Online Application Process

Location: https://licensing.azdhs.gov/LicensingOnline/CC

GENERAL USERS:
When you first use the site, you will need to select “Register” in order to establish an account.

Fill in the boxes. All of the information is required.

At this time, each facility must have a unique user – which means a unique password as well. The password must include a “special character” – one of the characters above the numbers on
the keyboard. The system will not allow a password that does not meet the criteria, but will tell you so that you can change it if necessary.

When you begin typing the Licensee name, a list should appear of existing licensees within the System. (Give it a few seconds to load.) Once you select a licensee, any associated facility numbers will be available to select in the FAC ID box when you click the down arrow.
(If your licensee name, or the facility ID, does not appear, contact the Bureau for help.)
Click “Register.”
You will see this message:

The Bureau will receive notification that your registration needs approval. Please allow at least one business day for this process. You will receive an email indicating the registration has been approved.
Go to the Online Web Site and LOG IN using your user name and password.
On the **BCCL Home Welcome screen**, you have several options:

- **Submit a licensure fee** – pay the licensing fee for the facility you are registered for
- **Update your profile** – change your password or other information related to your account
- **Log off** – when you are finished with your payment process
- **Contact us** – If you have any questions or issues

When you select “Submit Child Care Center Licensure Fee” the Licensure Fee screen will open.
If your facility **does not owe a fee** within the next 60 days, you will receive this message.

![Image of online application process]

**Child Care Center License Fee**

<table>
<thead>
<tr>
<th>Name of Licensee:</th>
<th>KNOWLEDGE UNIVERSE EDUCATION L.L.C.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility ID*:</td>
<td>CDC12424</td>
</tr>
<tr>
<td>Name of Facility*:</td>
<td>KINDERCARE LEARNING CENTER</td>
</tr>
<tr>
<td>Address:</td>
<td>10455 NORTH LA CANADA DRIVE</td>
</tr>
<tr>
<td>City:</td>
<td>ORO VALLEY</td>
</tr>
<tr>
<td>Anniversary Date:</td>
<td>8/1/2015</td>
</tr>
</tbody>
</table>

**Application Fee**

Based on your current licensed capacity, which is 157:
- check the appropriate box

**Application Fee Reduction**

Check the box if you are interested in qualifying for a 50% reduction in the license fee by participating in the Empower Pack Program. To register, and for more information, go to [www.theempowerpack.org](http://www.theempowerpack.org) or call your local license office.

- **Empower Pack Program fee reduction**

| 1. Fee Based on Licensed Capacity | $7800   |
| 2. Less Empower Pack Fee Reduction | -$3900  |
| 3. Add Enforcement Fees owed      | +$0     |
| Total Amount                      | -$3900  |

**ALL FEES ARE NON-REFUNDABLE**

*pursuant to A.R.S. § 36-405(c), 36-862(f) and 36-897 D(1); except as provided in A.R.S. § 41-077.*

*All fees submitted to the Department are subject to review and adjustment due to information provided by the architect review or Departmental inspection.*

[Submit Licensee Fee]

---

[Image of online application process]

Online Application Process PUBLIC (11/14) 6
If a fee is owed, you will see a screen like this:

Please review the information carefully.

The information is based on what is currently in the public records regarding your license.

If you need to make changes, you will need to contact your Licensing Surveyor. You may need to provide documentation or additional information in order for the changes to be processed. The changes must be made prior to payment. Please allow at least 7-10 business days for changes to be processed once the documentation is provided.

All fees received by the Department are non-refundable.

Once you have verified that the information and the required fee is correct, select “Submit Licensure Fee.”
Complete the required information and select “Continue” to submit the credit card information.
An order review screen containing the details of your payment will appear. Please review it carefully.

- If it is not accurate, select “Previous” and correct the information as necessary.
- If it is accurate, select “Authorize” to submit your payment.

Licenses fees to the Department are non-refundable. It is your responsibility to ensure that you are paying the correct fee.
Once the credit card has been processed, a payment receipt screen will be available for your review (see p. 10 for a sample). It is recommended that you print a copy for your records.

You will also receive an email.
Receipt

Thank you for your payment. Your payment was successful.
Do not close this window. Click the "Continue" button to return to the Agency application.

YOUR PAYMENT IS COMPLETE
Payment is complete. Print this receipt for your records.
Your authorization number is 71911.
Please reference this number in any correspondence regarding your transaction.
[Click here to download receipt]
[Printer Friendly Version (PDF)]

BILLING INFORMATION
Name: Susie Quox
Address: 123 N 45th Place, Phoenix, AZ 85006
Phone: 602-364-2564
Email: frolie.wagner@azdhe.gov

ACCOUNT INFORMATION
VISA
************1111

PAYMENT DATE
DATE:
Tue, 04 Nov 2014 09:02:47 MST

ORDER INFO
Order No | Product ID | Item Description | Amount | Quantity | Total Amount
---------|------------|------------------|--------|----------|---------------
339      | HSDL505G  | CC 80-OVER UC EMP| $3,900.00 | 1        | $3,900.00
339      |            |                  |        |          |               
TOTAL

The following amount was billed to your credit card. Your credit card statement will show the following merchant name(s) and amount(s) for this transaction.

Merchant: AZ DEPT OF HEALTH SYCS
Amount: $3,900.00

The total amount billed to your credit card is $3,900.00.
If there is an issue with the credit card, you might get a message like this:

Please check your credit card and try re-submitting. If there continues to be an issue, you might need to use another method to pay your licensure fee.

Sometimes there might be a technical problem. If you get this message, try the process one more time from the beginning. After that, notify the Department that you had the problem.
It is strongly recommended that you document any aborted efforts to pay your fee. You will receive a payment receipt indicating the declined status of the payment. You can print this page for your records.

**REMEMBER:** When the payment is processed, you will receive a payment receipt indicating the payment has been approved.

Do not forget to **LOG OFF**.

BCCL staff are notified that a payment has been received. Staff will review the receipt and verify the information and fee amount. If everything is compliant, a license will be issued indicating the new start and end dates of the licensure period for the facility.