

TDHS Childcare Modernization Project

Adult and Child Care Provider Portal and Mobile App User Guide

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User Guide Objectives

The following User Guide is intended to explain to Providers how to conduct critical processes in the Provider Portal. These processes include how to manage their licensure compliance activities, such as the annual reports and monitoring observation visits, as well as the Child Care Certificate Program needs for those participating Providers.

Throughout this guide, actions that will need to be done in the Provider Portal are explained step-by-step. Screenshots of the system are placed throughout to help users visualize how to utilize the Provider Portal. Explanations of data fields explain what information needs to be entered in the respective field when completing certain tasks.

While the Provider Portal features a wide variety of tools to help Providers, this User Guide's top-line objectives are to explain to users how to do the following processes:

- Log in to the Provider Portal, access the Portal's dashboard, and navigate the Portal
- Manage enrollments
- Enter time and attendance data
- Submit electronic attendance verifications (EAVs)
- Track payments
- Utilize the Provider companion application
- Help customers utilize the customer mobile application

Icons Used Throughout the User Guide

The following icons are used throughout the User Guide. Refer to the table below to understand what each icon means.


Icon	Description
	Provider Tip! This icon indicates Helpful Hints, Provider Portal Tips , and other important operational guidance notes to help you as you progress through this guide.

Table 1 - Icons Table

1 Provider Portal Account Creation and Registration

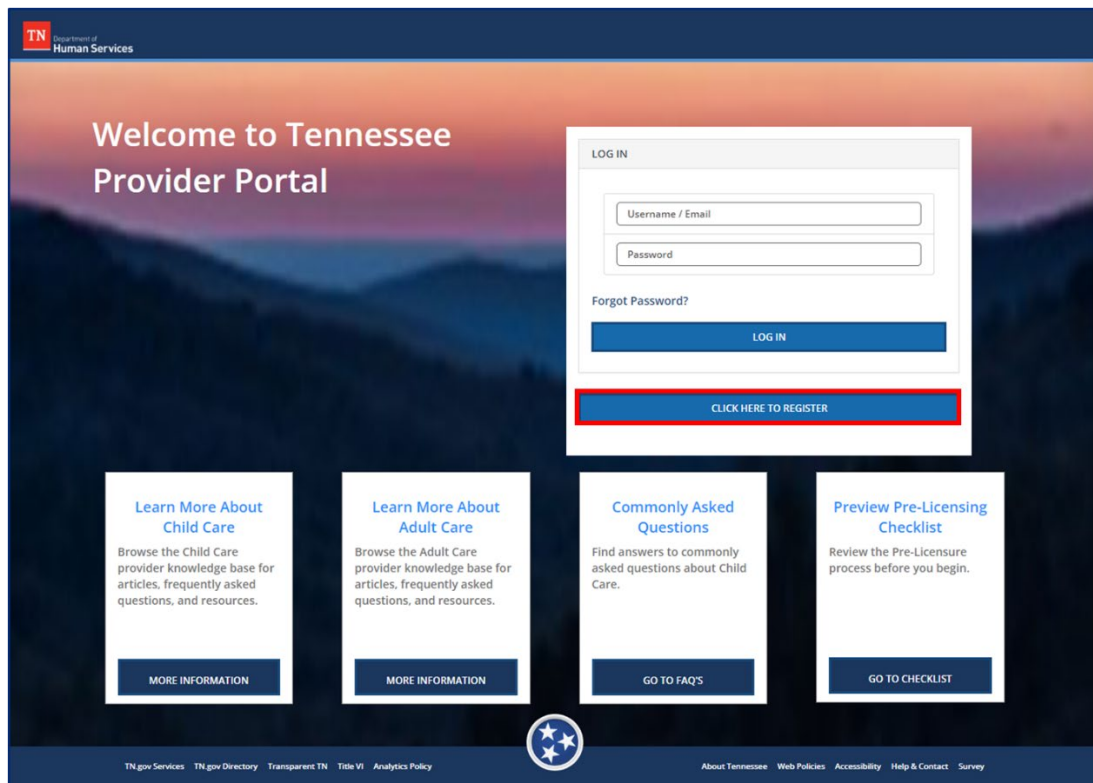
Lessons included in this Topic:

- Registering for a Provider Portal Account
- Requesting Site Access

1.1 Registering for a Provider Portal Account

To register for a Provider Portal Account:

1. Open your internet browser and enter the web address for the Provider Portal Website. The web address for the Provider Portal is <https://tdhs.servicenow.com/tncc>
2. Shown below is the main login/landing page for the Provider Portal. To begin the account registration process, select the **Click Here To Register** button.



3. Enter all required information into the **Personal Information** fields. You must enter your:

- **First Name**
- **Last Name**
- **Email Address** (*This will be the email address used to create a new account*)
- **Phone Number**
- **Password**
 - When creating a password to use for the Provider Portal, it must meet the following requirements:
 - 8-32 characters in length
 - Include at least one upper case letter
 - Include at least one lower case letter
 - Include one number
 - Include at least one of the following special characters (!\$#&@-^*_+=><)
- **Confirm Password** (*Reenter the password you entered above*)

Create Account

Fields marked with(*) are mandatory and must be filled out before submitting.

We understand that you may not currently have all of the information requested on this screen. As you begin this process, please enter all information you do have. As you continue the licensure process, you will be able to add and update this information.

Personal Information

First Name*

Last Name*

Email Address*

Phone Number*

Password*

Confirm Password*

Password Guidelines:

- ✔ Must be between 8-32 characters in length
- ✔ Must include at least one upper case letter (A-Z)
- ✔ Must include at least one lower case letter (a-z)
- ✔ Must include at least one number(0-9)
- ✔ Must include at least one special character(!\$#&@-^*_+=><)

4. Enter all required information into the **Address** fields. You must enter your:
 - Street Address (with an optional second line listed below)
 - City
 - State
 - Zip Code
5. Enter all required information into the Agency Information fields. You must enter your:
 - Agency Name
 - Agency County
6. Once all of the above information has been entered, you can select the appropriate response from the 'Are you currently one of the following?' dropdown. **Please answer this question as accurately as possible.**



Provider Tip!

“New” Providers reference those individuals looking to become TN Care Providers, whether as Adult Day Services Providers, Child Care Services, etc. Indicating “Yes” for this question should only occur if you do not already belong to an existing agency.

Address
If you do not have an agency location, please enter your mailing address.

Street Address*

Street Address 2

City*

State*

Zip*

Agency Information
Please enter Unknown if you have not determined a name for your agency.


Agency Name*

Agency County*

Additional Details

Are you currently one of the following?*

By checking this box and creating your online account, you are consenting to receive communications, disclosures and/or notices through our online service electronically. You further agree that you have provided us with a current e-mail address at which we may send electronic communications, disclosures and/or notices to you.*

I'm not a robot 

7. Select the checkbox to consent to receive TDHS communications.
8. Select the box next to the **I'm Not A Robot** button and follow the embedded instructions.
9. Lastly, select **Submit**. You have now registered for a Provider Portal account.

1.2 Requesting Site Access

To manage a Provider within the Provider Portal, you need to have your site access approved by your facility's Primary TDHS Contact.

Note: If you are your facility's primary contact, you should have received an email directly from TDHS with instructions on how to set up your account for the first time. Upon creating your account, your Regulatory Individual will receive a request to approve your site access.

If you are your facility's primary contact and you did not receive an email from TDHS with account setup instructions, please complete the entire process defined in this User Guide, including the site access steps, so that your designated Regulatory Individual can grant you access.

To request site access:

1. Log in to the Provider Portal.
2. Once in the Provider Portal, select the **Request Site Access** button on the main page.

State Tester,
Welcome to the Tennessee provider portal

What would you like to do?

- Start a New Application**
If you wish to open another location, please click here to start a new application for the new location.
- View and Finish Existing Application**
If you have started an application for a new location and wish to return to it, please click here.
- Request Site Access**
- Manage My Sites**

Get Started
Interested in becoming a Licensed provider, browse here to view procedures and guidance.

Learn More About ChildCare
Browse and Search The Childcare provider Knowledge base for Articles, Frequently asked questions, and Resources

Learn More About AdultCare
Browse and Search The Adultcare provider Knowledge base for Articles, Frequently asked questions, and Resources

3. Enter your facility's FEIN (*Federal Employer Identification Number*) and FEIN Extension. When entering your FEIN Extension, omit the two leading zeroes, if applicable. Your facility's Primary Contact should be able to provide this to you. Once entered, click **SUBMIT**.

SITE ACCESS REQUEST	
* FEIN	<input type="text"/>
* FEIN Extension	<input type="text"/>
SUBMIT	
Required information	
FEIN FEIN Extension	

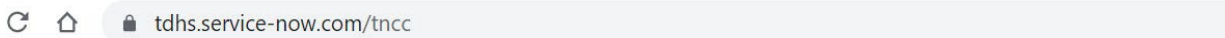
Your facility's Primary Contact will now be able to approve your site access request via their Provider Portal. Once approved, you will be able to manage your Provider site within your Provider Portal account.

2 Logging in and Navigating the Provider Portal

2.1 System Login

Use the following steps to log into the Provider Portal:

Open your internet browser (Chrome or Microsoft Edge).
Enter the following link into the address bar.

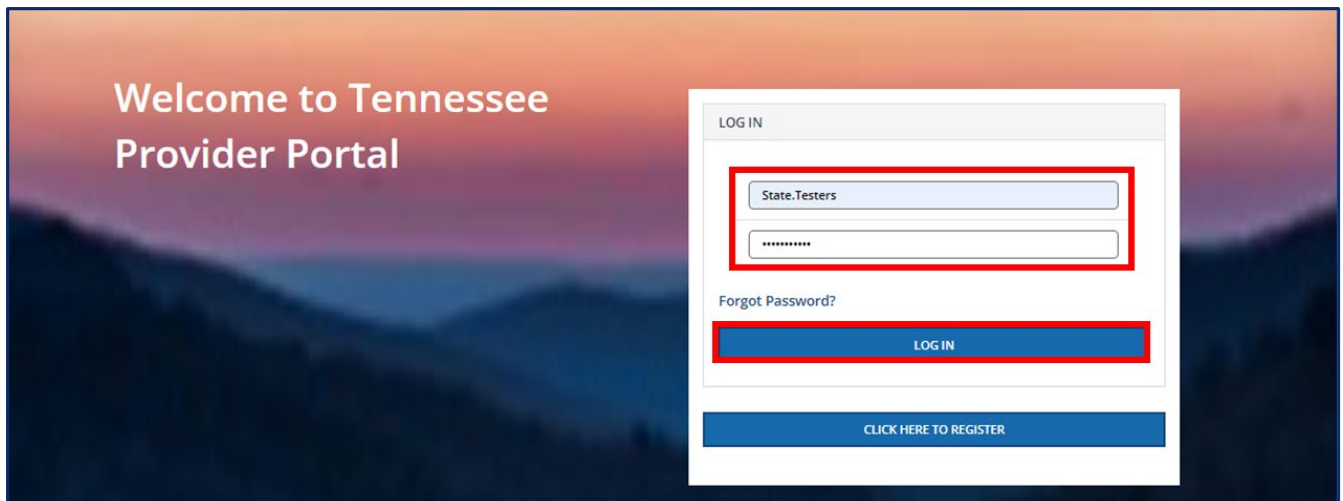
 tdhs.service-now.com/tncc

Click **Enter**.

