Register as a Direct Care Organization

To register as a Direct Care Organization, login to your individual account by entering your email address and password. If you have not created your individual account, <u>use this</u> <u>guideline</u> and create your own account.

There are two ways to add an Organization Profile. Click on "+ Organization Profile" from the pulldown menu under your name or "Add Organization Profile" on the lower right-hand menu.



Organization Profile Lookup

Enter the organization ID and click on "Create Profile." If you do not know what your organization ID is, please contact CECPD. Contact information is available on the last page of this document.

Q Organizat	ion Profile Lookup
Please enter the organization ID to reques	st access to the organization profile. This is not a license number.
Organization ID	
Enter the Organiza	ation ID Number
	Required
1	Find Profile
Need a New O	Prganization Profile?
lf you need to crea please click "Crea organization profi	ate a new organization profile, te Profile" to begin ile setup.
	Create Profile

Organization Registration

Verify the information in the boxes and enter a phone number. Click on the radial button for: "Yes, the organization provides direct care or PDC services to children and families," and click on the "Next" button.

Organization Projection		
Organization Registration		
Please fill out the form below to register your organization Us form if you have any questions or concerns about the	n. Fields marked with * are required. Use the <u>Contact</u> organization registration process.	
Contact Information		
First Name *	Last Name *	
Stacy	Catheytest	
Email Address *		
Cecpd123+StacyC@gmail.com		
Phone	Ext.	
-		
Are you an early childhood or school age	program?	
This website is designed to serve a wide variety of organi	zations in the early learning and school-age care field.	
Some organizations work directly with children while oth	ers work with the adults who educate and care for	
children, and still others work in the community more br these. In this question, we want to identify whether your	oadly. Your organization may do more than one of organization provides care and/or education directly to	
children. Your organization may also provide other supp	orts and services, but please indicate here whether one	
of the supports your organization regularly provides is di	rect care and education to children.	
Yes, the organization provides direct care or PDC services	to children and families	
No, this ization does not provide direct care and/or	education to children	
-		
		Next >

Organization Identification

If OKDHS has licensed your organization, you will click on the "Yes" radial button. Enter your license number. You will need to include the K8. There should be ten characters for your license number.

Organization Identification
You indicated that this organization provides early learning and/or school age care to children. Let's gather some identifying information for this organization. Answer Yes or No to all questions.
Are you licensed? Provide your license number below beginning with K8. This is a 10 digit number. O Yes Enter your license number (required)
○ No

"Is your agency part of the Professional Development Collaborative (PDC)?" For all Direct Care Organizations, the answer to this will be "No."

The Professional Development Collaborativ families in Oklahoma.	e is a cross-sector workgroup providing services to children and
O Yes. Please specify your organization type	a
O PDC State Agency	
O PDC Organization Affiliated With State	Agency
Select your PDC State Agency (required)	
Make a Selection	•
O No	

"Are you a Head Start grantee or Head Start site?" If you are part of the Head Start program, click the radial button that applies to your organization, then select your grantee using the pulldown menu. If you are not a Head Start program, select "No."

Are you a Head Start grantee or Head Start site	e?
If your organization receives Head Start funding to of indicate whether your organization is the grantee (pri Start site (a site selected by the grantee to be the phy	fer direct services to children and families, please mary recipient of the Head Start dollars) or a Head sical host for Head Start supports).
Yes. Please specify your organization type:	
O Head Start Grantee	
O Head Start Site	
Select your Head Start grantee (required)	
Make a Selection 🔻	
⊖ No	

"Are you a child care program in partnership with Head Start?" If you are a Direct Care program in partnership with Head Start, check "Yes" and select your grantee. If you are not in a partnership with Head Start, select "No."

Are you a child care program in partn	ership with l
If you are a child care program that partner	s with Head S
○ Yes	
Select your Head Start grantee (required)	
Make a Selection	•

"Are you a program within a school district?" This question is asking if your organization is in a school district. If your program is located within a school, check the "Yes" radial button, and select your school. If not, select "No."

Are you a program within a school district?	
If your organization is an official program of a school affiliated.	district, we'd like to know with which school you are
○ Yes	
Select your school (required)	
Make a Selection 🗸 🗸	
○ No	
Select your school (required) Make a Selection V	

Are you a regulated child care program in partnership with a school district? This question is asking if you are a licensed program with a contracted partnership with a school district. If you have a contract, respond "Yes." If not, select "No."

