#### **Getting Started with CAFE**

Go to this webpage to apply online through CAFÉ – https://cafe-cp.dcfs.la.gov/providerservice/

Must use Internet Explorer or Firefox to go to webpage.



### Signing In – Existing Providers

- Existing providers that have an existing account may input their current User ID and password. This is only used for providers that have already created an existing account in the CAFÉ portal. NOTE: If you do not have an account, go to the next page.
- 2. The provider should refer to 'forgot password', 'Forgot User ID' or 'need help logging in' if they need assistance recalling existing account information.
- 3. Once you have logged in go the directions on page 8 on <u>Completing an Application</u>.



# Signing In – Creating a NEW Account

1. To create a new CAFÉ account, click the "If you don't have an account" option.

| ouisiana CAFE Provider Portal  |   |
|--|---|
| Louisiana.gov > Department of Children and Family Services >   |   |
|  |   |
|  | A Provider Sign In  |
| AND THE REAL PROPERTY OF THE R | Sign in using your LA CAFÉ account  |
| To Sta R   | User ID:  |
| 4 ·  |   |
|  |   |
|  | Password:   |
|  |   |
|  | Forgot Password?  |
| Tracking of Time Services (TOTS)   | Forgot User ID?   |
| TOTS for Providers is the electronic time and attendance process that LDE uses to  | Need help logging in?   |
| keep track of the time children spend in care with child care providers. TOTS  |   |
| authorizations and the attendance reports for their authorized children online.  |   |
|  |   |
| Important Information fo   | About LA Café Provider Portal   |
| ChildCare  | Get Started   |
| The Child Care Assistance Program (CCAP) helps low-income families to pay  |   |
| Type III early learning center, before and after school child care center, military  | aready, click here to<br>get started!   |
| child care center, registered Family Child Care Provider or In-Home provider that  |   |
| has been certified for CCAP by the Louisiana Department of Education (LDE) CCAP  |   |
| Provider Certification. After signing into LA CAFE, you will be able to complete an<br>application to become a CCAP provider.  | Internal Revenue Service  |
| Easter area is a pretective convice for children and their parents who must live   | Click here to go to IRS   |
| apart because of child abuse, neglect or special family circumstances requiring the  |   |
| need for out-of-home care. Foster care is intended to provide temporary/short-   | Child Care Provider Help Line   |
| term care for a child. The goal of the foster care program is to maintain the child  |   |
| assisting his parents in resuming responsibility and custody or until an alternative   | If you need help using TOTS, please contact the<br>Provider Help Line at 1-888-281-0326 |
| permanent placement for the child is found. The first goal of foster care is to  |   |
| reunite the child with his or her biological family.   | For links to other state and local services, slick                                      |
|  | TOT THING TO UTIEL STOLE AND TOTAL SETVICES, CHCK                                       |

**<u>Step 1: Your Personal Information</u>** – Please enter you First Name and Last Name at a minimum. You must complete all mandatory fields labeled with an asterisk (\*).

**NOTE** – You are highly encouraged to enter an email address and choose how you wish to receive notifications in relation to your application.

