____





EARLY LEARNING CENTER STAFF LIST

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	
Pamela Mertens	Director	555-888-9999	pamela.mertens@la.gov	10/30/2024	 
Laurianne Barrows	Lead Teacher	746-786-8765	jayne@flatleyledner.us	12/01/2024	 

[+ Add New](#)

[← Back to Center Owner](#)

[Continue →](#)

To add new staff, click on the Add New+ button. Complete all sections as with current staff. CCCBC must be Eligible to add the new staff.

CRIMINAL BACKGROUND CHECK

Criminal Background Check


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

[← Return to Application Home](#)

Section 1: Submit CCCBC Application

Employees of a Provider/Entity who want to submit applications for background 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	⚙ Position Type	⚙ Email Address	⚙ CCCBC expiration date
🟢 Eligible	Ressie Gusikowski	509-601-7035	Director	lauriane@barrowsrolfson.co.uk	07/07/2028
🟢 Eligible	Kathleen McGlynn	849-572-9817	Director Designee	ellis@fisher.com	07/07/2028
🟢 Eligible	Roger Ullrich	805-743-4273	Staff Member	kathlyn@crona.us	07/07/2028
🔴 No Match	Susie Brown	746-786-8765	Staff Member	jayne@flatleyledner.us	N/A
🟢 Eligible	Alec Bechtelar	642-746-5291	Owner	johanna_ledner@renner.co.uk	07/07/2028

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


All staff members must display a status of Eligible before the Renewal application can be submitted. Here are a few possible reasons and solutions:

1. Staff member's name, SSN or DOB are not correct on his/her personal staff page. Return to Center Staff (7), select the pencil near the staff member's name and verify all Personal Identification Information. Do not forget to Save.
2. The staff member has not submitted a CCCBC to the State yet.
3. The staff member is not Eligible for a cleared CCCBC. They must contact the CCCBCS, personally, for reconciliation.
4. Will this individual be working on-site? Is he/she an owner? Should he/she be listed as staff?


Section 2: Background Status

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

Filter by Status [Refresh CCCBC Status](#)



⚙ Status	⚙ Name	⚙ Contact Number	⚙ Position Type	⚙ Email Address	⚙ CCCBC expiration date
🟢 Eligible	Ressie Gusikowski	509-601-7035	Director	lauriane@barrowsrolfson.co.uk	07/07/2028
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🟢 Eligible	Roger Ullrich	805-743-4273	Staff Member	kathlyn@crona.us	07/07/2028
🟢 Eligible	Susie Brown	746-786-8765	Staff Member	jayne@flatleyledner.us	07/07/2028
🟢 Eligible	Alec Bechtelar	642-746-5291	Owner	johanna_ledner@renner.co.uk	07/07/2028

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

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

[Download Plan Template](#)

*File

Choose File

Browse

Emergency Plan
Test.docx
12/02/2024

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

Contact Type	Name	Primary Phone	Secondary Phone
On-Site	Pamela Mertens	555-888-9999	

[+ Add New](#)

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

Contact Type	Name	Primary Phone	Secondary Phone
On-Site	Pamela Mertens	555-888-9999	

*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

Bobby Buck

*Primary Phone Number

554-354-3435

Secondary Phone Number

*Email Address

BB@gmail.com

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

Contact Type	Name	Primary Phone	Secondary Phone
On-Site	Pamela Mertens	555-888-9999	
Off-Site	Bobby Buck	554-354-3435	

+Add New

← Back to Background Check

Save and Continue →

CHILD CARE ASSISTANCE PROGRAM

Child Care Assistance Program

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

[← Return to Application Home](#)

Section 1: CCAP Provider Agreement Provisions

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

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

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

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

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

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

Accepted

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

[Download CCAP Agreement](#)

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

Section 2: CCAP Assurances

Please initial each section as you agree to the provisions.

*Initial Here

PM

I understand that Federal CCAP rules require that the Provider must charge caregivers the rate provided on the current CCAP 12 form and must collect the difference between the rate charged and the amount of CCAP assistance received. I also understand that this difference is the caregiver's "copay."

*Initial Here

PM

I will ensure current Criminal Background Checks are available for all staff working and/or living in my child care, age 18 and over (family child care, in-home (only the provider needs a CBC), early learning center, military or school) prior to caring for any children.

*Initial Here

PM

I agree to report problems with a Point of Service (POS) device, finger image scanner, Interactive Voice Response System or any attendance-tracking device to the Conduent Provider Help Desk (1.888.281.0326) and the Department within 48 hours of failure. If a new attendance tracking system is used, issues for checking in/out with tracking devices will be reported immediately.

*Initial Here

PM

I agree to notify the Department immediately of the removal of any child(ren) from care that have not attended or enrolled or that has transferred to another child care Provider so that payment from the Department for the child(ren) can be discontinued immediately.

*Initial Here

PM

I will retain supporting fiscal documents (invoices, remittances, attendance logs, etc.) adequate to ensure that claims for matching federal funds for review and audit purposes in accordance with federal requirements. I will retain such documents for three (3) years after the close of the state fiscal year (July 1 through June 30) in which services are provided. Additionally, I will also maintain grant related records for a period of no less than 5 years.

*Initial Here

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

*Initial Here

I understand that if the Provider does not come into compliance within fourteen (14) calendar days of such notice, the Department may suspend payments to the Provider until the Provider is determined to be in compliance.

*Initial Here

I understand that if I do not submit required documentation timely that my initial or renewal application will be denied.

Section 3: Rates and Fees

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

Enter Your Daily Rates

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

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

*Do you charge a registration fee?
 No

*Do you charge a registration fee?
 Yes

*Registration Fee: Example 75.00

*This fee is charged:
--Select--
Per Child
Per Family

*This fee is collected:

Section 4: Agreement Signatures

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

*Position Type: <input type="text" value="Director"/>	*Full Name: <input type="text" value="Pamela Mertens"/>	*Today's Date: <input type="text" value="12/02/2024"/>
*Position Type: <input type="text" value="Owner"/>	*Full Name: <input type="text" value="Katy Brown"/>	*Today's Date: <input type="text" value="12/02/2024"/>

[← Back to Emergency Plan](#)

[Save and Continue →](#)

ACADEMIC APPROVAL

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 that you accept the requirements.