Are you a regulated child care pro	ram in partnership with	a school district? ol district, select the school district.
⊖ Yes		
Select your school district (required)		
Make a Selection	~	
O No		

Click the "Next" button

When you click "Next" the system will look for your program information. If the organization has already registered, you will receive a notification on the screen.



The system will display program information on the screen if you have not previously registered the program. Confirm the information. If correct, click "Next." If incorrect, contact the OPDR. Contact information is on the last page.

We found the following program data using the license number you provided. Confirm the programs found are correct.
Abc Learning
Address
License Number: K8300.
Effective:

Organization Type Details:

Training Sponsor Organization: Here, you will let the OPDR know if you want to be an "Approved Training Sponsor." If you are not a training agency or are not sure, do not select anything. You can always contact the OPDR if you change your mind. Use the pulldown menu to select the accrediting agency.

Organization Type	
Training Sponsor Organization	
Check if your organization is a sponsor of training events. Doing so will allow you to enter training events into the system.	
Check if your organization will enter Continuing Eduction (CEU Courses) into the registry system.	
Program Accreditation 2 Select the accreditations your program holds	
Select Accreditation 🖌 🖌	
	Next

When you are through with your selections, click on the "Next" button.

Program Capacity

Program Capacity: Here you will enter the number of children you can accommodate in each age group. The total should match the number of children listed on your license issued by DHS.

Program Capacity		
Program Capacity is the amount of children li	sted on your license issued by Oklahoma Department of Human Services.	
Number of Classrooms / Groups		
Total Number of Children Enrolled	0	
Infants (0-12 months)	0	
Toddlers (13-24 months)	0	
Two's (25-36 months)	0	
Preschooler 3's (37-48 months)	0	
Preschool 4's and 5's (49-72 months)	0	
Elementary (K-3rd grade)	0	
Middle (4th-8th grade)	0	
Secondary (High School)	0	
		Next

Once you have entered your enrollment information, click the "Next" button.

Organization Address

rganization Name *		
ALC: NO PERSONNEL		
Physical Address		
Country*		
United States	~	
Address*		Apt/Suite #
Zip*	City*	State *
73111	Oklahoma City	ок
County*		
County* Oklahoma	~	
County * Oklahoma Enter a valid zip code to choose	► a county.	
County * Oklahoma Enter a valid zip code to choos	e a county.	
County* Oklahoma Enter a valid zip code to choos	e a county.	
County* Oklahoma Enter a valid zip code to choos Mailing Address	e a county.	Same as physical addres
County* Oklahoma Enter a valid zip code to choos Mailing Address Country*	e a county.	Same as physical addres
County* Oklahoma Enter a valid zip code to choos Mailing Address Country* United States	e a county.	Same as physical addres
County* Oklahoma Enter a valid zip code to choos Mailing Address Country* United States Address*	e a county.	Same as physical addres
County* Oklahoma Enter a valid zip code to choose Mailing Address Country* United States Address*	e a county.	Same as physical addres
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County* Oklahoma Enter a valid zip code to choose Mailing Address Country* United States Address* Zip* 73111	ee a county. City* Oklahoma City	Same as physical addres
County* Oklahoma Enter a valid zip code to choos Mailing Address Country* United States Address* Zip* 73111 Country*	✓ se a county. ✓ City* Oklahoma City	Same as physical addres Apt/Suite # State * OK
County* Oklahoma Enter a valid zip code to choose Mailing Address Country* United States Zip* 73111 County* Oklahoma	ee a county. City* Oklahoma City	Same as physical address Apt/Suite # State * OK

This information defaults from DHS data. If it is not correct, contact your Licensing Specialist. CECPD cannot correct this.

Phone*	
405 . 424 . 0776	
Fax	
Primary Website	
Organization's primary website	
Additional Info	
Enter any additional information about your organization that you would like to appear on this web site.	
Communication Preferences	
The CECPD sends periodic communications.	
O Unsubscribe	
You will continue to receive emails regarding your account.	
Subscribe Var will excelled informational amalis from CECPD in addition to emails regarding your account.	
The second and the second second reaction is a second reaction of second reactions.	
	Submit
	Subility

Verify the phone number. Add your "Primary Website" address and any additional information you want to share with providers.

Determine your "Communication Preferences," and then click on the "Submit" button.

Organization Approval

Your application is ready for review and approval. The approval process typically takes one to two business days.

You can return to your individual account using the pulldown menu at the top right of your screen or log out.