Once entered, you are directed to the Provider Portal home screen where you can log in.

Enter your **Username** and **Password**.
Click **Login**.

Now you are on the home screen.



2.2 System Navigation

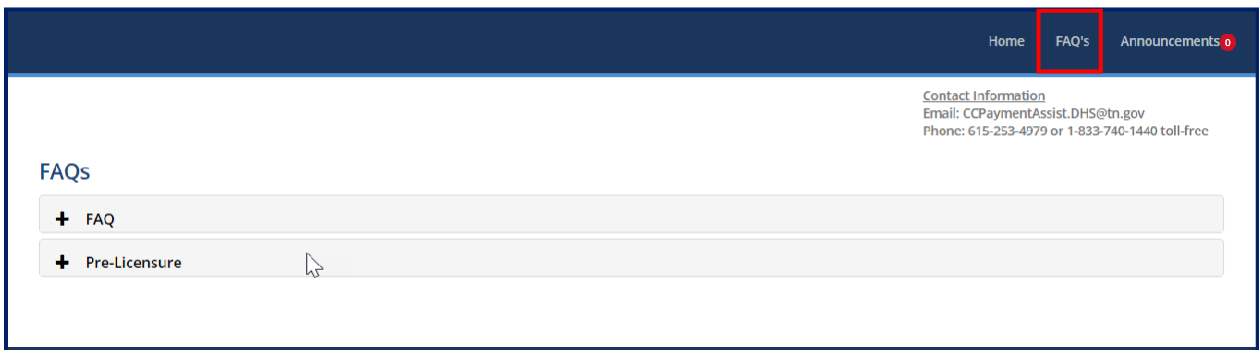
Now that you have successfully logged into the Provider Portal system, you are directed to the TDHS Home screen.

Locate and identify the **Main Navigation Bar**. From here, you will see several links displayed to the right of the screen.

Click **Home**. This will bring you back to the Provider Portal Home screen from anywhere in the Portal.



Click **FAQ's** (Frequently Asked Questions) to be directed to a list of typically asked questions that other users have also requested assistance with.



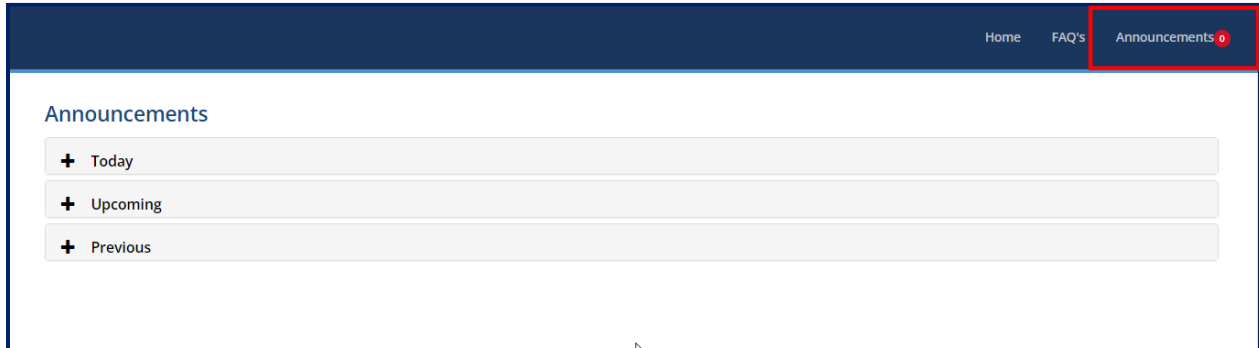
Click **Announcements** to view all Statewide notifications communicated to you from TDHS.

Clicking the plus sign (+) in each row displays the following announcement date ranges:

Today (Displays same-day announcements).

Upcoming (Displays upcoming announcements).

Previous (Displays previously communicated announcements).



Click **Alerts** to view a list of all notifications communicated from TDHS directly to you.

The **Date** column shows the date that the Alert was issued.

The **Alert** column displays the notification received.

The **Link to Alert** column navigates you to the screen that needs attention.

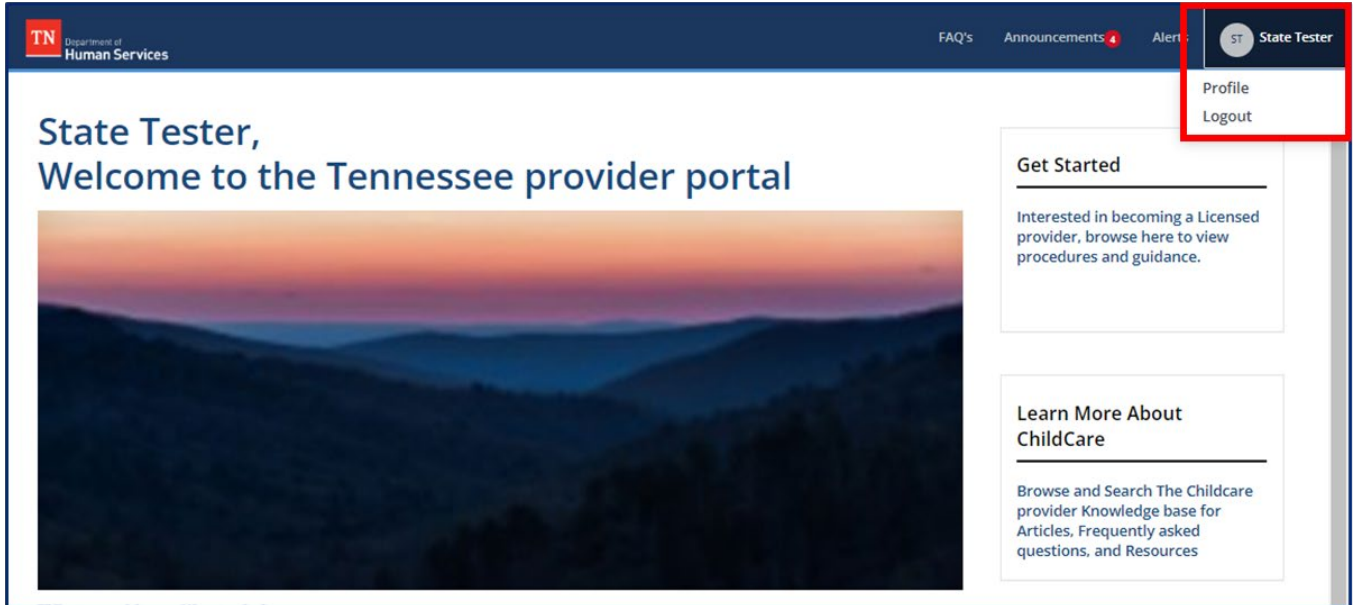
The screenshot shows a web application interface. At the top, there is a dark blue navigation bar with the text 'Home', 'FAQ's', 'Announcements', and 'Alerts' (the latter is highlighted with a red box). Below the navigation bar, the main content area is titled 'Alerts'. It contains a table with three columns: 'Date', 'Alert', and 'Link to Alert'. The table has six rows of data.

Date	Alert	Link to Alert
11/17/2021	Child has been absent for over 20 days	Link
11/16/2021	Child has been absent for over 20 days	Link
11/13/2021	Child has been absent for over 20 days	Link
11/12/2021	Child has been absent for over 20 days	Link
11/08/2021	EAV Submission deadline approaching	Link
10/18/2021	EAV Submission deadline approaching	Link

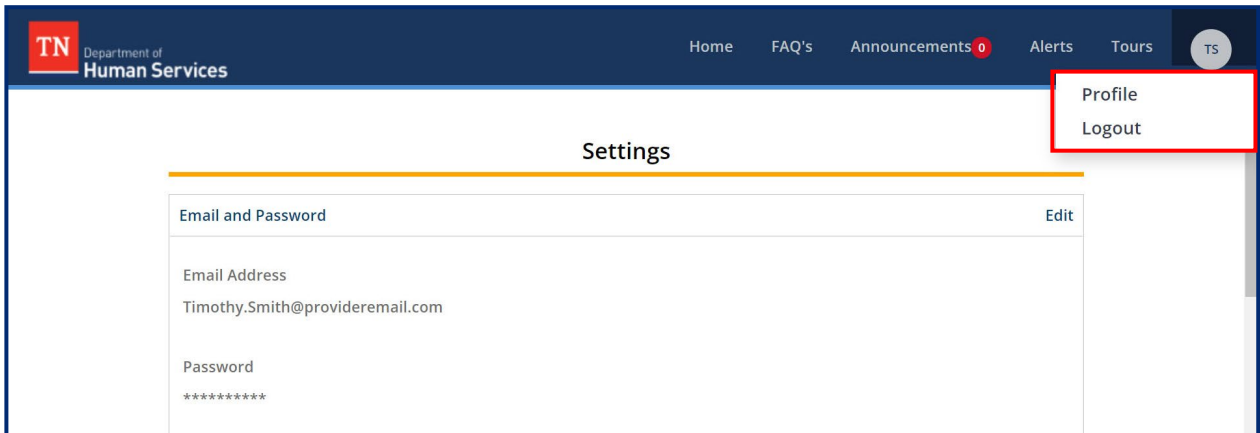
Click **Tours** for a walkthrough of the Provider Portal.

Note: Tours will appear only when the administrator creates them on specific screens.

Click the **Profile** Icon. This button is represented by the circle with the Provider Initials icon next to the Facility's name. Here, you can update your profile or logout of the portal. When clicked, the system displays the following sub-modules: **Profile** and **Logout**.