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

Full 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.

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 at the 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 within 24 months from their date of hire; 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 sites. Individuals who do 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. Public school teachers 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:

2024-2025

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

Section 2: 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
Cowboys and Cowgirls Corral ELC

Physical Address
555 Mountain Way
Baton Rouge, Louisiana, 88888
Desoto


Mailing Address
555 Mountain Way
Baton Rouge, Louisiana, 88888
Desoto

Primary Phone
5558889999

Secondary Phone
N/A

Email Address
pamela.mertens@la.gov

*Select your program partner Chief Administrator

--Select--
--Select--
Pamela Mertens
Laurianne Barrows 

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

Pamela Mertens

*Today's Date

12/02/2024 

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

Document Upload

The Type III licensing application has several types of documents that are required to be uploaded in order for your application to be submitted. Based on some of the selections and programs your Early Learning Center is participating, there may be additional documents required.

[← Return to Application Home](#)

Section 1: Commercial and Medical Liability Insurance

Upload a copy of the declaration page for the Center's Commercial and Medical Liability Insurance. Please reach out to your insurance company if you have questions regarding this document.

*Upload File

Choose File

Test.docx 100%

Commercial and Medical Liability Insurance	Status	
Test.docx	Under Review	
12/02/2024		

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

State Fire Marshal Information	Status	
Test.docx	Under Review	
12/02/2024		

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

Office of Public Health Approval	Status	
Test.docx	Under Review	
12/02/2024		

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

Center Pictures	Status	
Test.docx	Under Review	
12/02/2024		

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




Documentation of Ownership	Status	
Test.docx	Under Review	
12/02/2024		

Section 6: Rates Verification

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

*Upload File

Choose File Browse


 Rate Verification Test.docx 12/02/2024	Status Under Review	 
--	------------------------	---




Section 7: Verification of Identity

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

*Upload File

Choose File Browse

 Test.docx
100%

 Verification of Identity Test.docx 12/02/2024	Status Under Review	 
---	------------------------	---






Section 8: Social Security Cards

Upload a copy of a government issued social security card for all owners and directors.

*Upload File

Choose File Browse



 Social Security Cards Test.docx 12/02/2024	Status Under Review	 
--	------------------------	---

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 Browse

 IRS SS-4 Form Test.docx 12/02/2024	Status Under Review	 
--	------------------------	---




Section 10: Zoning Information

The links available here will give you details regarding zoning information for your city/parish.

Proof of zoning documentation is required for [St. Bernard Parish](#), [St. Charles Parish](#), [City of New Orleans](#), [Shreveport](#), [Baton Rouge](#), [Minden](#), [Bossier City](#), [Amite](#), [Zachary](#), and [Monroe](#).

*Upload File

Choose File Browse

 Zoning Information Test.docx 12/02/2024	Status Under Review	 
---	------------------------	---

[← Back to Academic Approval](#)



[Save and Continue →](#)



BANKING INFORMATION

Banking Information

Upload document that has information about your bank.

[← Return to Application Home](#)

Section 1: Banking Information

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

Banking Details

*Bank Name

*Bank Routing Number

*Bank Account Number

*Disbursement Type

Banking Address

*Street Name 1

Street Name 2

*City

*State

*Zip

*Parish/County

Account Holder Details

*Account Owner - First Name

Account Owner - Middle Initial

*Account Owner - Last Name

DBA (Business Name)

Payee Address

*Street Name 1

Street Name 2

*City

*State

*Zip

*Parish/County



Section 2: Banking Documents

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

[Download Bank Info Template](#)

*Upload File

Choose File

Banking Information	Status	
Test.docx 12/03/2024	Under Review	 

[← Back to Document Upload](#)

[Save and Review →](#)

APPLICATION HOME (COMPLETE)

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 Dashboard](#)

Page Help. We have provided a way for you to keep track of all the information needed for you to complete your school's application. After all required information is submitted within each step, you will see a green "Completed" badge on the Application Home page. If a section remains incomplete there will be a yellow "Incomplete" badge. Once you have started a step, you can always return to a previous section using the "Return to Previous" button or return to this Home page by using the "Return to Application Home" button. ✕

1 - Application Instructions

This page describes all the requirements and instructions for completing the 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](#)

STEP 7 will be indicated as Complete. Review this step carefully and be sure to enter all staff members.

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](#)

[Submit Application →](#)

PENDING APPLICATIONS AND STATUSES (DASHBOARD)

Test Mertens - Type Family Home In Progress

Application ID	Category	Last Update	Expires on
133904	New	10/30/2024	01/28/2025

✎ Edit✕ Cancel

In Progress- An application that is not complete and has not been submitted to LDOE yet. Click on Edit to return to the Application Home page and to complete the application. Canceling permanently deletes the incomplete application.

S-Automation-35159 - Type 3 Pending

Application ID	Category	Last Update	Expires on
136600	New	12/04/2024	03/03/2025

ViewWithdraw Application

Pending- An application that has been submitted to LDOE. A Pending application can not be edited. It may be viewed and/or Withdrawn. A Withdrawal permanently deletes the submitted application, removing it from LDOE's submitted application list. The application can not be retrieved.

Tender Touch Nursery HWY 4 - Type 3 Returned

Application ID	Category	Last Update	Expires on
323924	New	12/02/2024	11/28/2024

✎ Edit

Returned- An application that has been submitted to LDOE BUT has been returned to the Provider for additional information. Click on Edit to be directed to the Application Home page. Yellow badges indicate the steps where revisions are required. Complete and re-submit before the expiration date.

COMPLETING RENEWAL APPLICATIONS

Your Dashboard will feature a left-side navigation menu, an Entity drop-down, Entity Name, Address, License Status, License Number, and the Expiration Date of your License or Certification. Utilize the white drop-down menus to select and manage a different Entity, should you have multiple sites.