| etting Up Your Account<br>ere are five steps to setting up a secure account. After completing the four steps on this<br>estions. Keep in mind that this is a secure website run by the State of Louisiana. By law, | page,<br>. we m | you w        | rint     | <b>\$</b>                     | Help 👩                                | FAQ                        |
|--|-----------------|--------------|----------|-------------------------------|---------------------------------------|----------------------------|
| etting Up Your Account<br>ere are five steps to setting up a secure account. After completing the four steps on this<br>estions. Keep in mind that this is a secure website run by the State of Louisiana. By law, | page,<br>we m   | Pr<br>you w  | rint     | <b>\$</b>                     | Help 👩                                | FAQ                        |
| etting Up Your Account<br>ere are five steps to setting up a secure account. After completing the four steps on this<br>estions. Keep in mind that this is a secure website run by the State of Louisiana. By law, | page,<br>we m   | you w        | rint     | 5                             | Help 👩                                | FAQ                        |
| etting Up Your Account<br>ere are five steps to setting up a secure account. After completing the four steps on this<br>estions. Keep in mind that this is a secure website run by the State of Louisiana. By law, | page,<br>we m   | you w        | 31 k - * |                               |                                       |                            |
| ere are five steps to setting up a secure account. After completing the four steps on this<br>estions. Keep in mind that this is a secure website run by the State of Louisiana. By law,                           | page,<br>we m   | you w        |          |                               |                                       |                            |
|  |                 | Case NE      | ep you   | aken to anot<br>r information | ther screen to se<br>n private and se | tup your security<br>cure. |
| you already have a LA CAFÉ Provider online account, <u>click here to log in</u> . Some items hav<br>nu can create your account.  | /e an a         | asteris      | к (*) п  | ext to them.                  | . You must fill th                    | ese items in befor         |
| Si Si  | tep :           | <u>1</u> – Y | our l    | Personal                      | l Informatio                          | on                         |
| ease fill in your name and email address below.<br>The strongly suggest you provide an e-mail address so you will be able to recover   | your            | User I       | D if it  | is ever for                   | gotten.                               |                            |
| First Name: Middle Name: Last Name:  | _               | Emai         | i addre  | :55:                          |                                       |                            |
|  |                 |              |          |                               |                                       |                            |
| Are you currently a Child Care Provider or do you intend to become a Child Care<br>Provider?   | C               | Yes          | 0        | No                            |                                       |                            |
| <ul> <li>Email notifications are mandatory for all child care providers.</li> </ul>  |                 |              |          |                               |                                       |                            |
| <ul> <li>Would you like to receive reminders by email when you have unread items in your<br/>CAFE Notifications folder?</li> </ul>   | C               | Yes          | 0        | No                            |                                       |                            |
| tep 2: User ID, Password, and PIN  |                 |              |          |                               |                                       |                            |
| ) log in to your account, you will need to create a user ID and password. For both of these<br>and for other people to guess.  | е, ури          | should       | i choos  | se something                  | g that's easy for                     | you to remember            |
| eep in mind that you will need your PIN when electronically signing anything yo  | u sub           | mit to       | DCFS     | . So it's a g                 | good idea to wr                       | rite this down ar          |

## LDE Licensing Provider Licensing Instructions for Applying Online Using CAFE

<u>Step 2: User ID, Password, and PIN</u> – Create a User ID, Password (must enter twice) and a 6 digit PIN and enter that information. You MUST retain this account information. It will be needed to log in to your CAFÉ account and sign applications in the future.

<u>Step 3: Security Check</u> – Enter the numbers and/or letters as they appear. This is a part of the security of the application.

| Step 2: User ID, Password, and PIN Step 2 – User ID, Password, and PIN   |
|--|
| To log in to your account, you will need to create a user ID and password. For both of these,  |
| hard for other people to guess.  |
| Keep in mind that you will need your PIN when electronically signing anything you submit to LDE. So it's a good idea to write this down and  |
| keep it in safe place.   |
|  |
| Your User ID must be between 8 and 64 characters long, include at least 1 letter, and  |
| cannot contain two consecutive special characters, rou can include letters, unimpers, and the  |
| nerich when creating your liter TD. We say   |
| be easy to remember. NOTE - Keep your  |
| account information  |
| Password must be between 8 and 94 char<br>to be transfer that the the to be for future use.  |
| diait (0-9).   |
|  |
| Enter your password exactly as you entered it before. Retype   |
| Password:  |
| PIN must be 6 numbers. • PIN:  |
|  |
| Sten 3: Security Check   |
| Step 3 – Security Check  |
| Prease encer une returns and/or numbers you see below. If you cannot be what return or numbers   |
| "Vision Impaired" button and the system will read them to you (please note: your computer must be able to play sound and your volume must be on for this to  |
| work).   |
|  |
| Enter the numbers and/or letters here  |
| ZE W S appear in the line above on   |
| L Vision Impaired / Audio  |
| your screen (not as in this document).   |
| Enter the letters and/or numbers you see above:  |
|  |
|  |
| Step 4: User Acceptance Agreement  |
| CAFÉ LDE Customer Portal Account User Agreement  |
|  |
|  |
| General  |
| General The Department of Education (LDE) Customer Portal is offered to you, the user ("User"), conditionally upon acceptance of the terms and conditions herein.  |
| General The Department of Education (LDE) Customer Portal is offered to you, the user ("User"), conditionally upon acceptance of the terms and conditions herein, without modification. User access and use of this site constitutes acceptance of these terms and conditions.   |
| General The Department of Education (LDE) Customer Portal is offered to you, the user ("User"), conditionally upon acceptance of the terms and conditions herein, without modification. User access and use of this site constitutes acceptance of these terms and conditions.   |
| General The Department of Education (LDE) Customer Portal is offered to you, the user ("User"), conditionally upon acceptance of the terms and conditions herein, without modification. User access and use of this site constitutes acceptance of these terms and conditions. The Customer Portal is a LDE computer system, provided as a public service. The general public may use this system to conduct business with the |

