

TRAINING GUIDE EAAP

Colorado Bureau of Investigation (CBI) Secured Document Delivery System (SDDS)

Electronic Account Application Process (EAAP) Public User Guide

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INTRODUCTION

The purpose of this manual is to instruct potential Secure Document Delivery System (SDDS) Account Owners on the process to request their own SDDS Account electronically. The Account Types fall under seven (7) different categories: Childcare, Education (K-12), NCPA/VCA VECHS, Municipal/County Entity, Private Security Officer, Public Search, and Vendor Management Program (VCP). The applicant will select the category and sub-category that best fit their organization type and needs.

IMPORTANT NOTE about the data in this guide.

The screen shots of the data entry forms used in this application contain fictional names and false contact information and is intended for demonstration purposes only.

VERSION HISTORY

| Version # | Implemented By | Last Revision Date | Approved By | Approval Date | Reason for Update |
|-----------|-------------------|-----------------------|-----------------------|------------------|---------------------|
| 1.0 | LogiKCo | 12/3/2021 | CBI Administration | 12/6/2021 | Initial Publication |
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Electronic Account Application Process

| Steps | Screen Shot | | | |
|--|--|--|--|--|
| The Account Types fall under seven (7) different categories. The applicant will select the category and sub-category that best fit their organization type and needs. The example illustrated below only covers the Childcare application for training purposes, but the procedure is identical regardless of the selected Account Type. | | | | |
| On the Account Application home screen, the user can choose New SDDS Account Application To complete a NEW Application | Colorado Bureau of Investigation Secure Document Delivery System - Staging Account Application Contemposities Terms of Service WARNING | | | |
| To Continue with an unfinished Application. (The email used for this application will be verified and an access code will be provided) To access the website click on https://cbisdds.state.co.us/Acco untApplication/ | Accessing the CBI Account System, hosted by the Secure Document Delivery System (SDDS) may be done for official purposes only. Misuse of this system may result in revocation of access or criminal prosecution. All activities performed on the SDDS are monitored and will be used for auditing purposes. By clicking "I Accept" I agree to and understand these rules and agree to comply. I have read and agree to the above policy | | | |
| Read and acknowledge the Terms of Service and click on the check box located next to the phrase, "I have read and agree to the above policy | New SDDS Account Application Continue SDDS Account Application | | | |
| Account Categories | | | | |
| Account Types are divided into fits their organizational type. organization, however the pro If you are unsure of what cate team at this email address <u>cd</u> | o seven (7) categories. The user must pick the category that best The example shown in this training aid is for a childcare ocess is exactly the same for any of the 7 categories. gory your organization would fall under, please contact the SDDS os sddssupport@state.co.us | | | |
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| Steps | Screen Shot |
|---|--|
| 1.0 Childcare (example) | |
| Start the process by choosing Childcare from the category menu then click Next | <section-header> Contraction Burgers of States Contraction States Contractin States Contraction States Contra</section-header> |
| 1.1 Licensed C.R.S. 26-6 | 5-107 (example) |
| Please read the bullet list of requirements before you proceed. Select all that apply to your account type. The example shown in this guide are selections made for a Licensed Preschool Childcare Organization. | Account Application >> Account Type Childcare Account Please pick the following that best describes your profession: Licensed C.R.S. 26-6-107 Including Fostercare, Kinship, Camps and Adoptions Must have a Daycare Provider License Number issued by the Colorado Department of Human Services Gli and FBI criminal background check FBI background response will be delivered to the Colorado Department of Human Services Fee = 339.50; 524.00 (Transfer if eligible) NCPA/VCA VECHS Unsupervised access to children, the elderly, individuals with disabilities or at-risk population Working within a school environment Authorized recipient (AR) is a public, private, for profit, or non-profit entity operating within the State of Colorado with a physical operating address in Colorado Not a licensed daycare facility by the Colorado Department of Human Services Applies to both agencies employees or volunteers CBI and FBI criminal background check Fee = \$39.50; Qiad employee); \$33.50 (Un-pid volunteer) To set up account must have at least 5 employees/volunteers Preschool C.R.S. 26-6-107 Must have a Daycare Provider License Number issued by the Colorado Department of Human Services CBI and FBI criminal background check Fee = \$39.50; \$24.00 (Transfer if eligible) Must have a Daycare Provider License Number issued by the Colorado Department of Human Services CBI and FBI criminal background check FBI background response will be delivered to the Colorado Department of Human Services CBI and FBI criminal backg |
| | |