All information related to your Entity will be available for modification within the Renewal Application. This encompasses additions or deletions of Directors and staff, credentials, hours of operation, and any alterations to your services. Please review the instructions thoroughly once you have accessed the Renewal Application

***Only one application may be in progress at any given time, per Entity. If any of the Entity Management options have been selected, such as Update my License, Change of Location, Change of License Type, or Start Renewal, you will not be able to select any other type of application. The selections will remain inactive until LDOE approves the application (changes), the application is canceled, or it is withdrawn.**

edlink Entity - License Summary

Pamela Mertens / Dashboard

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

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

Renew License

Click the "Start Renewal" button to begin a Renewal Application for your entity. If you have multiple entities, select the appropriate site in the left side navigation. Note: An LDOE Licensing Consultant will need to review and approve your submission to receive a new license.

Entity
S-Automation-35159
1291 Schiller Mews
Apt. 544
Banton, Louisiana, 70372

License Details

Licenses Type Type III	License Number 87992774
License Status Open	Expires 02/01/2025

Helpful links

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

Callout: If the license has expired, the Renewal button will not be available. Contact your Licensing Consultant.

RENEWAL APPLICATION HOME

Renewal Application Home

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

[← Return to Entity Dashboard](#)

Page Help. We have provided a way for you to keep track of all the information needed for you to complete your Center's Renewal application. After all required information is submitted within each step, you will see a green "Completed" badge on the Application Home page. Once you have started a step, you can always return to a previous section using the "Return to Previous" button or return to this Home page by using the "Return to Application Home" button.

1 - Renewal Application Instructions

This page describes all the requirements and instructions for completing the Licensing Application.

[Modify & Verify Step 1](#)

2 - Funding Source

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

[Modify & Verify Step 2](#)

3 - Early Learning Center Information

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

[Modify & Verify Step 3](#)

4 - Services and Hours

Update and verify your center's hours of operation and services offered at your facility.

[Modify & Verify Step 4](#)

5 - Ownership Type

Verify the legal ownership type of your Early Learning Center.

[Modify & Verify Step 5](#)

6 - Center Owner

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

[Modify & Verify Step 6](#)

7 - Center Staff

Verify and update all currently hired Directors, Director Designees, and other staff.

[Modify & Verify 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.

[Modify & Verify Step 8](#)

9 - Emergency Plan

Update the center's Emergency Preparedness Plan and verify emergency contacts.

[Modify & Verify 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.

[Modify & Verify Step 10](#)

11 - Academic Approval

Review and accept the details of the Academic Approval Agreement.

[Modify & Verify Step 11](#)

12 - Document Upload

This page allows you to upload all required supporting documentation for your Early Learning Center.

[Modify & Verify Step 12](#)

13 - Banking Information

This page will collect your banking information.

[Modify & Verify Step 13](#)

14 - Renewal Summary

Summary of changes made for submitting a renewal of ELC-Type III Application

[Modify & Verify Step 14](#)

Steps must be initially opened in chronological order. Steps may be revisited and completed in any order.

Completed Steps will turn green and incomplete Steps will turn yellow. Review Step 7 regardless of color.

[Submit Renewal Application →](#)

RENEWAL APPLICATION INSTRUCTIONS

Renewal Application Instructions

Please review all of the instructions and requirements for completing your Type III Renewal Application. Items can be expanded to provide additional details.

[← Return to Application Home](#)

[Collapse All](#)

▼ List of all Staff Members

All On-Site Staff Members will need to be identified in the Center Staff section of the Renewal Application. This information will be validated against the CCCBC system status of background checks. 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 maintain all records of Staff Members in this section. If no changes are needed and no staff members need updates, you may confirm this page as complete.

▼ Child Care Civil Background Check

All Owners and On-Site Staff Members identified in the Center Owner/Center Staff sections of the licensing renewal application will be validated against the Child Care Civil Background Check system and will provide the status of background checks. Any Owner, Director, or Director Designee with a status of "Action Required" will be required to update their status within the CCCBC System.

This page also allows you to navigate to the CCCBC site.

▼ Current Commercial and Medical Liability Insurance

The Center is required to maintain in force at all times current commercial liability insurance that ensures medical coverage for children in the event of an accident or injury. Update and verify the current year insurance policy information.

If any changes are made to your insurance policy, please update in the document upload section.

▼ Current State Fire Marshal Inspection

Please upload your most recent State Fire Marshal Inspection for your Licensing Renewal Application to the document upload page. Information on requesting an inspection can be found here: http://sfm.dps.louisiana.gov/insp_scheduling.htm

▼ Current Office of Public Health Approval

Update your annual OPH inspection information. Upload your documentation from the inspection to the document upload page. Information on requesting an inspection can be found here: <https://ldh.la.gov/index.cfm/page/3745>

▼ Pictures of Center

If any part of your facility has changed, please upload any additional pictures to your Renewal Application. These must include: The Center's front entrance, kitchen, direct exit, and playground.

▼ Emergency Preparedness Plan

An updated Emergency Preparedness Plan will need to be uploaded as part of the Renewal Application. Additional details and templates will be available in the "Emergency Plan" section. Additional details can be found here: <https://louisianabelieves.com/early-childhood/child-care-and-development-fund-licensing/emergency-preparedness>

▼ 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.

▼ Qualifications of Director and Designee

Documentation verifying the qualifications of the Director and Director Designees will need to be uploaded to the Renewal Application. Examples include University Degrees, Certifications, Etc. Director qualifications are listed in § 1709 of Bulletin 137 Early Learning Center Regulations. A Director Designee must meet the same qualifications as a Director. Link to Bulletin 137 - <https://www.doa.la.gov/media/iuzgajpe/28v161.doc>

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

Vehicle Information: Transportation (Insurance or Contract Information)

City Fire: Required for Orleans Parish Only

Business Permit/Zoning: Required for St. Bernard Parish, St. Charles Parish, City of New Orleans, Shreveport, Baton Rouge, Minden, Bossier City, Amite, Zachary, and Monroe

▼ Provider Agreement / Provider Rate Agreement

The provider agreement and rate agreement page will require you to review and agree to the general provisions applicable to Early Learning Centers who take part in the Child Care Assistance Program. This page also requires you to enter the rates and registration fees for your Center.