<u>Step 4 – User Acceptance Agreement</u> – Click the box below as indicated. This box indicates that you have read and agreed to the CAFE LDE Customer Portal Account User Agreement.

Once you have completed all of these steps, select "Create Account." This will take you to the "Security Questions and Answers" page.

| Step 3: Security Check<br>Please enter the letters and/or numbers you<br>system will display new letters and/or numb<br>"Vision Impaired" button and the system will<br>work). | see below. If you cannot tell what letter or number<br>ers. If you are using screen reader software or cann<br>read them to you (please note: your computer mu | s are being displayed, click on the "Try Another" button and the<br>ot tell what the letter and/or numbers are, you can click on the<br>st be able to play sound and your volume must be on for this to |
|--|--|---|
| ZE WS  | Try Another  |   |
| Н  | Vision Impaired / Audio  |   |
|  |  | Step 4 – User Acceptance Agreement  |
| <ul> <li>Enter the letters and/or numbers you see</li> </ul>   | above:   |   |
| CAFÉ LDE Customer Portal Account User Age  | rement   |   |
| General  |  | Click here to agree.  |
| The Department of Education (LDE) Custom   | er Portal is offered to you, the user ("User"), condit   | tionally  |
| without modification. User access and use of The Customer Portal is a LDE computer system.   | f this site constitutes acceptance of these terms and  | may use this system to conduct business with the  |
| Department. User agrees to use this web si   | te and Currorcal as permitted by applicable ic   | cal, state, and federal laws. User agrees, therefore, not to: 1)  |
| knowingly and without authorization  | namane, or destroy IDE' or another user's computer   | Next, click here to create your account.  |
| Please check the box to let us know  | v that you have read and agreed to Louisiana's User  | Acceptance Agreement above.   |
|  |  | Previous Create Account   |

<u>Setup Your Security Questions and Answers</u> - You must answer ALL of the security questions before continuing. Once all questions have been answered, select the "Submit" button to continue. You will then be taken to the "My Account" homepage.

NOTE: If you forget your PIN, go to the" My Account" section to retrieve this information.

| Louisiana CAFE CCAP Customer Portal   | Language Selection: En Español   Tišno Viŝt Lopped in es the   Lopout  |
|---|--|
| Louisiana.gov > Department of Education >   | Print 🥩 Help 🕜 FAQ 🚺   |
| Setup Your Security Questions and Answers   |  |
| In the event that you forget your password, you can recover your password by a  | inswering questions known only to you.   |
| Please provide answers to the questions below. Because the answers to these que not easy for others to guess or discover.   | estions can be used to access your account, be sure to supply answers that are   |
| You must provide an answer for every question. Please keep in mind that you   | a must provide a different answer for each question. If you forget your  |
| password, you will need to supply answers to at least 3 of these questions to res<br>Once you have answered each question, click on the "Submit" button at the bott<br>questions before you can continue. | et your password.<br>om of the page. Please note that you will need to provide answers to ALL                                |
| If you click on the "Exit" button, you will be logged out and will need to answer t   | the questions when   |
| <ul> <li>What is your mothers birth date? (ex. 07/26/1954)</li> </ul>   | Enter answers to all of these  |
|   | questions.   |
| What is the name of your favorite childhood friend?     What is the first name of your maternal grandmother?  | <u>NOTE – If you need to reset your password in</u><br>the future, you will need to answer 3 of these<br>security questions. |
| * What city were you born in?   |  |
| <ul> <li>What is your natural hair color?</li> <li>What are the last four digits of your phone number?</li> </ul>   |  |
| Nex<br>Exit   | <u>kt, click Submit.</u><br>Submit   |

### **Completing a NEW Application**

Once you have successfully logged in or created a new account, the "My Accounts" page is displayed as shown below.