3



| Steps | Screen Shot |
|---|---|
| 2) In order to process your Account Application some basic information is required to create an Access ID The applicant's email address will be verified, and a code will be provided to continue. Click the hyperlink to verify the | Scieci Situation Celorado Bureau of Investigation Secure Document Delivery System - Staging V 7.4.9.5 Create Your Account Access ID This ID is all you need to trace the SDDS account creation process. Have a pending account application? Please go here to continue. Basic Information Eirst Name : Harry Last Name : Fidorchi Access Method : System will use the following contact method to deliver the access code to you every time. This is needed for you to access the account information. |
| email address. | Email : KDsddstest10@logikco.com Back Create Access ID |
| 3) Your email notification will provide the temporary access code needed to continue your application. [Note: check spam and junk folders if not in your inbox] | Tue 3/31/2020 2:46 PM CBISUPPORT SDDS Verification Code 082019 This code is valid up to five minutes from now. |
| 4) Enter the code you received and click on the <u>with</u> button. | Create Your Account Access ID This ID is all you need to trace the SDDS account creation process. Have a pending account application? Please go here to continue. Basic Information First Name : Frank Verify email address Access Method : SDDS has sent an email to KDsddstest20@logikco.com System will use the following contact information. SDDS has sent an email to Resend access code Email : K0sddstest20@logikco.com 0 0 8 2 0 1 9 Code will expire at 06:42:27 AM Verify Exit |

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| Steps | Screen Shot | | | | | |
|----------------------------------|--|--|--|--|--|--|
| 5) | | | | | | |
| Create Access ID | Secure Document Delivery System - Staging V 7.4.9.2 | | | | | |
| Click on | Create Your Account Access ID | | | | | |
| | This ID is all you need to trace the SDDS account creation process. Have a pending account application? Please go here to continue. | | | | | |
| | Basic Information | | | | | |
| | First Name : Harry Last Name : Fidorchi | | | | | |
| | Access Method : | | | | | |
| | System will use the following contact method to deliver the access code to you every time. This is needed for you to access the account information. | | | | | |
| | Email : kdsddstest5@logikco.com | | | | | |
| | Back Create Access ID | | | | | |
| | | | | | | |
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| 6) | | | | | | |
| | | | | | | |
| This will be your home screen | | | | | | |
| | Welcome to Secure Document Delivery System - SDDS Account Application Process | | | | | |
| Enter all * required Agency or | Save | | | | | |
| Organization information and | *AGENCY/ORGANIZATION INFORMATION : | | | | | |
| CIICK Save | Mailing Address : 2809 Main St City : Lakewood State : co Zip : 88182 | | | | | |
| The Account Application Detail | Phone : 3131234567 Fax : 3131234569 | | | | | |
| home screen will guide the user | Licensed C.R.S. 26-6-107 Preschool C.R.S. 26-6-107 | | | | | |
| to the required forms to review, | Licensed C.R.S. 26-6-107 | | | | | |
| available Tab. | Including rostercare, Kinship, Camps and Adoptions Must have a Daycare Provider License Number issued by the Colorado Department of Human Services GRI and ERI criminal background check | | | | | |
| | FBI background response will be delivered to the Colorado Department of Human Services Fee = \$39.50; \$24.00 (Transfer if eligible) | | | | | |
| One tab will be created for | Account Application Detail - Draft Communication Logs with CBI | | | | | |
| in the previous screen. Read the | Regular Account Application | | | | | |
| information section for minimum | Date Subject From Action | | | | | |
| requirements and fill out the | Acknowledgement | | | | | |
| tabbed section. | The message board becomes | | | | | |
| | available after the application is | | | | | |
| | 0 - 0 of 0 rec | | | | | |
| | | | | | | |
| started. | | | | | | |
| When your entries are verified | | | | | | |
| The Acknowledgement button | | | | | | |
| will be activated for you to | | | | | | |
| continue. | | | | | | |
| | | | | | | |