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

A copy of one of the following Primary Acceptable IDs will be required: Driver's license from a U.S state, Federal or state ID card, Military ID card, or U.S. passport.

Return to Step 1 at any time to utilize links and instructions. See Bulletin 137 for more information.

▼ Social Security Cards (copy) for all Owners and Directors
A copy of the social security cards for all Owners and Directors is required to submit the application.

▼ IRS SS-4 Form (IRS generated copy)
Form SS-4 (Application for Employer Identification Number) is the IRS form that businesses use to apply for an Employer Identification Number (EIN). It is available on the IRS website [here](#) .
If you have not applied for an EIN, you may submit an IRS Form W-9 which is available on the IRS website [here](#) .

▼ Verification of checking or savings account
The provider must download and complete the form available and upload proof of checking/savings account.

▼ Verification of Rates
Please submit a memo or notification to parents of your rates charged.

▼ Pre-service Orientation Training
This 4-hour training is available [here](#) . It provides the information that is needed for initial/renewing child care providers(Type III, Family Home, In Home and Military) to maintain CCAP funding through the Department of Education. There is information on new legislative rules and tips for marketing your Family Child Care Center.

▼ Louisiana CCAP Time and Attendance Equipment Agreement
This document is available for download, which will need to be completed and signed in order for the provider to receive Time and Attendance Equipment. The completed, signed form must be uploaded to the CCAP page.

***I have read and understand all the renewal instructions. I'm aware that supporting documentation is required prior to submitting my renewal application.**

Yes, I Agree

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

FUNDING SOURCES

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

[← Return to Application Home](#)

Section 1: Funding Source

* My Type III center is participating in the Child Care Assistance Program (CCAP)
 Yes No

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

<input type="checkbox"/> Early Head Start	<input checked="" type="checkbox"/> Head Start
<input type="checkbox"/> Private Pay	<input type="checkbox"/> Child Nutrition Program
<input type="checkbox"/> Early Head Start Child Care Partnership	

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

Alert

You have selected that your center is participating in the Child Care Assistance Program (CCAP).
Do you want to proceed further?

[Yes](#) [No](#)

Pre-Populated Information was transferred from last year's licensing information.

EARLY LEARNING CENTER INFORMATION

Early Learning Center Information

The Early Learning Center on this page will be linked to the center profile on the LDOE School Finder website.

[← Return to Application Home](#)

Section 1: Early Learning Center Name

*As it will appear on School or Center Finder

[Edit](#)

Section 2: Address Information

Physical Address

*Street Name 1

Street Name 2

*City

*Zip

[Copy to Mailing](#)

Mailing Address

*Street Name 1

Street Name 2

*City

*State

*Zip

*Parish/County

[Edit](#)

Section 3: Early Learning Center Contacts

*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? No

[Edit](#)

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

Do not edit the Center's name without speaking with your Licensing Consultant first.

The physical address of the Center cannot be changed without submitting a Change of Location (CHOL).

Use this section to share your Center's contact information with parents and other providers in School and Center Finder.

SERVICE & HOURS

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: *Select Age Range:

*Enter Age: *Select Age Range:

Minimum age being served: Minimum age being served Maximum age being served: Maximum age being served

[Edit](#)

Click on the Edit button only if there are changes to your facility or ages served.

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 the maximum age the center services

*Enter Age: *Select Age Range:

*Enter Age: *Select Age Range:

Minimum age being served: Minimum age being served Maximum age being served: Maximum age being served

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

*Signature: *Today's Date:

Type your full name to certify. Enter today's date in the format of MM/DD/YYYY.

[Save](#)

If children under 1 year old are served, you must sign and date the Safety Approved Crib Statement each time the application is opened.

Section 2: Operating Hours

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

*Is this facility open 24 hours a day? No

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

[Copy to all](#) [Edit](#)

Click on Edit to change your times of service or services that you offer. Special Needs is a Federally Mandated service.

Section 3: Additional Services

Before Care All Day Transportation (To/From Home or School)

After Care Half Day Transportation (Field Trips)

Summer/Holiday Hours Half Day Only Special Needs

Overnight Care (9pm to 6am)

[Edit](#)

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

OWNERSHIP TYPE

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

[← Return to Application Home](#)

Section 1: Ownership Type
*Select your organization structure type [?](#)
Individual

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

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

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

Ownership Type cannot be changed without submitting a Change of Ownership Type.

CENTER OWNER

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

[← Return to Application Home](#)

Owner Information

Owner Name Alec Bechtelar	Primary Phone 642-746-5291	Secondary Phone 105-282-5976
Email Address johanna_ledner@renner.co.uk	Emergency Contact Yes	Working on Site No
Physical Address 51295 Bayer Forge Suite 891 Ankundingchester, Louisiana, 71936 Calcasieu	Mailing Address 51295 Bayer Forge Suite 891 Ankundingchester, Louisiana, 71936 Calcasieu	

Date of Birth 02/02/1991	SSN ***-**-5333	Identification Number 168756349	Issuing State AK
Sex Male	Race Asian	Married No	

Background Status

CCCBC Status Eligible	Staff Record Name Alec Bechtelar	CCCBC Expiration Date 07/07/2028
---------------------------------	--	--

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

Center Owner information cannot be changed without submitting a Change of Ownership (CHOW).

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](#)

Red triangles identify staff members that must be reviewed and credentials updated. Click on the Pencil to begin.

Section 1: Staff Members

Name	Position Type	Primary Phone	Email Address	Date Hired	
 Ressie Gusikowski	Director	509-601-7035	lauriane@barrowsrolfson.co.uk	02/08/2011	 
 Kathleen McGlynn	Director Designee	849-572-9817	ellis@fisher.com	02/08/2011	 
 Roger Ullrich	Other Staff	805-743-4273	kathlyn@crona.us	03/11/2012	 

[+ Add New](#)

[← Back to Center Owner](#)

[Save and Continue →](#)

1 Step 1/2
Edit Staff Member - Staff Information

Early Learning Center Staff

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

Section 1: Employment Details

REQUIREMENTS AND QUESTIONS WILL VARY DEPENDING UPON THE ROLE SELECTED FOR THE STAFF MEMBER.