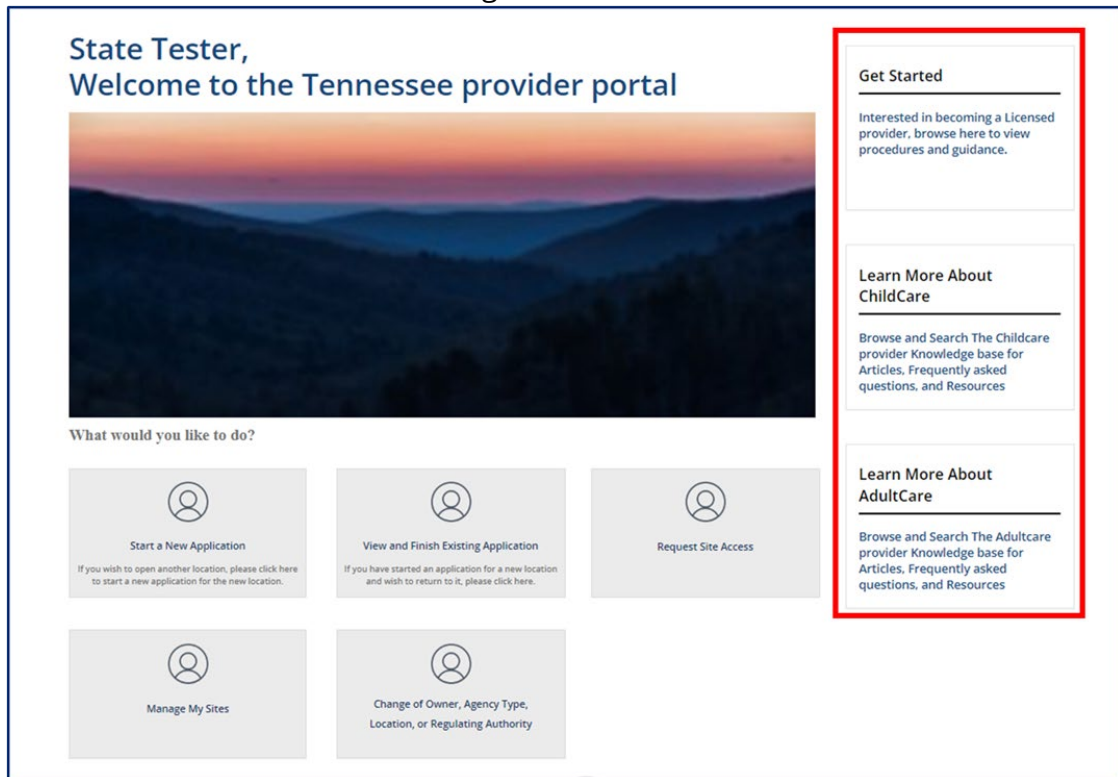


The **Profile** icon allows you to make updates to your user profile. For instance, you can update your security questions by selecting the **Profile** option, or simply select **Logout** to exit the Provider Portal.



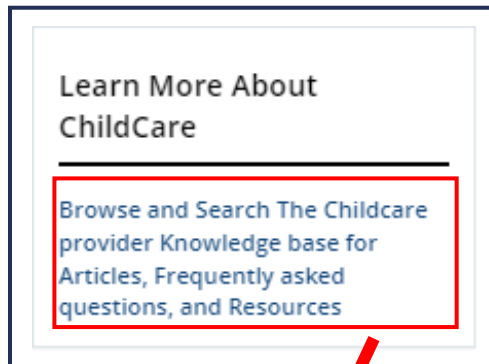
Click **Home** to return to the Provider Portal Home screen.

Informational Tiles are located on the right side of the home screen, below the **Main Navigation Bar**. Each **Tile** has a header, a bold underline, and a brief **Tile** description that will offer useful information for utilizing that **Information Tile**.



Hover the cursor over the blue hyperlinked text under Learn More About Childcare. The link for the information tile will appear next to your cursor.

Click the blue hyperlinked text to open the corresponding information tile. The link will automatically bring you to the ***TDHS Types of Regulated Child Care page***.



TN Department of **Human Services** Go to TN.g

Search Human Services

Families ▾ Children ▾ Disability Services ▾ Adults ▾ Self-service Tools ▾ Need Help? ▾ Information and Resources ▾ News & Events ▾

COVID-19 INFORMATION

Child Care Services

Types of Regulated Child Care

Child Care Rules and Regulations

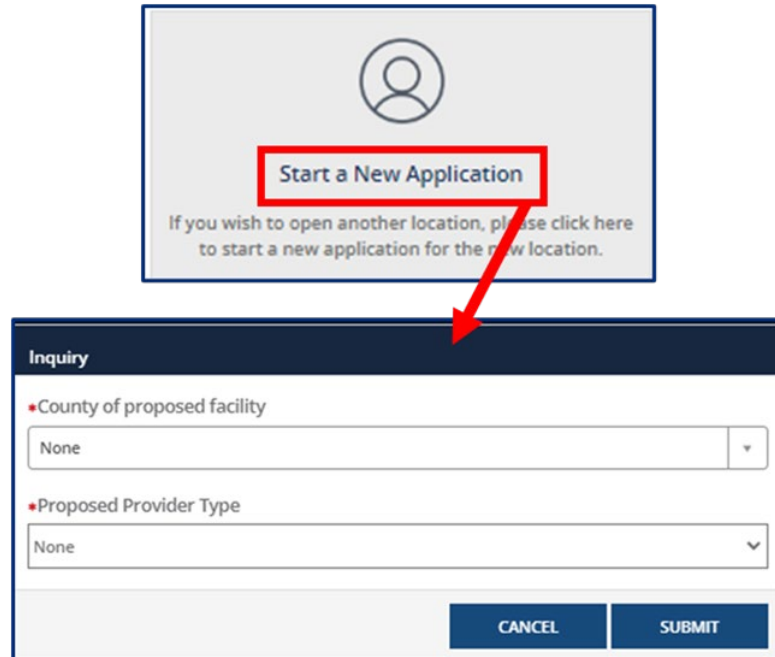
Child Care Resources for Parents

Child Care Centers provide care for 13 or more children. The Department of Human Services licenses over 2000 centers which care for more than 171,000 children each day.

Action Tiles

Action Tiles are located throughout the Provider Portal and contain a *Tile Icon* and *Tile Title*. Some Tiles also contain additional information below the Tile's Title. To navigate to a Tile's intended location, click the Tile's hyperlink words (tile only or title and description).

For example, by clicking the Start a New Application Action Tile the licensure application process is initiated and you may begin the application process.



The image shows two screenshots. The top screenshot is a tile with a person icon, the text "Start a New Application" (highlighted with a red box), and a subtext: "If you wish to open another location, please click here to start a new application for the new location." A red arrow points from this text to the bottom screenshot. The bottom screenshot is a form titled "Inquiry" with two dropdown menus: "County of proposed facility" and "Proposed Provider Type", both set to "None". At the bottom right are "CANCEL" and "SUBMIT" buttons.

3 Provisional Application Process

3.1 Initial Inquiry for Provisional Licensure Steps for Child Care Providers

To begin the process of obtaining Provisional licensure in the Provider Portal, you need to complete an initial inquiry for Provisional licensure. After completing this initial inquiry and associated activities, you will be able to start the application process. To begin this process, follow the steps below.

Start a New Application

Click **Start a New Application**.

State Tester,
Welcome to the Tennessee provider portal

What would you like to do?

Start a New Application
If you wish to open another location, please click here to start a new application for the new location.

View and Finish Existing Application
If you have started an application for a new location and wish to return to it, please click here.

Request Site Access

Get Started
Interested in becoming a Licensed provider, browse here to view procedures and guidance.

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Learn More About AdultCare
Browse and Search The Adultcare provider Knowledge base for Articles, Frequently asked questions, and Resources

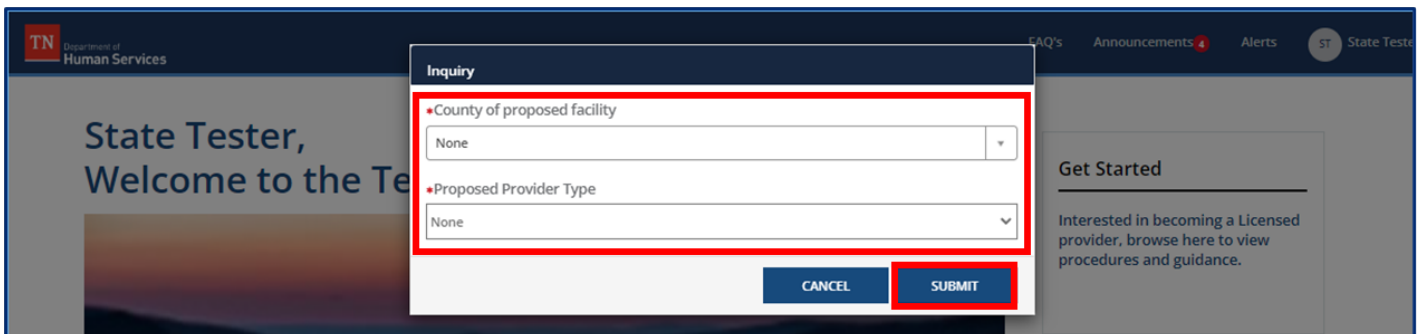
Once Start a New Application is clicked, a pop-up window displays prompting you to select the following:

- **County of proposed Child Care Facility**
- **Proposed Provider Type**

The following are Provider Types: *Licensed Child Care & Licensed Adult Care*

Note: County of proposed Child Care\Adult Care Facility and Proposed Provider Type are required fields to complete the search.

Click **Submit** to initiate the application process.



The screenshot shows a web application interface for the Tennessee Department of Human Services. A pop-up window titled "Inquiry" is displayed in the center. It contains two dropdown menus, both currently set to "None". The first dropdown is labeled "County of proposed facility" and the second is labeled "Proposed Provider Type". Below the dropdowns are two buttons: "CANCEL" and "SUBMIT". The "SUBMIT" button is highlighted with a red border. The background of the web application shows a header with the logo and navigation links, and a main content area with a "Get Started" section.

Pre-Application Activities

You will be navigated to the **Pre-Application Activities** screen. To the right of the screen, you can see a list of Activities that must be completed before starting your application

← BACK TO HOME

ACTIVITIES

- 1. Read Licensure Rules
Not Started
- 2. Register for TNPAL Account
Not Started
- 3. Register for an Orientation Session
Not Started
- 4. Obtain FEIN
Not Started
- 5. Local Codes, Zoning, and Planning Validation
Not Started
- Start Application
Pre-Application Tasks - State Tester

Click **Next**.

← BACK TO HOME

ACTIVITIES

- 1. Read Licensure Rules
Not Started
- 2. Register for TNPAL Account

Pre-Application Activities

Activities 1-5 must be completed prior to starting a licensure application.

CANCEL NEXT

Now that you have reviewed the required activities needed for licensure, you must read and acknowledge the Child Care Rules and Regulations.

Click the **Child Care Rules and Regulations** blue hyperlink to read the Child Care Licensing program rules. Review the rules carefully, then check the box acknowledging that you have read the Child Care License Rules.

Click **Next**.

0%

Read Licensure Rules

Click the link below to read and acknowledge the Child Care Rules and Regulations provided.

[Child Care Rules and Regulations](#)

I have read the Child Care Rules and Regulations

NEXT

Register for TNPAL Account

Now that you have acknowledged the program rules, you must **Register for TNPAL Account**.

Click the blue hyperlink to create a TNPAL Account and record all completed trainings throughout the licensure process. Enter your TNPAL ID Number.

Click **Next**.