- 1. Select "My Applications" to start a new application. You may also view any previously submitted applications and incomplete applications here too.
- 2. ALL fields with an asterisk (\*) are mandatory and must be completed.
- 3. <u>PLEASE NOTE:</u> PROVIDERS THAT NEED TO SUBMIT RENEWALS/MIDPOINTS SHOULD SELECT "MY RENEWALS AND MIDPOINTS"



- Providers should select "Submit Renewal or Midpoint" to begin the application process.
- Bu the arrow you should see your license number, type and submit a renewal
- If you wish to finish an incomplete application, please select "Incomplete Applications"
- To view previously submitted applications and their status, please select "Submitted Applications."
- If you need to exit Café', logout using the logout link on the screen. If you fail to logout using this link, the system will lock you out for 15 minutes

| uisiana.gov > Department of Children<br>uisiana.gov > Department of Education | and Family Services > 1 1 2   |
|---|---|
| MyAccount   | Print 😴 Help 🕢 FAQ 1  |
| 1yAccount   | Submit a Renewal or Mid-Point for Provider Services   |
| MyAccount Home  | Select the account for which you would like to submit a renewal or midpoint from the table below. Please note that<br>only CCAP and Licensing Providers are able to submit a renewal/midpoint.  |
| My Applications   | To submit a renewal or midpoint for a different account, <u>click</u> here to link the profile to your account.   |
| My Renewals and   | TIPS Provider/Licensing # Type Submit Renewal/Midpoint  |
| Mid-Points  | You are not currently linked to an account that is eligible to submit a Renewal or Midpoint.  |
| Provider Profile  |   |
| Notifications<br>Report Changes   | Incomplete Renewals or MidPoints(Online forms you have started but not yet submitted)<br>If you have started a renewal or midpoint but have yet not submitted it, a "continue" link will be displayed below.<br>You can click on that link to return to your online form.   |
| DCFS Placement<br>Providers   | Please keep in mind that you must submit the online form within 30 days. After 30 days, incomplete renewals or midpoints are deleted and you will need to start a new online form.  |
| Vendors   | Application # Start Date Form Name Submit By Date Action  |
| Manage My Account   | You do not have any incomplete Renewals or midpoints.   |
| Logout  |   |
|   | The table below displays renewals and midpoints that you have submitted. You can check the status of a renewal<br>or application submitted for a short time by clicking on the "View Status" link. You can also view uploaded<br>documents for any renewal or midpoint shown below To upload additional documents for a submitted renewal,<br>first click the "View Status" link in the table below for the application you wish to upload a document to. |
|   | Application # Submit Date Form Name Application Status  |
|   | You do not have any renewals or midpoints submitted in the past 3 years.  |
|   | Keep in mind that you'll need to have a program called Adobe Acrobat Reader to see and print the summaries. If<br>you don't have this program on your computer, you may install it for free by clicking on the button below:  |
|   | Ger Adobe<br>Motor Reader   |
|   |   |
|   | Back to MyAccount   |

A PDF application will open in CAFÉ.

- NOTE: If no application opens, then ensure you have the latest version of Adobe Acrobat Reader installed. A link is provided at the very bottom of the page that will take you to the Adobe website to install it.
- Make the correct selections on the PDF form.
- Providers will be required to enter a Unique Identifier for each Applicant/Owner. You will need to retain for use later to link your CAFÉ account to your license number when issued.
- <u>Please note that the information needed to link your CAFÉ account to your license is your</u> <u>License number, DOB and Unique Identifier.</u>

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|---|---|
| •   | Applicant Information   |
| NOTE – Make sure to   | *First Name Casey Middle Name *Last Name Cartwrigh Suffix                     |
| answer all questions  |   |
| with an asterisk (*)  | *Sex C Male @ Female Maiden Name(If Applicable)                               |
|   | *Date of Birth Apr 8, 1988 *Unique Identifier 550-19-4723                     |
|   | Driver's License # Issuing State  |
|   | Race  |
|   | Contact Information   |
| Ø   | *Home Telephone Number (337) 809-0006 *Mobile Telephone Number (337) 442-0804 |
| <b>•</b>  | *Email Address caseycartwright@gmail.com                                      |