*Position Type:

*Years of experience in a licensed center:

*Date appointed to current role:

Responsible for other Early Learning Centers: No

*Date Hired in any Capacity:

Qualify for School Readiness Tax Credit Level: No

Section 2: Name and Contact

Staff Name:

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

Staff Information:

*Primary Phone Number:

Secondary Phone Number:

*Email Address:

Yes This employee is an emergency contact for this Center

ON-SITE EMERGENCY CONTACT MUST BE SELECTED HERE, WITHIN THE STAFF PAGE. YOU MAY RETURN TO DO THIS BY CLICKING ON THE PENCIL BY THE NAME ON THE STAFF LIST, TOGGLE TO YES AND SAVE. OFF-SITE CONTACTS WILL BE ADDED IN STEP 9.

Section 3: Address Information

Physical Address

*Street Name 1
07238 Feil Cape

Street Name 2

*City
Petraville

*State
Louisiana

*Zip
85879

Copy to Mailing

Mailing Address

*Street Name 1
07238 Feil Cape

Street Name 2

*City

*State
Louisiana

*Parish/County
Calcasieu

Update the staff member's personal identification information.

Section 4: Personal Identification

*Date Of Birth
01/01/1991

*SSN
***-**-5333

*Identification Number
138229337

*Issuing State
Alaska

*Sex
Male

*Race
Asian

Section 5: Verification of Identity

A copy of one of the following Primary Acceptable IDs will be required: Valid U.S state Driver's license, Federal or state ID card, Military ID card, or U.S. passport.

*Upload File(s)

Choose File Browse

elp.pdf

← Cancel
Save and Continue →

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

Early Learning Center Staff

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

Section 6: Degrees and Certifications

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

CPR Training

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

Certified by
American Red Cross

Expiration Date
12/20/2025

Choose File

Choose File Browse

Test.docx

Pediatric First Aid

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

Certified by: American Red Cross
Expiration Date: 12/12/2025

Choose File: Choose File [Browse]

Test.docx [View] [Delete]

Pre-Service Orientation (Key Orientation Modules)

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

[External Link](#)

Certified by: State of LA
Date Completed: 12/01/2024

Choose File: Choose File [Browse]

Test.docx [View] [Delete]

Mandated Reporters

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

*Certified by: State of LA
*Expiration Date: 11/29/2025

*Choose File: Choose File [Browse]

Mandated Reporters Test.docx [View] [Delete]

Clock Hours

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

Total Hours Completed: 12
Date Completed: 10/29/2024

Choose File: Choose File [Browse]

Clock Hours Test.docx [View] [Delete]

Section 6: Optional Records

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

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

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

+ Add New

Medication Administration Training is not optional and requires at least 2 staff members per center, to be certified.

Section 6: Optional Records

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

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

Category	Type	Date Completed/Awarded	Expiration Date
There are no records to show			
*Category Education/Training	*Type Medication Administration Training		
*Certified by HealthCare	*Expiration Date 11/14/2025		
*Choose File Choose File <input type="button" value="Browse"/>			
Test.docx <input type="button" value="View"/> <input type="button" value="Delete"/>			
<input checked="" type="checkbox"/>			

Section 6: Optional Records

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

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

Category	Type	Date Completed/Awarded	Expiration Date	
Education/Training	Medication Administration Training	N/A	11/14/2025	<input type="button" value="View"/> <input type="button" value="Delete"/>

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.

Once all of the required information has been uploaded or entered, the triangle is removed. Click on Add New to add staff.

Section 1: Staff Members

Name	Position Type	Primary Phone	Email	Date Hired	
Ressie Gusikowski	Director	509-601-7035	laurliane@barrowsrolfson.co.uk	02/08/2011	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
Kathleen McGlynn	Director Designee	849-572-9817	ellie@fisher.com	02/08/2011	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
Roger Ullrich	Other Staff	805-743-4273	kathlyn@crona.us	03/11/2012	<input type="button" value="Edit"/> <input type="button" value="Delete"/>







ADDING NEW STAFF-DELETING OLD 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	Email Address	Date Hired	
Ressie Gusikowski	Director	509-601-7035	lauriane@barrowsrolfson.co.uk	02/08/2011	 
Kathleen McGlynn	Director Designee	849-572-9817	ellis@fisher.com	02/08/2011	 
Roger Ulrich	Other Staff	805-743-4273	kathlyn@crona.us	03/11/2012	 

[+ Add New](#)

To add new staff, click on the Add New+ button. Complete all sections as with current staff. CCCBC must be Eligible to add the new staff.

[← Back to Center Owner](#)

If there are no staff additions or deletions, select, [Save and Continue](#) to the CCCBC Step.

[Save and Continue →](#)

1 Step 1/2 Add New Staff Member - Staff Information

Early Learning Center Staff

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

Section 1: Employment Details

*Position Type

-- Select --
-- Select --
Director
Director Designee
Lead Teacher
Teacher
Other Staff

Section 1: Employment Details

*Position Type

Other Staff

*Date appointed to current role

12/03/2024

*Date Hired in any Capacity

12/03/2024

Section 3: Address Information

Physical Address

*Street Name 1

114 Toy Way

Street Name 2

*City

East Vestabury

*State

Louisiana

*Zip

54568

*Parish/County

East Baton Rouge

[Copy to Mailing](#)

Mailing Address

*Street Name 1

114 Toy Way

Street Name 2

*City

East Vestabury

*State

Louisiana

*Zip

54568

*Parish/County

East Baton Rouge

Section 4: Personal Identification

*Date Of Birth: 01/01/1980
 *SSN: ***-**-6546
 *Identification Number: 136009366
 *Issuing State: Louisiana
 *Sex: Female
 *Race: White

Section 5: Verification of Identity

A copy of one of the following Primary Acceptable IDs will be required: Valid U.S state Driver's license , Federal or state ID card, Military ID card, or U.S. passport.