Note: Adult Care Providers do not have to register for a TNPAL Account.

15%

Register for TNPAL Account

As a licensed provider, you will need a TNPAL account. Please click the link below to create your account to ensure all trainings are recorded accurately throughout the licensure process.

[Tennessee Professional Archive of Learning \(TNPAL\)](#)

I have completed my TNPAL registration and my TNPAL ID number is:

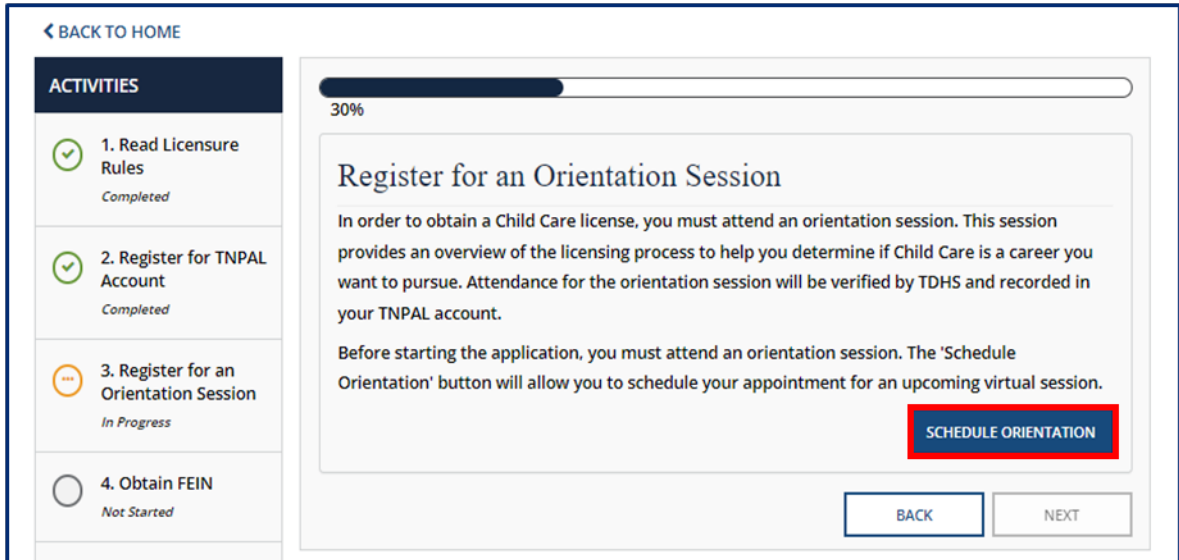
Save & Exit

BACK NEXT

Register for an Orientation Session

Now, that you have created a TNPAL Account, you must **Register for Orientation**.

Click **Schedule Orientation**.



To schedule orientation for you and other staff members, you must first **Sign Up for Orientation**.

Verify and update the data pertaining to your current role, then select the date/time for your desired virtual orientation.

Click **Add** to add another attendee.

SIGN UP FOR ORIENTATION

In order to obtain a child or adult care license, you must attend a virtual orientation session. This session provides an overview of the licensing process and helps you determine if child or adult care is a career you want to pursue. Prior to the orientation session you are also encouraged to read the licensing rules found [here](#).

Please select an orientation class to attend from the list below. Attendee should be either the owner, director, or a primary caregiver. Additional information will be sent to your email after you have attended the orientation. If you need assistance due to a disability, you may contact the Civil Rights Compliance Officer, Office of General Counsel, Department of Human Services. [James K. Polk Building, 14th Floor, 505 Deaderick St., Nashville, TN 37243 \(Phone: 615-313-4731\)](#).

* First Name	<input type="text" value="State"/>	* Last Name	<input type="text" value="Tester"/>
* Email	<input type="text" value="state.test@gmail.com"/>	* Prospective Role	<input type="text" value="-- None --"/>
Orientation Session Type	<input type="text" value="Virtual"/>	* Type of Agency	<input type="text" value="-- None --"/>
* Proposed County of Agency Location	<input type="text"/>	* Select an Orientation Session Date/Time	<input type="text"/>

Additional Attendees

ADD

REMOVE ALL

Actions	First Name	Last Name	Prospective Role	Type of Agency	Proposed County of Agency Location	Email
No data to display						

Meeting Link

SUBMIT

Click **Submit**.

Attend Orientation

Confirm that the information for attending the orientation is accurate:

Verify the data on the screen is correct, then click **Save**.

Attend Orientation

You are scheduled to attend the following orientation session. Use the buttons provided to manage your appointment.

Additional information will be sent to your email after you have attended the orientation.

If you need assistance due to a Disability, please contact the Civil Rights Compliance Office, Office of General Council, DHS at 615-313-4731.

Attendee should be either the owner, director, primary educator or on-site manager.

Orientation

Attendee	* Opened
<input type="text"/>	10-04-2022 10:06:16
* Email	* Orientation Date & Time
state.test@gmail.com	09-30-2022 09:00 - 12:00
* Status	Attended Orientation?
Scheduled	Scheduled

Additional Attendees

Actions	First Name	Last Name	Prospective Role	Type of Agency	Proposed County of Agency Location
No data to display					

Orientation Address

Orientation

Meeting URL

Small Business Training

To proceed with the application, you must complete the **Small Business Training**:

Check the box to confirm your training has been documented in TNPAL.

Click **Next**.

Note: *Adult Care Providers will not have this step.*

The screenshot shows a progress bar at 30%. On the left, under 'ACTIVITIES', three steps are listed as 'Completed': 1. Read Licensure Rules, 2. Register for TNPAL Account, and 3. Attend Orientation. The main content area is titled '3. Small Business Training' and contains the text 'You will need to complete the Small Business Training.' Below this is a checkbox labeled 'My training has been documented in TNPAL.' which is checked. At the bottom right, there are 'BACK' and 'NEXT' buttons, with 'NEXT' highlighted in red. A 'Save & Exit' link is visible at the bottom left.

Licensure Rules and Regulations Training

Verify that you have completed the **Licensure Rules and Regulations Training**:

Check the box to confirm your Licensure Rules and Regulations Training has been documented in TNPAL.

Click **Next**.

Note: *Adult Care Providers will not have this step.*

The screenshot shows a progress bar at 30%. On the left, under 'ACTIVITIES', four steps are listed as 'Completed': 1. Read Licensure Rules, 2. Register for TNPAL Account, 3. Attend Orientation, and 4. Obtain FEIN. The main content area is titled '4. Licensure Rules and Regulations Training' and contains the text 'You will need to complete the Licensure Rules and Regulations Training.' Below this is a checkbox labeled 'My training has been documented in TNPAL.' which is checked. At the bottom right, there are 'BACK' and 'NEXT' buttons, with 'NEXT' highlighted in red. A 'Save & Exit' link is visible at the bottom left.

Other Training

Confirm that you have completed all **Other Training** required for licensure.

Check the box to confirm you have uploaded your training certificate in TNPAL.

Click **Next**.

Note: *Adult Care Providers will not have this step.*

The screenshot shows a web interface for the '5. Other Training' step. On the left, a sidebar lists activities: '1. Read Licensure Rules' (Completed), '2. Register for TNPAL Account' (Completed), and '3. Attend Orientation' (Completed). The main content area has a progress bar at 30% and the title '5. Other Training'. Below the title, it says 'Complete other trainings as instructed by your Program Specialist. Upload training certificate in TNPAL, if applicable.' A checkbox labeled 'My training has been documented in TNPAL.' is checked and highlighted with a red box. At the bottom, there are 'Save & Exit', 'BACK', and 'NEXT' buttons. The 'NEXT' button is highlighted with a red box.

Obtain FEIN

Verify that the IRS has already assigned you with a **FEIN** number.

Enter your **FEIN** number in the box.

Click **Next**.

Note: *If you do not have a FEIN Number, contact the IRS by phone or apply online at www.irs.gov.*

The screenshot shows a web interface for the 'Obtain FEIN' step. On the left, a sidebar lists activities: '1. Read Licensure Rules' (Completed), '2. Register for TNPAL Account' (Completed), '3. Attend Orientation' (Completed), and '4. Obtain FEIN' (In Progress). The main content area has a progress bar at 30% and the title 'Obtain FEIN'. Below the title, it says 'You will need a Federal Employee Identification Number (FEIN), or an Employee Identification Number (EIN) assigned by the IRS to operate your business and to complete the application. You can obtain your FEIN by calling 1-800-829-4933 or visiting www.irs.gov.' A text input field with the label 'I have obtained an FEIN or EIN from the IRS and my number is:+' is highlighted with a red box. At the bottom, there are 'Save & Exit', 'BACK', and 'NEXT' buttons. The 'NEXT' button is highlighted with a red box.

Local Codes, Zoning, and Planning Validation

Verify that you have acquired all necessary permits.

Check the box confirming your location meets local codes and zoning regulations.

Click **Next**.

90%

Local Codes, Zoning, and Planning Validation

I have received confirmation that my location meets local codes and zoning regulations to be a child care facility.

If you have questions, please reach out to your program specialist or ChildCarePrelicensure.DHS@tn.gov

[Save & Exit](#) BACK NEXT

After completing all required initial inquiry activities, your initial inquiry will be reviewed by TDHS. Once this review is completed, you will be able to start a new application.

3.2 Initial Inquiry for Provisional Licensure for Adult Care Providers

To begin the process of obtaining a Provisional license in the Provider Portal, you need to complete an initial inquiry for a Provisional license. After completing this initial inquiry and associated activities, you will be able to start the application process. To begin this process, follow the steps below.

Start a New Application

Click **Start a New Application**.

State Tester,
Welcome to the Tennessee provider portal

What would you like to do?

Start a New Application
If you wish to open another location, please click here to start a new application for the new location.

View and Finish Existing Application
If you have started an application for a new location and wish to return to it, please click here.

Request Site Access

Get Started
Interested in becoming a Licensed provider, browse here to view procedures and guidance.