| Steps | | Scr | een Shot | |
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| 7) | | | | |
| ·) | Regular Account Dotail | | | |
| | * Please check all that an | ply: Is your agency a | | |
| Regular Account Application | ○ State Agency ○ Fede | ral Agency Licensed Childcare A | igency O Other | Add DCL Number Here - 1 |
| The application form for Regular | * Account Type O | CABS Account 🚺 🛞 Non-CABS Ac | count 🕕 | |
| Account Detail is presented to | Billing Information | | Same As AGENCV/ORGANIZAT | |
| the upper to fill out all required | bining information | | Jame AS AGENC //UKGANIZAT | Tes U NO |
| | Name : Fidorchi Day Care | | | |
| tields. | Mailing Address : 2809 N | lain St | City: Lakewood | State : co Zip : 88182 |
| | Phone : 3131234567 | | Max: 5131234569 | |
| | * Account Contacts / Adm | hinistrators | | |
| | Account Contact - | | 1 To 1 1 | |
| | Hirst Name : Harry | * Last Name : Fidorchi | ~ Email : HDdaycare@email.com | * Phone : 3131234567 |
| Noto: The Validator button is | Billing Contact - | Same as account contact | | |
| | * First Name : | * Last Name : | * Email : | * Phone : |
| there to assure you have not | Harry | Fidorchi | HDdaycare@email.com | 3131234567 |
| missed any required information | SDDS Administrator - | Same as account contact | | |
| before moving on to the next | * First Name : Harry | * Last Name : Fidorchi | * Email : HDdaycare@email.com | * Phone : 3131234567 |
| | Audit & dminister | Same as account | | an i an i suanna d'Al f |
| section. | * First Name : | Same as account contact * Last Name : | * Email : | * Phone : |
| | Harry | Fidorchi | HDdaycare@email.com | 3131234567 |
| The example shown here is a | * Type(s) of Background | Check : | | |
| | Please indicate the reaso | n(s) fingerprinted for the backgrou | nd checks you want to submit (gen | eral inquiry, day care, liquor licensing, etc.) |
| successful entry. If there were | Provide a Colorado Revis https://www.colorado.go | ed Statute if possible. A list of statu //cbi/employment-background-che | tes governing fingerprint processir cks. | ng can be found on the CBI website at |
| any missing data items the | | | | |
| volidation massage would point | | | | |
| valuation message would point | | | | |
| them out to the applicant. | | Close Sav | e Account Detail Validator | |
| | L | | < | |
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| 8) | | | | |
| , | Regular Account Detail | | | |
| T I V II I I II I I | Account details | successfully | | |
| The Validator will prompt you | * Please check all that app | ly: Is your agency a | | × |
| with a status message. | | al Agapta () Line and Children a | angi O Other | Add DC March 1 |
| | | ai Agency 🖲 Licensed Childcare Aj | gency O Other | Add DCL Number Here - 1 |
| The mean mouth second and the | * Account Type O | ABS Account 📵 💿 Non-CABS Acc | ount 🚯 | |
| The user must resolve all | | | Parent da Lamatana | |
| information requirements before | - Billing Information | | Same AS AGENCY/ORGANIZAT | IUN INFORMATION SYSS O No |
| clicking on | Name : Fidorchi Day Care | | | |
| Save Account Detail | Mailing Address : 2809 Ma | in St | City : Lakewood | State: co Zip: 88182 |
| | Phone : 3131234567 | | Fax: 3131234569 | |
| Then click on Close | * Account Contacts / Admi | nistrators | | |
| | Account Contact - | | | |
| | * First Name : Harry | * Last Name : | * Email : HDdavrare@email.com | * Phone : |
| | | r sener er fi | | e - e 1 kol 7 d V r |
| | Billing Contact - | Same as account contact | | |
| | * First Name : Harry | * Last Name : Fidorchi | * Email : HDdaycare@email.com | * Phone : 3131234567 |
| | SDDS Administrator | Same as account contact | | |
| | * First Name : | Jame as account contact * Last Name : | * Email : | * Phone : |
| | Harry | Fidorchi | HDdaycare@email.com | 3131234567 |
| | Audit Administrator - | Same as account contact | | |
| | • First Name : | * Last Name : | * Email : | * Phone : |
| | Harry | Fidorchi | HDdaycare@email.com | 3131234567 |
| | - Type(s) of Background Cl | IELK : | | |
| | Please indicate the reason Provide a Colorado Revise | (s) fingerprinted for the backgroun d Statute if possible. A list of statut | d checks you want to submit (gene es governing fingerprint processin | eral inquiry, day care, liquor licensing, etc.) ig can be found on the CBI website at |
| | Nothing to put here about | corremployment-background-cheo | KS. | |
| | g to part here and de | | | |
| | | | | |
| | Close Save Account Detail Validator | | | |