*Upload File(s)
 Choose File: [Browse] (Red arrow pointing to 'Browse')
 Test.docx [View] [Delete]

← Cancel [Save and Continue →] (Red arrow pointing to 'Save and Continue')

Pre-Service Orientation (Key Orientation Modules)

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

*Certified by: State of LA
 *Date Completed: 10/28/2024
 Choose File: [Browse]
 Pre-Service Orientation (Key Orientation Modules) Test.docx [View] [Delete]

Mandated Reporters

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

*Certified by: State of LA
 *Expiration Date: 11/29/2025
 Choose File: [Browse]
 Mandated Reporters Test.docx [View] [Delete]

Clock Hours

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

Total Hours Completed: 12
 Date Completed: 10/29/2024
 Choose File: [Browse]
 Clock Hours Test.docx [View] [Delete]

Section 6: Optional Records

Add any Education/Training, Certifications, or Experience for each staff member. Choose the category and provide supporting documentation. Some suggestions would be:

- Ancillary Certificate
- Continuing Education Training
- Degrees
- College Credit Hours
- Experience
- Medication Administration Training (Red arrow pointing to this item)

Medication Administration Training is not optional and requires at least 2 staff members per center, to be certified. (Yellow callout bubble)

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









+ Add New (Red arrow pointing to '+ Add New')

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	Date Hired	
Ressie Gusikowski	Director	509-601-7035	02/08/2011	 
Kathleen McGlynn	Director Designee	849-572-9817	02/08/2011	 
Roger Ullrich	Other Staff	805-743-4273	03/11/2012	 
Susie Brown	Other Staff	746-786-8765	12/03/2024	 

[+ Add New](#)

**DO NOT DELETE
THE DIRECTOR YET!**
To Delete (Archive) Staff who
no longer work at your Center,
click on the trashcan.



[← Back to Center Owner](#)

[Save and Continue →](#)

Never delete a Director or Designee before adding an approved replacements. You will confirm the deletion by clicking on “Accept” and by entering a brief justification for the removal. Be sure to include the late date of employment. Then Save. The staff member will no longer be on the Staff List.

CRIMINAL BACKGROUND CHECK

Criminal Background Check


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

[← Return to Application Home](#)

Section 1: Submit CCCBC Application

Employees of a Provider/Entity who want to submit applications for background 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	⚡ Position Type	⚡ Email Address	⚡ CCCBC expiration date
🟢 Eligible	Ressie Gusikowski	509-601-7035	Director	lauriane@barrowsrolfson.co.uk	07/07/2028
🟢 Eligible	Kathleen McGlynn	849-572-9817	Director Designee	ellis@fisher.com	07/07/2028
🟢 Eligible	Roger Ullrich	805-743-4273	Staff Member	kathlyn@crona.us	07/07/2028
🚩 No Match	Susie Brown	746-786-8765	Staff Member	jayne@flatleyledner.us	N/A
🟢 Eligible	Alec Bechtelar	642-746-5291	Owner	johanna_ledner@renner.co.uk	07/07/2028

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


All staff members must display a status of Eligible before the Renewal application can be submitted. Here are a few possible reasons and solutions:

1. Staff member's name, SSN or DOB are not correct on his/her personal staff page. Return to Center Staff (7), select the pencil near the staff member's name and verify all Personal Identification Information. Do not forget to Save.
2. The staff member has not submitted a CCCBC to the State yet.
3. The staff member is not Eligible for a cleared CCCBC. They must contact the CCCBCS, personally, for reconciliation.
4. Will this individual be working on-site? Is he/she an owner? Should he/she be listed as staff?


Section 2: Background Status

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

Filter by Status [Refresh CCCBC Status](#)



⚡ Status	⚡ Name	⚡ Contact Number	⚡ Position Type	⚡ Email Address	⚡ CCCBC expiration date
🟢 Eligible	Ressie Gusikowski	509-601-7035	Director	lauriane@barrowsrolfson.co.uk	07/07/2028
🟢 Eligible	Kathleen McGlynn	849-572-9817	Director Designee	ellis@fisher.com	07/07/2028
🟢 Eligible	Roger Ullrich	805-743-4273	Staff Member	kathlyn@crona.us	07/07/2028
🟢 Eligible	Susie Brown	746-786-8765	Staff Member	jayne@flatleyledner.us	07/07/2028
🟢 Eligible	Alec Bechtelar	642-746-5291	Owner	johanna_ledner@renner.co.uk	07/07/2028

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

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 elp.pdf 12/03/2024	Status Under Review		
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Your Center's Emergency Preparedness Plan must be updated yearly with new dates, procedures and staff.

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	
Off-Site	Alec Bechtelar	642-746-5291	105-282-5976	
On-Site	Ressie Gusikowski	509-601-7035		
Off-Site	Mr. Mariela Hodkiewicz Jr.	041-009-7407		
Off-Site	Mr. Patsy Morar	705-355-5186		

[+ Add New](#)

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

Use on-site owner/staff New off-site

*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?

*Off-Site Emergency Contact Name: Bobby Buck

*Primary Phone Number: 554-354-3435

Secondary Phone Number:

*Email Address: BB@gmail.com

Only 1 On-Site and 1 Off-Site are required but more emergency contacts may be indicated. Only the Off-Site entries can be edited using the pencil by the name contact's name. On-Site contacts must be edited within individual staff member pages. Click on the trashcan icon to delete any old contacts. Deleting an individual from this list will not remove him/her from the Staff List; only as an Emergency Contact.

CHILD CARE ASSISTANCE PROGRAM (CCAP)

Child Care Assistance Program

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

[← Return to Application Home](#)

Section 1: CCAP Provider Agreement Provisions

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

H. Payment shall not be made outside of the effective date of this Agreement.

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

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

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

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

Accepted

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

[Download CCAP Agreement](#)

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

Section 2: CCAP Assurances

Please initial each section as you agree to the provisions.