1. ALL fields with an asterisk (\*) are mandatory and must be completed.

| Provider Portal Application.p   | df - Adobe Reader   |   |
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|   | 10 / 29 💿 💿 100% + 🔚 🚱 Find +   | <b>^</b>  |
| NOTE: The facility<br>director information<br>may be the same as<br>the applicant<br>information. | Facility Director       Remove Director         NOTE: A Director must meet qualifications before being appointed. Documentation must be submitted verifying that the qualifications are met.         Director Information         *First Name Ashleigh         Middle Name       "Last Name         *Sex       Male         @ Female       Maiden Name(If Applicable)         *Date of Birth       Sep 2, 1988         *Unique Identifier       555-18-7209         Driver's License #       Issuing State         Contact Information       'Mobile Telephone Number         *Home Telephone Number       (337) 505-2130         *Mobile Telephone Number       (337) 809-4401 | This information<br>is pre-<br>populated.<br>Check to make<br>sure it is correct. |

- The Background Check information is needed for the Director and Director Designee working at the Facility.
- This will be pre-populated by CAFÉ. It serves as notice to the provider that a background check is required for each owner and director.

| Provider Portal Application.pdf - Adobe Reader  | Enter           |
|---|-----------------|
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|   | background      |
| Background Check  | <u>cneck.</u>   |
| The owner(s) of this business are listed below. Criminal Background checks will need to be uploaded or mailed to net completion of this application for all individuals listed. |                 |
| Individual's Information  | -               |
| First Name Casey Middle Name Last Name Cartwrigh Suffix   |                 |
| Title   |                 |
| Sex C Male C Female   |                 |
| Date of Birth Apr 8, 1988   |                 |
| *Telephone Number (337) 809-0006  |                 |
| Street Address  | -               |
| Address     1420 Greek Row Drive  |                 |
| City Lafayette State Louisiana  |                 |
| Zin Code 70508 Parish ILAFAVETTE  | <b>-</b>        |

• Please make sure all Disclosure information 1 through 8 is completed.

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| <b>?</b>                |                             | Disclose             | ure #1                        |                   |                    |                    |                |                |              |
|                         |                             | *Has the own         | ner, director, or a           | ny staff ever bee | en convicted of, o | r pled quilty or n | olo contendere | to any felony? |              |
|                         |                             | C Yes                | @ No                          | ,                 |                    | , , ,              |                |                |              |
|                         | · _                         | · ····               | <b>,</b>                      |                   |                    |                    |                |                | <br>- 11     |
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| 7 <b>9</b>              |                             |                      |                               |                   |                    |                    |                |                | +            |
|                         | 1                           |                      |                               |                   |                    |                    |                |                |              |

• The Emergency Preparedness is very important. All providers must complete an Emergency Preparedness evacuation plan. This information is a major part of the application and must be completed accurately by the provider.

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| ľ                       |                  | · · · · · · · · · · · · · · · · · · ·  | ^ |
| •                       |                  | Emergency Preparedness Plan  |   |
|                         |                  | *Did you enact this emergency preparedness plan? Only select yes if you have experienced a recent CYes I No<br>emergency and have put this plan into action  |   |
| -                       |                  | Child Day Care Centers   | - |
|                         |                  | LDE Child Care Centers are required to submit an Emergency Preparedness Plan.  |   |
|                         |                  | Plan and Location for Evacuation in Case of Emergency  |   |
|                         |                  | <sup>©</sup> Please describe your plans for evacuation in case of an emergency, such as a storm, power plant meltdown, act of terrorsim, etc.<br>Include the location where you would go in an evacuation. Please also include the names of all of the children being evacuated/<br>you would be caring for, as well as special needs for any of those children. For example, if you care for a diabetic child, include<br>how you would manage the child's diabetes during the emergency. |   |
| Ø                       |                  | Gather children  |   |
| <del>r</del> p          |                  |  |   |

• The Emergency Contacts are also an important part of the Emergency Preparedness plan. Two contact people are needed on all applications.