Learn More About ChildCare
Browse and Search The Childcare provider Knowledge base for Articles, Frequently asked questions, and Resources

Learn More About AdultCare
Browse and Search The Adultcare provider Knowledge base for Articles, Frequently asked questions, and Resources

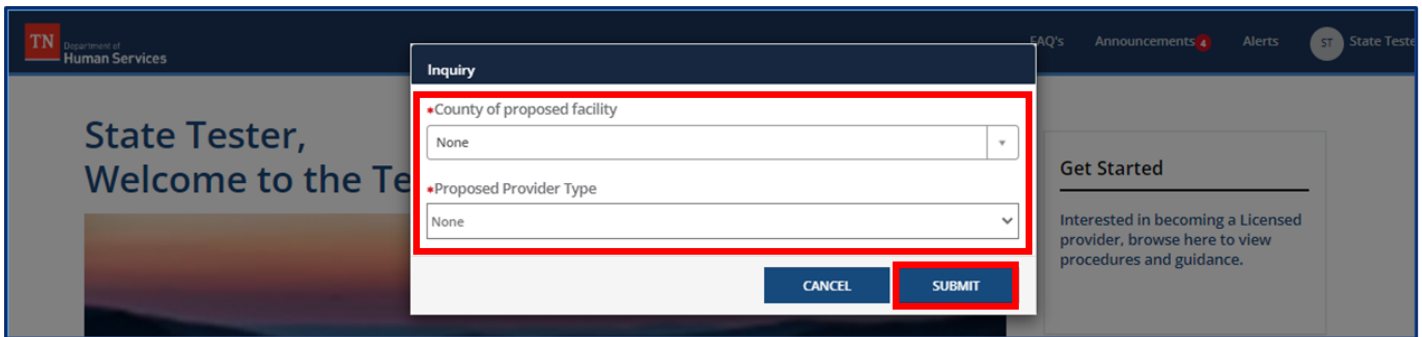
Once Start a New Application is clicked, a pop-up window displays prompting you to select the following:

- **County of proposed Adult Care Facility**
- **Proposed Provider Type**

The following are Provider Types: *Licensed Child Care & Licensed Adult Care*

Note: County of proposed Child Care\Adult Care Facility and Proposed Provider Type are required fields to complete the search.

Click **Submit** to initiate the application process.



The screenshot shows a web application interface for the Tennessee Department of Human Services. A pop-up window titled "Inquiry" is centered on the screen. It contains two dropdown menus, both currently set to "None". The first dropdown is labeled "County of proposed facility" and the second is labeled "Proposed Provider Type". Below the dropdowns are two buttons: "CANCEL" and "SUBMIT". The "SUBMIT" button is highlighted with a red border. The background of the web application is dimmed, showing a header with the TN logo and "Department of Human Services", and a main content area with the text "State Tester, Welcome to the Te".

Pre-Application Activities

You will be navigated to the **Pre-Application Activities** screen. To the right of the screen, you can see a list of Activities that must be completed before starting your application

ACTIVITIES	
<input type="radio"/>	1. Read Licensure Rules <i>Not Started</i>
<input type="radio"/>	2. Register for an Orientation Session <i>Not Started</i>
<input type="radio"/>	3. Obtain FEIN <i>Not Started</i>
<input type="radio"/>	4. Local Codes, Zoning, and Planning Validation <i>Not Started</i>
<input type="radio"/>	Start Application <i>Pre-Application Tasks - State Tester</i>

Click **Next**.

Pre-Application Activities

Activities 1-4 must be completed prior to starting a licensure application.

Now that you have reviewed the required activities needed for licensure, you must read and acknowledge the Adult Care Rules and Regulations.

Click the **Adult Care Rules and Regulations** blue hyperlink to read the Adult Care Licensing program rules. Review the rules carefully, then check the box acknowledging that you have read the Child Care License Rules.

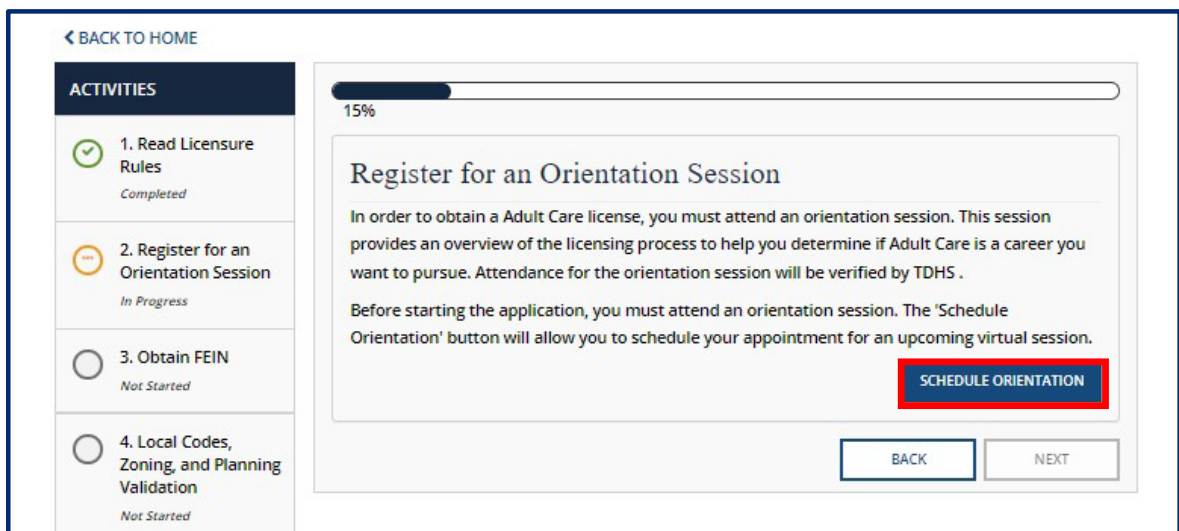
Click **Next**.



Register for an Orientation Session

Now, that you have read the Adult Care Rules and Regulations, you must **Register for Orientation**.

Click **Schedule Orientation**.



To schedule orientation for you and other staff members, you must first **Sign Up for Orientation**.

Verify and update the data pertaining to your current role, then select the date/time for your desired virtual orientation.

Click **Add** to add another attendee.

SIGN UP FOR ORIENTATION

In order to obtain a child or adult care license, you must attend a virtual orientation session. This session provides an overview of the licensing process and helps you determine if child or adult care is a career you want to pursue. Prior to the orientation session you are also encouraged to read the licensing rules found [here](#).

Please select an orientation class to attend from the list below. Attendee should be either the owner, director, or a primary caregiver. Additional information will be sent to your email after you have attended the orientation. If you need assistance due to a disability, you may contact the Civil Rights Compliance Officer, Office of General Counsel, Department of Human Services, [James K. Polk Building, 14th Floor, 505 Deaderick St., Nashville, TN 37243 \(Phone: 615-313-4731\)](#).

* First Name

* Last Name

* Email

Orientation Session Type

* Proposed County of Agency Location

* Prospective Role

* Type of Agency

* Select an Orientation Session Date/Time

Additional Attendees

Actions	First Name	Last Name	Prospective Role	Type of Agency	Proposed County of Agency Location	Email
No data to display						

Meeting Link

Click **Submit**.

Attend Orientation

Confirm that the information for attending the orientation is accurate:

Verify the data on the screen is correct, then click **Save**.

Attend Orientation

You are scheduled to attend the following orientation session. Use the buttons provided to manage your appointment.

Additional information will be sent to your email after you have attended the orientation.

If you need assistance due to a Disability, please contact the Civil Rights Compliance Office, Office of General Council, DHS at 615-313-4731.

Attendee should be either the owner, director, primary educator or on-site manager.

Orientation

Attendee	*Opened
<input type="text"/>	10-04-2022 10:06:16
*Email	*Orientation Date & Time
state.tester@gmail.com	09-30-2022 09:00 - 12:00
*Status	Attended Orientation?
Scheduled	Scheduled

Additional Attendees

Actions	First Name	Last Name	Prospective Role	Type of Agency	Proposed County of Agency Location
No data to display					

Orientation Address

Orientation

Meeting URL

Obtain FEIN

Verify that the IRS has already assigned you with a **FEIN** number.

Enter your **FEIN** number in the box.

Click **Next**.

Note: If you do not have a FEIN Number, contact the IRS by phone or apply online at www.irs.gov.

The screenshot shows a web interface for the 'Obtain FEIN' step. On the left is a sidebar with a 'BACK TO HOME' link and an 'ACTIVITIES' section. The activities list includes: 1. Read Licensure Rules (Completed), 2. Attend Orientation (Completed), 3. Obtain FEIN (Completed), and 4. Local Codes, Zoning, and Planning Validation (In Progress). The main content area features a progress bar at 90% and the title 'Obtain FEIN'. Below the title is explanatory text: 'You will need a Federal Employee Identification Number (FEIN), or an Employee Identification Number (EIN) assigned by the IRS to operate your business and to complete the application. You can obtain your FEIN by calling 1-800-829-4933 or visiting www.irs.gov.' A red box highlights a form field with the label '* I have obtained an FEIN or EIN from the IRS and my number is:' and an empty input box. At the bottom, there are 'Save & Exit' and 'BACK' buttons, and a 'NEXT' button which is highlighted with a red border.

Local Codes, Zoning, and Planning Validation

Verify that you have acquired all necessary permits.

Check the box confirming your location meets local codes and zoning regulations.

Click **Next**.

The screenshot shows a web application interface. At the top left, there is a link for '< BACK TO HOME'. Below this is a sidebar titled 'ACTIVITIES' with four items: 1. Read Licensure Rules (Completed), 2. Attend Orientation (Completed), 3. Obtain FEIN (Completed), and 4. Local Codes, Zoning, and Planning Validation (In Progress). The main content area features a progress bar at 90%. Below the progress bar is a form titled 'Local Codes, Zoning, and Planning Validation'. The form contains a checked checkbox with the text 'I have received confirmation that my location meets local codes and zoning regulations to be an Adult Care facility.' Below this is a message: 'If you have questions, please reach out to your program specialist or ChildCarePrelicensure.DHS@tn.gov'. At the bottom of the form are two buttons: 'Save & Exit' and 'NEXT'. The 'NEXT' button is highlighted with a red border.

After completing all required initial inquiry activities, your initial inquiry will be reviewed by TDHS. Once this review is completed, you will be able to start a new application.

3.3 Applying for a Provisional License

To begin the process of applying for a Provisional license:

From the Home screen, Click **View Existing Application**.

On the **Your Pre-Application Summary** screen, locate your unique application number.

Click the **Start Application** hyperlink for your specific application in the **Action** column. This will only become available once your initial inquiry has been submitted. The most recent pre-application is highlighted in green.

YOUR PRE-APPLICATION SUMMARY

There are tasks that must be completed prior to submitting a licensure application. Attendance for orientation will be updated by the TDHS. Once orientation attendance and all tasks have been completed, you will be able to apply to become a Licensed Provider.

Number	Selected Provider Type	Provider County	Regulatory Individual	Status	Action
CS0005374	Child Care	Davidson	Wendy Pasch	Submitted	View / Start Application
CS0005373	Adult Care	Campbell	Rachel Pogue	Submitted	View / Continue Application
CS0005372	Child Care	Davidson	Wendy Pasch	In Progress	Continue

Click **NEXT** to acknowledge you have read the application's instructions.

← BACK TO HOME

APPLICATION

- 1. Provider Information
Not Started
- 2. Business Organization
Not Started
- 3. Director & Primary Educator
Not Started

Instructions

This application must be completed in full. You can save the application and exit at any point, without losing your work. Each section must be completed before the application can be submitted.

To the left of the screen, you will see a column titled **Application**, followed by *your* application number. This column gives you a list view of each screen you need to complete in order to successfully complete your application. Please note, depending on your Provider Type, you will have different requirements.