*Initial Here PM	I understand that Federal CCAP rules require that the Provider must charge caregivers the rate provided on the current CCAP 12 form and must collect the difference between the rate charged and the amount of CCAP assistance received. I also understand that this difference is the caregiver's "copay."
*Initial Here PM	I will ensure current Criminal Background Checks are available for all staff working and/or living in my child care, age 18 and over (family child care, in-home (only the provider needs a CBC), early learning center, military or school) prior to caring for any children.
*Initial Here PM	I agree to report problems with a Point of Service (POS) device, finger image scanner, Interactive Voice Response System or any attendance-tracking device to the Conduent Provider Help Desk (1.888.281.0326) and the Department within 48 hours of failure. If a new attendance tracking system is used, issues for checking in/out with tracking devices will be reported immediately.
*Initial Here PM	I agree to notify the Department immediately of the removal of any child(ren) from care that have not attended or enrolled or that has transferred to another child care Provider so that payment from the Department for the child(ren) can be discontinued immediately.
*Initial Here PM	I will retain supporting fiscal documents (invoices, remittances, attendance logs, etc.) adequate to ensure that claims for matching federal funds for review and audit purposes in accordance with federal requirements. I will retain such documents for three (3) years after the close of the state fiscal year (July 1 through June 30) in which services are provided. Additionally, I will also maintain grant related records for a period of no less than 5 years.
*Initial Here PM	I understand that when the Department determines the Provider is not in compliance with an administrative requirement, the Department may send written notice by mail or email informing the Provider of the administrative noncompliance and requiring that the Provider come into compliance.
*Initial Here PM	I understand that if the Provider does not come into compliance within fourteen (14) calendar days of such notice, the Department may suspend payments to the Provider until the Provider is determined to be in compliance.
*Initial Here PM	I agree to abide by the foregoing provisions and further certify that I have not been the subject of a validated complaint of child abuse or neglect or have not been convicted of or pled no contest to a crime listed in R.S. 15:587:1.
*Initial Here PM	I understand that this agreement shall remain in effect from the date of my signature. I also understand that there may be amendments to this agreement which may update federal, state, local and internal CCAP procedures. I will be informed of all amendments to this agreement.

Read and initial all Assurances.

Section 3: Rates and Fees

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

Enter Your Daily Rates

Age Group	*Full Daily Rate	*Part Time Hourly Rate
Age 0	<input type="text" value="110"/>	<input type="text" value="18"/>
Age 1	<input type="text" value="110"/>	<input type="text" value="18"/>
Age 2	<input type="text" value="110"/>	<input type="text" value="18"/>
Age 3	<input type="text" value="110"/>	<input type="text" value="18"/>
Age 4	<input type="text" value="110"/>	<input type="text" value="18"/>
Age 5 & Over	<input type="text" value="110"/>	<input type="text" value="18"/>

*Do you charge a registration fee?
 No

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

*Do you charge a registration fee?
 Yes

*Registration Fee:
Example 75.00

*This fee is charged:

*This fee is collected:

Section 4: Agreement Signatures

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

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

*Position Type <input type="text" value="Director"/>	*Full Name <input type="text" value="Pamela Mertens"/>	*Today's Date <input type="text" value="12/04/2024"/>
*Position Type <input type="text"/>	*Full Name <input type="text"/>	*Today's Date <input type="text" value="mm/dd/yyyy"/>

[← Back to Emergency Plan](#)

[Save and Continue →](#)

ACADEMIC APPROVAL

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 that you accept the requirements.

*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.

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 within 24 months from their hire date, 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 hire date.

PLEASE NOTE: The Early Childhood Ancillary Certificate does not fulfill the requirement of a valid and current Louisiana teaching certificate for public schools 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 schools 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:

2024-2025

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

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

S-Automation-35159

Physical Address

1291 Schiller Mews
Apt. 544Banton, LA, 70372
Calcasieu

Mailing Address

740 Ayden Meadows
Apt. 730Banton, LA, 70372
Calcasieu

Primary Phone

1430951401

Secondary Phone

2815313986

Email Address

Narsing.Gade@LA.GOV

*Select your program partner Chief Administrator

Susie Brown

This is typically the Director or Owner.

Staff Name

Susie Brown

Position Type / Role

Other Staff

Email Address

jayne@flatleyledner.us

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

Pamela Mertens

*Today's Date

12/04/2024

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

Below is a list of documents required by ECE Licensing Bulletin 137. All documents must be current and uploaded to submit the Renewal application. Outdated documents will result in the application being returned to the provider for revision, as a result, causing a delay in the approval. Upload all pages received by inspectors and insurers, even if blank.

Document Upload


The Type III licensing application has several types of documents that are required to be uploaded in order for your application to be submitted. Based on some of the selections and programs your Early Learning Center is participating, there may be additional documents required.




[← Return to Application Home](#)

Section 1: Commercial and Medical Liability Insurance

Upload a copy of the declaration page for the Center's Commercial and Medical Liability Insurance. Please reach out to your insurance company if you have questions regarding this document.

***Upload File**

Choose File 




 Commercial and Medical Liability Insurance Test.docx 12/04/2024	Status Under Review	 
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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




 State Fire Marshal Information Test.docx 12/04/2024	Status Under Review	 
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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




 Office of Public Health Approval Test.docx 12/04/2024	Status Under Review	 
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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




 Center Pictures Test.docx 12/04/2024	Status Under Review	 
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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

 Documentation of Ownership Test.docx 12/04/2024	Status Under Review	 
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Complete a quick business search using this link at the [LA Secretary of State](#).

Section 6: Rates Verification

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

*Upload File

Choose File	Browse	
Rate Verification Test.docx 12/04/2024	Status Under Review	

Section 7: Verification of Identity

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

*Upload File

Choose File	Browse	
Verification of Identity Test.docx 12/04/2024	Status Under Review	

Section 8: Social Security Cards

Upload a copy of a government issued social security card for all owners and directors.

*Upload File

Choose File	Browse	
Social Security Cards Test.docx 12/04/2024	Status Under Review	

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	Browse	
IRS SS-4 Form Test.docx 12/04/2024	Status Under Review	

[← Back to Academic Approval](#)

[Save and Continue →](#)



BANKING INFORMATION

Banking Information

Provide the banking details required below that will be used for provider reimbursements and public funding.