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|  |   | ^ |
|  | Emergency Contacts  | , |
| ?                                      | List two (2) persons who can be reached in the case of an emergency who will accompany children in the event of an evacuation or other event, such as a facility director, or facility staff. |   |
| -                                      | Contact 1   |   |
|  | *First Name Rebecca Middle Name Suffix Suffix   |   |
|  | *Address1 194 Senate Road   |   |
|  | Address 2   |   |
|  | °City Lafayette *State Louisiana  |   |
|  | *Zip Code 70508   |   |
| (A)                                    | "Home Phone (337) 880-1444  |   |
|  | Cell Phone  |   |
| <b></b>                                | Work Phone  |   |
|  | Other Phone   | - |

- Once you have completed the PDF, click submit to complete the provider application.
- Providers will have to click submit to complete the application. CAFÉ will review the form and prompt users to complete any mandatory fields that are blank. It should also be noted that providers can Save and Exit their application and return to it later to complete it. Also, incomplete applications will be deleted if not submitted after 30 days.

|               | Scroll to the bottom of the PDF<br>and click SUBMIT to complete the<br>application. |
|---------------|---|
| Save and Exit | Submit  |
|               | Back to MyAccount   |

• Once you have successfully submitted your application you will be taken to the Electronic Signature page.

# LDE Licensing Provider Licensing Instructions for Applying Online Using CAFE

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| D<br>D                             | PARTMENT OF CHILDREN AND FAMILY SERVICES<br>EPARTMENT OF EDUCATION<br>tate of Louidiana   | CAFÉ   | ^              |
|                                    | Couisiana CAFE Provider Portal<br>Louisiana.gov > Department of Children and Family Services ><br>Louisiana.gov > Department of Education ><br>Print Print Help   | Logged in as Ginger   Logout   |                |
|                                    | Electronic Signature     I certify that I have personally completed this application and have carefully investigated all facts necessary to complete this Applet all information to the best of my knowledge and ability contained in this Application is true and correct, that I have not used a fa application, and that I have not knowingly moviding false information on this Application may cause my applicat revoked or not renewed. I further understand that knowingly providing false information may result in criminal charges. I understand that knowingly providing false information may result in my application being de revoked or not renewed. I also understand that knowingly providing false information may result in my application being de revoked or not renewed. I also understand that knowingly providing false information may result in criminal charges. I understand that knowingly providing false information may result in criminal charges. I understand that failure to provide complete information may result in criminal charges. I understand that low and regulations governing the licensure of child care facilities could result in my license being denied or revoked. Furthermore, I certify that I have personally completed the Disclosure Form. I further certify that I have carefully investigated a the Disclosure Form, and that all information contained on this Disclosure Form is true and correct to the best of my knowledge used a false or fictitious name in such application for a license. I understand that failure to provide complete information on cause my application to be denied, license revoked or not renewed. I also understand that failure to provide complete information may understand that failure to comply with the law and regulations governing the licensure of child care facilities could result in my license that failure to comply with the law and regulations governing the licensure of child care facilities could result in my license that failure to comply with the law and regulations governing the licensure | plication. I further certify that<br>slee or fictitious name in such<br>ise committed any fraud in any<br>tion to be denied or my license<br>layed, denied or my license<br>and that failure to complete<br>and ability, that I have not<br>concealed any material fact or<br>this Disclosure Form, may<br>ation may result in my<br>ny result in criminal charges. I<br>icense being denied or revoked.<br>uffix: |                |
|                                    | Back to MyAccount   | Submit   |                |

- The Electronic Signature Section is needed from every provider before finalizing the application for submission.
- Your PIN will be needed to complete your electronic signature.

- A CAFÉ Application Number is generated with the submission of the application.
- To upload documents you must first install the Dynamic Web twain that you will be prompted to use. As the pop up appears, click on all users.
- If your document does not upload, please check the size, and type of file to verify it matches with the requirements.