Child Care

APPLICATION - APP0001261

- 1. Provider Information
Not Started
- 2. Business Organization
Not Started
- 3. Director & Primary Educator
Not Started
- 4. Household Information
Not Started
- 5. Programs & Services
Not Started
- 6. Insurance
Not Started
- 7. Meals
Not Started
- 8. Staff Information
Not Started
- 9. Fee Information
Not Started
- 10. Supporting Documentation
Not Started
- 11. Declaration & E-signature
Not Started

Adult Day Services

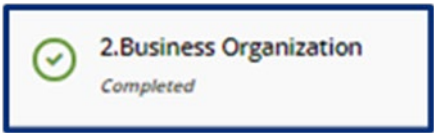
APPLICATION - APP0001249

- 1. Provider Information
Not Started
- 2. Business Organization
Not Started
- 3. Director & On-Site Manager Information
Not Started
- 4. Household Information
Not Started
- 5. Programs & Services
Not Started
- 6. Insurance
Not Started
- 7. Meals
Not Started
- 8. Staff Information
Not Started
- 9. Fee Information
Not Started
- 10. Supporting Documentation
Not Started
- 11. Declaration & E-Signature
Not Started

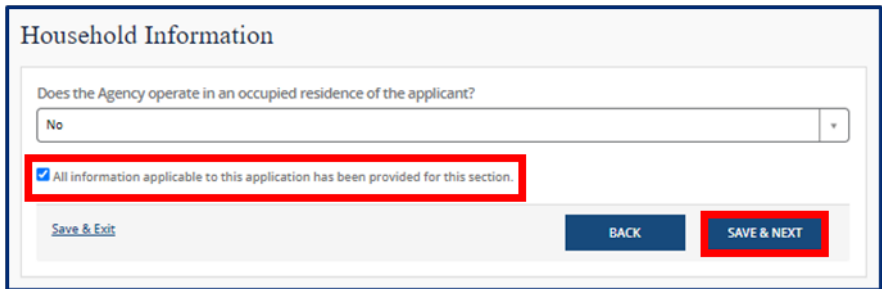
Each screen requires you to provide different types of information. You are able to move forward once all mandatory information is filled out on that screen. At the bottom of each section, use the checkbox to confirm all information applicable to your application has been provided for that section.



Upon checking the box and proceeding to the next section, the status of the tab you just finished will change to 'Completed.' You will not be able to submit your Application until the checkbox in every section is checked.



Fill in all the required information in the application. As you finish each step, complete the Checkbox and click Save & Next.

A screenshot of a form section titled "Household Information". It contains a dropdown menu with the question "Does the Agency operate in an occupied residence of the applicant?" and the selected option "No". Below the dropdown is a checkbox that is checked, with the text "All information applicable to this application has been provided for this section." next to it. At the bottom of the form are three buttons: "Save & Exit", "BACK", and "SAVE & NEXT".

The **Progress Bar** at the top of each screen shows you the percentage of the application you've completed.



After reading the application instructions and clicking **Next**, you begin the application process for licensure.

First, you need to enter **Provider Information**.

Click **Save & Next** once all Provider demographics have been entered.

Provider Information

Disclosure of Previous Operations

* Has DHS ever found you operating an unlicensed operation?

-- None --

Provider Contact

* Main Contact First Name

* Main Contact Last Name

* Main Contact Email Address

* Please select all roles that your information applies to

* Name of Agency

* Proposed Open Date

02-14-2023

* Provider Type

Child Care

* Child Care Type

Child Care Center

* FEIN

* Main Contact Phone Number

Main Contact Alternate Phone Number

Main Contact Fax

* Provider Email Address

* Phone Number

Alternate Phone Number

Fax

Provider Mailing Address

Same as Provider Physical Address

* Street Address

Street Address 2

* City

* State

* ZIP

All information applicable to this application has been provided for this section.

[Save & Exit](#)

VALIDATE PROVIDER ADDRESS

VALIDATE MAILING ADDRESS

SAVE & NEXT

Once the Provider's information has been entered, you are navigated to the **Business Organization Details** screen. Here, you need to enter all detailed information about your business.

Business Organization

Business Organization

For changes in your legal organization, please contact your Regulatory Individual.

* Full Legal Name and d/b/a Name of Business	* Franchise (SOS Filing Required)
<input type="text"/>	-- None --
* Legal Organization	SOS or Business License Issuance/Renewal Date
-- None --	MM-DD-YYYY
* FEIN	* Do you have a Board of Directors?
<input type="text"/>	-- None --
* Contact First Name	* ZIP
<input type="text"/>	<input type="text"/>
* Contact Last Name	* Phone Number
<input type="text"/>	<input type="text"/>
* Street Address - Line 1	Alternate Phone Number
<input type="text"/>	<input type="text"/>
Street Address - Line 2	Fax
<input type="text"/>	<input type="text"/>
* City	
<input type="text"/>	
* State	
<input type="text"/>	

Here, you can add the following information:

List of Owners *(Name and personal information for all Owners for this business)*

List of Owner Experience *(All experience held by each Owner)*

List of Owners

Please list all current and former owners

[ADD NEW](#)

Action	Owner Type	Individual/Business Name	Email Address	Phone number	Alternate Phone Nur
[Empty table body with scroll bar]					

List of Owners Experience

If this is not applicable, please proceed without adding experience details.

[ADD NEW](#)

Action	Owner	Employer	Contact Person's First Name	Contact Person's Last Name	Email Address
[Empty table body with scroll bar]					

All information applicable to this application has been provided for this section.

[Save & Exit](#) [VALIDATE ADDRESS](#) [BACK](#) [SAVE & NEXT](#)

To designate a role for the facility, you must complete the **Director & Primary Educator Information** screen. Here, you can list all your experience working with young children and provide contact information for three non-relative references.

Click **Save & Next** after completing all required fields.

Director & Primary Educator

Director & Primary Educator Information

Select the applicable role for facility

-- None --

* First Name of Director or Primary Educator
Danny

* Last Name of Director or Primary Educator
Daniella

Education

* Highest Level of Education
Associates

Country
United States

* Name of School
test

State
TN

* Street Address
test

ZIP
37920

Street Address 2

Specialized Education related to Child Care

* City
Knoxville

Please list experience working with young children (List most recent experience first)

Attach a copy of your resume to the Supporting Documents section (if available).
If this is not applicable, please proceed without adding experience details.

ADD NEW

Action	Employer	Contact Person First Name	Contact Person Last Name	Email	Street Address	St
No Records Found						

References

Please list 3 reference, who are non-relatives along with their complete addresses and daytime telephone numbers

ADD NEW

Action	First Name	Last Name	Email	Street Address	Street Address 2	City	State	Zip	Phone
No Records Found									

All information applicable to this application has been provided for this section.

[Save & Exit](#) **VALIDATE ADDRESS** **BACK** **SAVE & NEXT**

The **Household Information** screen allows you to specify where your business is housed.

The screenshot shows the 'Household Information' form. At the top, it asks 'Does the Agency operate in an occupied residence of the applicant?' with a dropdown menu currently set to '-- None --'. Below this is a checkbox labeled 'All information applicable to this application has been provided for this section.' At the bottom, there are three buttons: 'Save & Exit' (a link), 'BACK', and 'SAVE & NEXT'.

To specify which **Programs and Services** your business offers, you need to provide detailed information about all programs, services, and provisions you have.

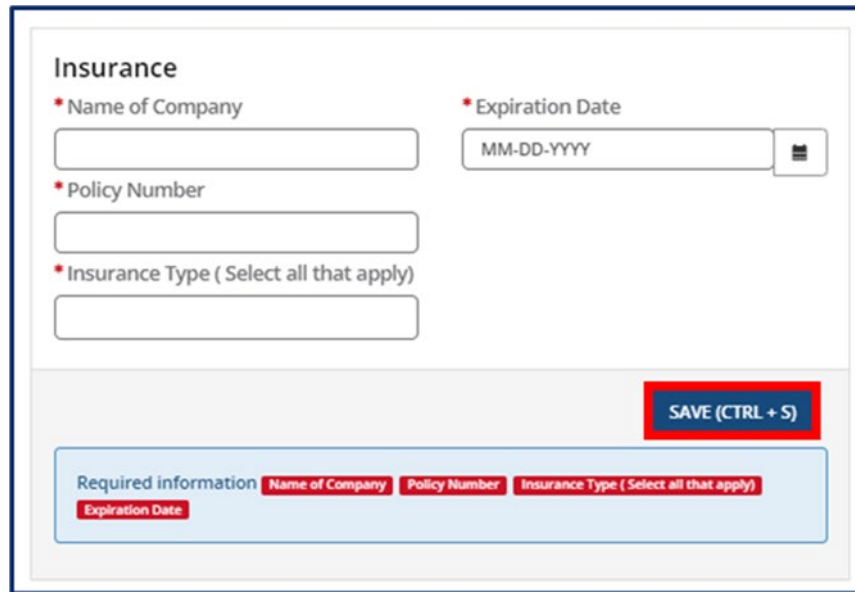
The screenshot shows the 'Programs & Services' form. It has a section titled 'Program and Services' with five required questions, each with a dropdown menu set to '-- None --':
1. 'Do you have admission requirements and enrollment procedures?'
2. 'Do you have a provision to seek emergency medical care for those enrolled?'
3. 'Do you contract with a 3rd party to provide any programs & services?'
4. 'Is the facility wheel chair accessible?'
5. 'Does your agency provide transportation?'
Below these is a text input field for 'Do you provide transportation for other activities? (select all that apply)'.
The form also includes a section 'I have read and understand the following:' with two checkboxes: 'Section 504 of the Rehabilitation Act of 1973' and 'Title VI- T.C.A. 4-21-904'. Below these is a disclaimer: 'Federal and state law prohibit discrimination based on race, color, national origin, sex, disability or age in the administration of the child care certificate program, the child and adult care food program or summer food service program.'

The screenshot shows the 'Programs & Services Offered' form. It features an 'ADD NEW' button at the top left. Below it is a table with the following columns: 'Action', 'Program / Service', 'Other', 'Description', 'Fee', and 'Frequency'. The table currently displays 'No Records Found'. At the bottom, there is a checkbox for 'All information applicable to this application has been provided for this section.' and three buttons: 'Save & Exit' (a link), 'BACK', and 'SAVE & NEXT'.

Click **Add New** To add your insurance information.

When **Add New** is clicked, you will be able to add detailed information about your insurance Provider.

Click **Save (CTRL + S)** to save the record when your insurance information has been entered



The screenshot shows a form titled "Insurance" with the following fields and controls:

- Name of Company**: A text input field with a red asterisk indicating it is required.
- Expiration Date**: A date input field with a red asterisk, a placeholder "MM-DD-YYYY", and a calendar icon.
- Policy Number**: A text input field with a red asterisk.
- Insurance Type (Select all that apply)**: A text input field with a red asterisk.
- SAVE (CTRL + S)**: A blue button with a red border.
- Required information**: A light blue box containing a list of required fields: "Name of Company", "Policy Number", "Insurance Type (Select all that apply)", and "Expiration Date".