[← Return to Application Home](#)

Section 1: Banking Information

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

Banking Details

*Bank Name
TD Bank

*Bank Routing Number
123214234

*Bank Account Number
23432432432

*Disbursement Type
D-Personal Checking

Banking Address

*Street Name 1
66

Street Name 2

*City
Banton

*State
Louisiana

*Zip
78392

*Parish/County
Catahoula

Account Holder Details

*Account Owner - First Name
Narst

Account Owner - Middle Initial

*Account Owner - Last Name
Gade

DBA (Business Name)

Payee Address

*Street Name 1
23

Street Name 2

*City
NBanton

*State
Louisiana

*Zip
78849

*Parish/County
Cameron

Section 2: Banking Documents

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

[Download Bank Info Template](#)

*Upload File

Choose File [Browse](#)

	Banking Information Sample.rtf 12/03/2024	Status Under Review		
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[← Back to Document Upload](#) [Save and Continue →](#)

Manually enter all banking information and upload a new Direct Deposit Authorization Form.



A previous Direct Deposit Authorization Form may be uploaded if none of the banking information has changed.

RENEWAL SUMMARY

Renewal Summary

Please review and sign attestation for renewal information.

[← Return to Application Home](#)

Review your Renewal Updates

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

Page	Section	Field	Action	Original Value	New Value	Confirm
Application Instructions	User Agreement	Agreement	Edit	N/A	Accepted	<input checked="" type="checkbox"/>
Services And Hours	Licensed Capacity	Min Age Range	Edit	Years	Months	<input checked="" type="checkbox"/>
Early Learning Center Staff	Staff Members	Staff Member	Add		Susie Brown	<input checked="" type="checkbox"/>
Emergency Preparedness Plan	Emergency Contacts	Emergency Contact	Add		Mr. Patsy Morar (Off-Site)	<input checked="" type="checkbox"/>
Emergency Preparedness Plan	Emergency Contacts	Name	Edit - Mr. Patsy Morar	Mr. Patsy Morar	Mr. Mariela Hodkiewicz Jr.	<input checked="" type="checkbox"/>
Emergency Preparedness Plan	Emergency Contacts	Primary Phone Number	Edit - Mr. Patsy Morar	705-355-5186	041-009-7407	<input checked="" type="checkbox"/>
Emergency Preparedness Plan	Emergency Contacts	Email Address	Edit - Mr. Patsy Morar	deion@huel.ca	etha.schoen@schumm.co.uk	<input checked="" type="checkbox"/>
Emergency Preparedness Plan	Emergency Contacts	Name	Edit - Mr. Mariela Hodkiewicz Jr.	Mr. Mariela Hodkiewicz Jr.	Bobby Buck	<input checked="" type="checkbox"/>
Emergency Preparedness Plan	Emergency Contacts	Primary Phone Number	Edit - Mr. Mariela Hodkiewicz Jr.	041-009-7407	554-354-3435	<input checked="" type="checkbox"/>
Emergency Preparedness Plan	Emergency Contacts	Email Address	Edit - Mr. Mariela Hodkiewicz Jr.	etha.schoen@schumm.co.uk	BB@gmail.com	<input checked="" type="checkbox"/>

Show 10 per page « ‹ 1 2 3 4 … › » Showing Page 1 of 24

Agreement Signatures

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

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

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

*Position Type *Full Name *Today's Date

Director Pamela Mertens 12/04/2024

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

It's best to review your entire application, page by page before confirming the changes. The list of updates in the image above are not in layman's term and may be confusing.

RENEWAL APPLICATION HOME (COMPLETE)

Renewal Application Home

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

[← Return to Entity Dashboard](#)

Page Help. We have provided a way for you to keep track of all the information needed for you to complete your Center's Renewal application. After all required information is submitted within each step, you will see a green "Completed" badge on the Application Home page. Once you have started a step, you can always return to a previous section using the "Return to Previous" button or return to this Home page by using the "Return to Application Home" button.

1 - Renewal Application Instructions

This page describes all the requirements and instructions for completing the Licensing Application.

[Review or Edit 1](#)

[Complete](#)

2 - Funding Source

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

[Review or Edit 2](#)

[Complete](#)

3 - Early Learning Center Information

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

[Review or Edit 3](#)

[Complete](#)

4 - Services and Hours

Update and verify your center's hours of operation and services offered at your facility.

[Review or Edit 4](#)

[Complete](#)

5 - Ownership Type

Verify the legal ownership type of your Early Learning Center.

[Review or Edit 5](#)

[Complete](#)

6 - Center Owner

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

[Review or Edit 6](#)

[Complete](#)

7 - Center Staff

Verify and update all currently hired Directors, Director Designees, and other staff.

[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

Update the center's Emergency Preparedness Plan and verify emergency contacts.

[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 your banking information.

[Review or Edit 13](#)

[Complete](#)

14 - Renewal Summary

Summary of changes made for submitting a renewal of ELC - Type III Application

[Review or Edit 14](#)

[Complete](#)

STEP 7 will be indicated as Complete. Review this step carefully and be sure to enter all staff members.

[Submit Renewal Application →](#)



PENDING APPLICATIONS AND STATUSES (DASHBOARD)

Test Mertens - Type Family Home In Progress

Application ID	Category	Last Update	Expires on
133904	New	10/30/2024	01/28/2025

Edit Cancel

In Progress- An application that is not complete and has not been submitted to LDOE yet. Click on Edit to return to the Application Home page and to complete the application. Canceling permanently deletes the incomplete application.

S-Automation-35159 - Type 3 Pending

Application ID	Category	Last Update	Expires on
136600	Renewal	12/04/2024	03/03/2025

View Withdraw Application

Pending- An application that has been submitted to LDOE. A Pending application can not be edited. It may be viewed and/or Withdrawn. A Withdrawal permanently deletes the submitted application, removing it from LDOE's submitted application list. The application can not be retrieved.

Tender Touch Nursery HWY 4 - Type 3 Returned

Application ID	Category	Last Update	Expires on
323924	Renewal	12/02/2024	11/28/2024

Edit

Returned- An application that has been submitted to LDOE BUT has been returned to the Provider for additional information. Click on Edit to be directed to the Application Home page. Yellow badges indicate the steps where revisions are required. Complete and re-submit before the expiration date.

This page was intentionally left blank.