| | | | | |
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| Steps | | Screen Shot | | |
|--|--|-------------------------------------|------------------|---------------|
| 2) | | | | |
| | Welcome to Secure Document Delivery System - SDDS Ac | ccount Application Process | | |
| The current status of your submission is Droft . Click on | *AGENCY/ORGANIZATION INFORMATION : | | | Save |
| Submission is Drait. Click on | Name : Fidorchi Day Care | | | |
| Ready to Submit Application | Mailing Address : 2809 Main St | City : Lakewood | State : co | Zip : 88182 |
| when ready. | Phone : 3131234567 | Fax: 3131234569 | | |
| | | | | |
| | Licensed C.R.S. 26-6-107 Preschool C.R.S. 26-6-107 | | | |
| | Must have a Daycare Provider License Number issued b | by the Colorado Department of Human | n Services | |
| | CBI and FBI criminal background check FBI background response will be delivered to the Colorad | lo Department of Human Services | | |
| | • Fee = \$39.50; \$24.00 (Transfer if eligible) | | | |
| | Account Application Deta | Communication Logs with | CBI | |
| | Regular Account Application | | | + New Message |
| | | Date Subject | From | Action |
| | Acknowledgement | | | |
| | | | | |
| | Ready to Submit Application | | | |
| | | 0 - 0 of 0 records | K- ∢ Prev | 1 Next ▶ → |
| | | | | |
| | L | | |] |
| 3) | | | | |
| 5) | | | | |
| | Welcome to Secure Document Delivery System - SDDS Ac | | | |
| A Confirmation dialogue box will | *AGENCY/ORGANIZATION INFORMATION : | | | Save |
| appear asking "Are you sure" | Name : Fidorchi Day Care | | | |
| | Mailing Address : 2809 Main St | City : Lakewood | State : co | Zip : 88182 |
| | Phone : 3131234567 | Fax: 3131234569 | | |
| | Licensed C.R.S. 26-6-107 Preschool C.R.S. 26-6-107 | | | |
| | Pres | chool C.R.S. 26-6-107 | | |
| | Must have a Daycare Provider License Number issued by CBI and FBI criminal background Confirmation | ov the Colorado Department of Huma | n Services | |
| | FBI background response will be Fee = \$39.50; \$24.00 (Transfer if { Are you sure you | want to submit application ? | | |
| | Account Application Detail - | | | |
| | Decides because | Ye | s No | |
| | Regular Account Application | Date Subject | From | Action |
| | Acknowledgement | | | |
| | Acknowledgement | | | |
| | Ready to Submit Application | | | |
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| Steps | Screen Shot |
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| 4) | |
| | Welcome to Secure Document Delivery System - SDDS Account Application Process |
| | *AGENCY/ORGANIZATION INFORMATION : |
| Notification that your Application | Name : Fidorchi Day Care |
| review | Mailing Address : 2809 Main St City : Lakewood State : co Zip : 88182 |
| | Phone: 3131234567 Fax: 3131234569 |
| | Licensed C.R.S. 26-6-107 Preschool C.R.S. 26-6-107 |
| | Preschool C.R.S. 26-6-107 |
| | CBI and FBI criminal backgroun EBI background response will be |
| | For background response wind Fee = \$39.50; \$24.00 (Transfer) Your application has been submitted to the CBI to review! |
| | Account Application Detail |
| | Regular Account Application |
| | Date Subject From Action |
| | Acknowledgement |
| | Ready to Submit Application |
| | Ready to Subinit Application |
| | 0 - 0 of 0 records → Prev 1 Next > -+ |
| | |
| | |
| 5) | |
| | Welcome to Secure Document Delivery System - SDDS Account Application Process |
| The user can log out from here | *AGENCY/ORGANIZATION INFORMATION : Save |
| and wait for the email | Name : Fidorchi Day Care |
| their account creation. Notice | Mailing Address: 2809 Main St City: Lakewood State: co Zip: 88182 |
| the status of the application has | Phone: 3131234567 Fax: 3131234569 |
| changed to Pending Review . | Licensed C.R.S. 26-6-107 Preschool C.R.S. 26-6-107 |
| | Preschool C.R.S. 26-6-107 |
| · · · · · · | CBI and FBI criminal background check FBI background response will be delivered to the Colorado Department of Human Services |
| The user can log back in any | • Fee = \$39.50; \$24.00 (Transfer if eligible) |
| time after submission to use the | Account Application Detail Pending Review Communication Logs with CBI |
| or provide updated information | Regular Account Application Date Subject From Action |
| to the CBI reviewer while | Acknowledgement |
| processing is underway. | Actionedgement |
| | Ready to Submit Application |
| Click on + New Message | |
| | U - U of U records He < Prev 1 Next > -+H |
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