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| Louisiana CAFE Provider Po  | ortal  | Logged in as Ginger   <u>Lo</u>   | <u>qout</u> |
| Louisiana.gov > Department of Children and Family :<br>Louisiana.gov > Department of Education >  | iervices >   |   |             |
| MyAccount   | Print  | 🗧 Help 🕜 🛛 FAQ 🚺  |             |
| CAFE Application # 4000185144   |  |   |             |
| Thank You!<br>Keep in mind that your worker may ask for proof<br>need to provide. Click the Types of Proof button t<br>you need help in getting the proof you need. | of some of the things you told us in your application. We'v<br>see and print this list. Let your worker know if you have | re created a list of the types of proof that you may<br>any questions about what you must provide or if     |             |
| PLEASE NOTE: Your Licensing submission is not o<br>and all required Owner State Central Registry Dis<br>account. You have 30 days to complete these ste             | onsidered complete and will not be processed until all requidosure Form (SCR-1) and Owner Criminal Background Che        | iired fees are paid from your Provider Portal account<br>eck Results are uploaded from your Provider Portal |             |
|   | Types of Proof   |   |             |
| If you have those documents available currently y<br>again from the Upload Page   | ou can upload them by clicking on the Upload Documents   | button. You will be able to view the Types of Proof   |             |
|   | Upload Documents   |   |             |
|   |  | Next  |             |
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- After completing your electronic signature, you will be brought to the document upload screen. Click on the "Upload Documents" button to get to the next screen. On the Document Upload screen you will be asked to select a document to upload and indicate the facility or individual the document pertains to.
- Select the facility and the Individual the document pertains to concerning the CBC and SCR1 before uploaded to CAFÉ. You must upload each separately. Your application will not be submitted unless both documents as well as the payment is received.
- The next step is to key in the security pin before uploading the documents.
- Documents can be no larger than 3MB and must be a JPEG, scanned PDF, PNG, or GIF format.

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| CAPE Application # 5000184254   |      |
| DOCUMENT UPI OAD  |      |
| On this page, you will be able to upload documents that are relevant to your application, case record, request for gayment, referrais, etc.   |      |
| PEXASE NOTE: Your Licensing submission is not considered complete and will not be processed until all required<br>Owner State Central Registry Disclosure From (SCR-1) and Owner Cimnual Bickground Check Results are uploaded<br>from your Provide Profal account; Your Wev 20 days to complete These steps. |      |
| Upload a Document<br>Choose File: Upload Documents  |      |
| "Uploads are limited to JPEG, scanned PDP, FWG and GJF with a maximum file size of 3<br>HB.   |      |
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• The next page gives the provider the option to print their application and pay the fee. The application will not be submitted for processing until the CBC, SCR1 and Fee is paid in CAFÉ.

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| Ele Edit View Favorites Iools              | Help         Be sure to write this number down or print this page for your records.         If you have a question about the status of your application, contact the LDE Call Center at 1-877-453-2721. If you give the Call Center your tracking number, it can help you gat an answer more quickly. If you haven't heard back about an application you've submitted, please be sure to contact the LDE Call Center before submitting another online application.         Print Your Application         If you would like to print or save a copy of your application for your files, please click the print summary button below. Clicking on the "Print Full Summary" button will display a summary with every answer that you provided. If you decide to print or save, please keep in mind that your application has your private, personal information in it.         Note - If you choose not to print or save the full summary of the application at this time it may take up to 24 hours for the summary to appear in your account.         Print Full Summary         Keep in mind that you'll need to have a program called Adobe Acrobat Reader to see and print this information. If you don't have this program on your computer, you may install it for free by clicking:  |  |
|  | Pay Fee<br>Your Licensing Application fee is \$25.00.<br>To pay your application fee online through CAFÉ, click the Pay Fee button below. Paying online is fast, easy, convenient and allows your processing of your<br>application to begin faster.<br>Pay Fee<br>PLEASE NOTE: You may be contacted by the Louisiana Department of Education to pay an additional fee once your application is reviewed and the capacity of<br>your facility is confirmed by a worker.<br>If you have any questions regarding your online application please contact 1-877-453-2721.  |  |

• The License fee generated to be paid in CAFE



• Enter the required information for payment which includes credit card information and security pin.

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|                 | Enter your payment information below<br>make a payment.  | w: Note that you can use the Save Account option below to have the system remember your account information the next time you | ~     |
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• The credit card is authorized and the button "Pay Now" should be selected.

| Eu                             | ly Childhood   | License Fees              |
|--------------------------------|--|---------------------------|
| Payment Review                 | e credit/debit card indicated in this web form for the noted amount on today's date. I certify that I am ar  | n authorized user of this |
| credit/debit card and I will n | ot dispute the payment with my credit/debit card company/bank.   |                           |
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• This page allows the provider to print the processing page for their records.