Once you have saved the information, the record will be present on the screen. Below the **Action** column, you will be able to do the following:

- **Edit** the record by clicking on the Pencil Icon
- **Delete** the record by clicking on the X icon

Click **Save & Next** to save the insurance information and to proceed with the application.

The **Meals** section specifies how meals will be provided in your facility. Here, you will specify the following:

- How food is provided in your facility
- The meals your facility will serve
- Specify if your facility is participating in the child and Adult Care Food Program

The screenshot shows a web form titled "Meals". It contains three main sections: a dropdown menu for "Which of these options describes how meals are provided in your facility?" with the selected option "Prepare and serve meal"; a multi-select field for "Meals Served (select all that apply)"; and another dropdown menu for "Are you currently participating in the Child and Adult Care Food Program?" with the selected option "-- None --". At the bottom, there is a checkbox for "All information applicable to this application has been provided for this section.", a "Save & Exit" link, and "BACK" and "SAVE & NEXT" buttons.

You must provide details about each staff member that will be present in the facility. To add information about your Staff members, proceed with updating the **Staff Information** screen.

The screenshot shows a web form titled "Staff Information". It features a section for "Staff Records" with the instruction "Provide details and qualifications for all staff members who will be part of the facility." Below this is an "ADD NEW" button and a table with columns: Action, First Name, Last Name, Position, Other, Does not have SSN, Last 4 digits of SSN, and Date of B. The table currently displays "No Records Found" and has a scrollbar. Below the table is a "Staff Patterns" section with the instruction "Please upload the staffing pattern in the Supporting Documentation section by selecting the appropriate document type in the dropdown. This is typically a staff schedule." At the bottom, there is a checkbox for "All information applicable to this application has been provided for this section.", a "Save & Exit" link, and "BACK" and "SAVE & NEXT" buttons.

Update your Staff Information using the **Staff Records and Qualifications** pop-up window.

Staff Records and Qualifications

* First Name <input type="text"/>	* Date of Birth <input type="text" value="MM-DD-YYYY"/>
* Last Name <input type="text"/>	Work Start Date <input type="text" value="MM-DD-YYYY"/>
Position <input type="text" value="-- None --"/>	Work Termination Date <input type="text" value="MM-DD-YYYY"/>
<input type="checkbox"/> Does not have SSN	Date of Staff Orientation <input type="text" value="MM-DD-YYYY"/>
* Last 4 digits of SSN <input type="text"/>	TNPAL ID <input type="text"/>

SAVE(CTRL + S)

Required information: **First Name** **Last Name** **Last 4 digits of SSN** **Date of Birth**

To submit your application, TDHS requires all Providers to make an application fee payment. Select the checkbox indicating that you understand and comply with the application fee payment. Enter all required fields pertaining to the payment method.

Fee Information

Application Fee Payment

I am applying for a child care licensure to operate the following type of agency and agree to submit the indicated fee by cashier's check or money order payable to the Treasurer, State of Tennessee (child care license), or through credit card using the link below.

Use business physical address on cashier's check or money orders (no P.O.Boxes). Please mail your application fee to: Child & Adult Care Licensing, Attn: Pre-Licensure Unit 393 Maple Street #200 Gallatin TN, 37066

* Select Agency Capacity

-- None --

* Select Fee Type

-- None --

Amount

* Has Payment been Submitted?

-- None --

Check Number, Money Order, or Business Check Number

Receipt Number. Please enter your receipt number if you paid online.

By checking this box I agree to allow a TDHS employee to update my receipt information once payment has been received. If you do not agree, please contact your Regulatory Individual for more information.

To pay your application fee using credit/debit card, [click here](#)

All information applicable to this application has been provided for this section.

[Save & Exit](#) [BACK](#) [SAVE & NEXT](#)

To ensure proper processing of your application, you need to add Supporting Documents to your application. Please note, depending on your Provider Type, the Supporting Documentation tab will differ.

Click **ADD DOCUMENT** to upload a document that is stored on your local hard drive.

Note: You must specify the type of document that is being uploaded.

Click **Save & Next** to save the application and proceed to the next screen.

Child Care

Adult Day Services

Supporting Documentation

Please refer to the checklist of documents below and upload the documents that are applicable for your application

Please upload the following documents:

1. Budget
2. Business License
3. Copy of Lease Agreement
4. Emergency Preparedness Plan
5. Facility Floor Plan and Pictures
6. Permission from Facility's Owner (if the facility is a rental)
7. Secretary of State (SOS) Filing
8. Staffing Patterns (Staff Schedule)
9. Transmittal Authorization Form
10. Transportation Plan
11. Use and Occupancy Permit

The following documents are needed for the director/primary educator:

1. Physical Exam (within 10 days of employment). Download the physical exam form [here](#).

The following insurance documents are needed:
If you hold multiple insurance types on one policy, you may use the "Other" Document Type to upload insurance documents. Label your document type "Insurance Policies".

1. Automobile Liability Insurance (if Transportation is provided)
2. Automobile Medical Insurance (if Transportation is provided)
3. Facility Liability Insurance
4. Facility Medical Insurance

If you would like to make changes to an uploaded document, please delete the document from the list below and re-upload.

Select Document Type:

All information applicable to this application has been provided for this section.

Supporting Documentation

Please refer to the checklist of documents below and upload the documents that are applicable for your application

Please upload the following documents:

1. Balance Sheet / Proposed Budget
2. Business License (if applicable)
3. Copy of Lease Agreement (if applicable)
4. Emergency Preparedness Plan
5. Facility Floor Plan and Pictures
6. Permission from Facility's Owner (if the facility is a rental)
7. Secretary of State (SOS) Filing (if applicable)
8. Staffing Patterns (Staff Schedule)
9. Transmittal Authorization Form
10. Use and Occupancy Permit

Program Description to include: All services and types of care to be offered, hours of operation, description of food services.

1. Program Description

The following documents are needed for the director/on-site manager:

1. Copy of Diploma
2. CPR/First Aid Training
3. Disclosure Form
4. Emergency Contact Information
5. Employment History
6. Job Description
7. Training Documents

The following insurance documents are needed:
If you hold multiple insurance types on one policy, you may use the "Other" Document Type to upload insurance documents. Label your document type "Insurance Policies".

1. Automobile Liability Insurance (if Transportation is provided)
2. Automobile Medical Insurance (if Transportation is provided)
3. Facility Liability Insurance
4. Facility Medical Insurance

If you would like to make changes to an uploaded document, please delete the document from the list below and re-upload.

Select Document Type:

All information applicable to this application has been provided for this section.

Note: This is the only screen within the application process that allows you to add supporting documentation.

After all required information has been entered and your supporting documents have been loaded, complete your application. Completing your application occurs on the **Declaration and E-signature** screen.

Select each checkbox to acknowledge the listed items.

Select the **By clicking Save below, I hereby:** check box to acknowledge the listed information.

Select your **Role** from the dropdown menu.

The **Submission Date** will be automatically populated with the current date

Enter Your Name.

Click **Submit**. You have now submitted your application for Provisional Licensure.

APPLICATION - APP0001177

90%

Declaration & E-Signature

- I understand that the Shaken Baby Syndrome/ Abusive Head Trauma training needs to be completed prior to licensure
- I understand that the Sudden Infant Death Syndrome (SIDS) and Safety Risks for Infants training needs to be completed prior to licensure (if providing care for Infants)
- I understand that the Recognizing and Reporting Suspected Child Abuse training needs to be completed prior to licensure
- I understand that the Before You Begin: New Educator training needs to be completed prior to licensure
- I understand that the Licensure Rules and Regulations Training training needs to be completed prior to licensure
- By clicking SAVE below, I hereby :

Affirm that I am the Owner, Director or Primary Caregiver of the owner of the child care agency and the information provided is accurate, correct and complete to the best of my knowledge.

Have read and understand the rules by which my agency is to operate, and it is my intent to maintain compliance with them.

Understand that providing false or misleading information may result in the denial of the application or revocation of the current license, and may additionally constitute a Class A misdemeanor, pursuant to the provisions of T.C.A. § 71-3-505(c)(1)(3) and (4).

Understand that any change in ownership or in the organization of the business automatically terminates the child care license. I understand that I am required to notify the Tennessee Department of Human Services (TDHS) before changing ownership or changing the organization of the child care agency.

Understand that by my signature, I am authorizing the Tennessee Department of Human Services (TDHS) to verify the information supplied in this application. I agree to abide by the licensing standards of the Tennessee Department of Human Services (TDHS) and the licensing laws (T.C.A. § 71-3-501 et seq.). I understand that the appropriate fee must be submitted to the Tennessee Department of Human Services (TDHS) when applying for a license to operate a child care facility, and that the fee is non-refundable.

* Role
-- None --

Submission Date
10-04-2022 11:23:23

* Enter Your Name:

Save & Exit

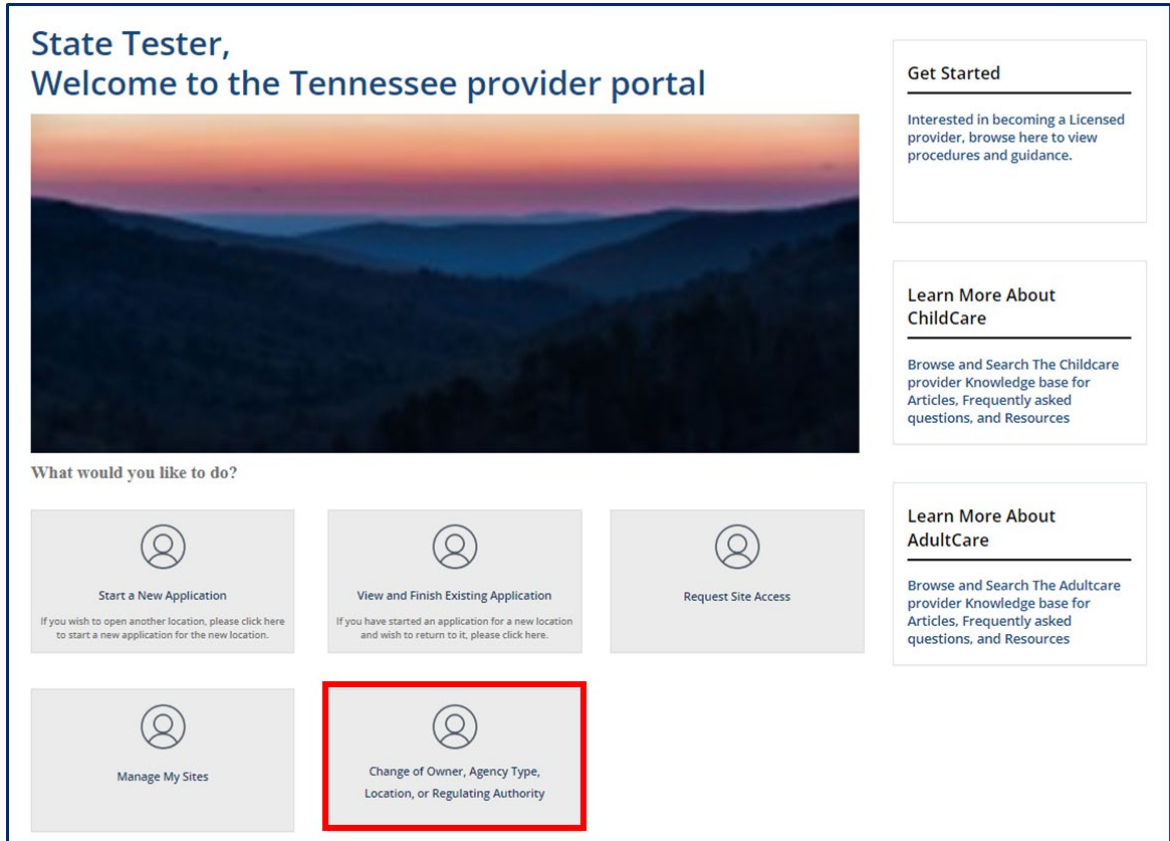
BACK SUBMIT APPLICATION

Required information Role Enter Your Name:

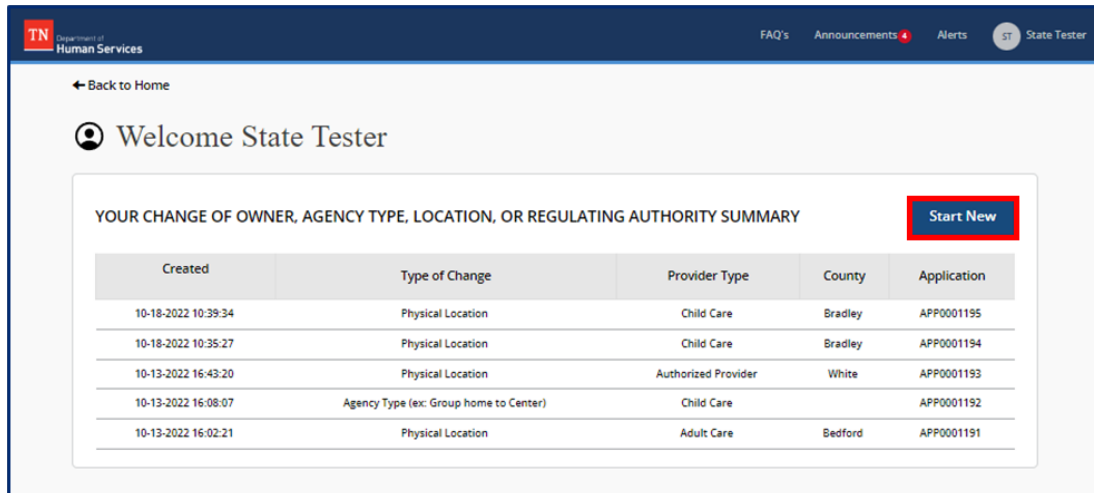
3.4 Updating Owner, Location, Agency Type, or Regulating Authority Information

Existing Provider agencies can use the Provider Portal to request updates to their licensing information. Changes in ownership, agency type, or regulating authorities can be completed using the **Change of Owner, Agency Type, Location or Regulating Authority** tile.

Click the **Change of Owner, Agency Type, Location or Regulating Authority** tile on the Provider Portal homepage to begin a change.



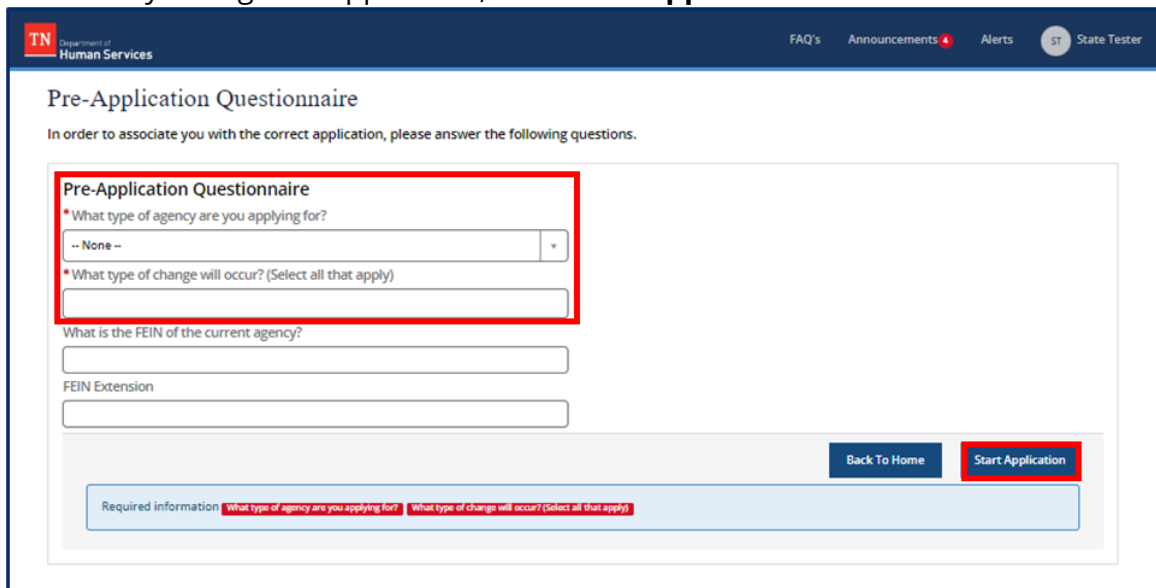
Click the **Start New** button.



Complete the required questions on the screen. You may contact your Licensing Consultant for more information on your eligibility/licensing status after completing this step.

Note: New questions may appear based on your previous answers. Make sure to enter all information thoroughly and accurately.

When you are ready to begin an application, Click **Start Application**.



See **Section 3.2 Applying for Provisional Licensure** for additional guidance on completing your application.

4 Provider Site Dashboard Structure

A Provider's Provider Site Dashboard structure will depend on the type of agency that Provider is: Adult Day Services, Child Care, Exempt, etc.

For the Child Care Providers, the **Enrollment and Attendance Management** dashboard section contains all action tiles involving child care enrollment records management. The **Ask Questions** dashboard section contains an action tile for contacting TDHS for assistance regarding Certificate Enrollment questions.

Those Providers Participating in the Child Care Certificate Program will use the **Invoice and Payment** dashboard section, which contains all action tiles associated to EAV management.

However, every Provider will have access to and thoroughly utilize the **Manage Profile** dashboard section. This section holds each action tile to help a Provider maintain their licensure compliance, as well as share information with their Regulatory Individual, and the TDHS systems, in a more streamline process.

Review the sub-topics below for further dashboard section details.

[← BACK TO HOME](#)
BIG MAMAS HOUSE INFINITE HEART CHILDCARE
 Address: 3000 HAWKING LANE, HUNTINGDON, TN, Co.
 Davidson, 38344 +17313528218
 Contact Number: 7313528218 Email ID:

Enrollment and Attendance Management

- Child Enrollments**
Manage and view enrollments at your Provider Site
- Attendance Management**
Currently Checked In: 0
Manage attendance records
- Authorized Parents/Guardians**
View and Manage Authorized Parents/Guardians

Invoice and Payment

- EDIs**
Submit and manage EDIs
- Review Payments**
Manage attendance invoice

Manage Profile

- Appointments**
View and Manage Appointments
- User Administration**
View and Manage Users
- Legal Enforcement**
View and Manage Legal Enforcement
- Quality Rating Score Card**
View and Manage Quality Rating Score Card
- Incidents and Injuries**
View and Manage Incident And Injury
- Corrective Actions**
View and Manage Corrective Actions
- Change Report**
View and Manage Change Report
- Annual Report**
View and Manage Annual Report
- Notices**
View and Manage Notices
- Violations**
View and Manage Violations
- Required Trainings**
View and Manage Trainings
- Orientations**
View and Manage Orientations
- Waiver Addendum**
View and Manage Addendums
- QRS Appeals**
View and Manage Appeals

TN.gov Services | TN.gov Directory | Transparent TN | Title IX | Analytics Policy | About Tennessee | Web Policies | Accessibility | Help & Contact | Survey

4.1 Ask Questions Dashboard Section

For Child Care Providers participating in the Certificate program, this is the first section available in the provider Dashboard. This section allows Providers to ask **Certificate Questions**.

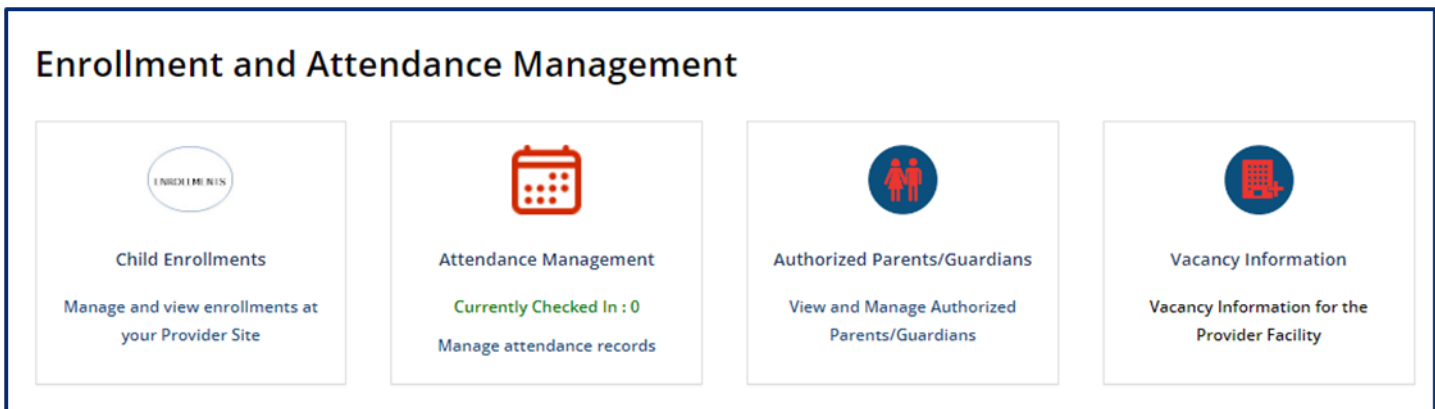


What can this Action Tile do?

Certificate Questions: This action tile allows Providers to submit questions to TDHS staff regarding certificate enrollment, and payment records.

4.2 Enrollment and Attendance Management Dashboard Section

This section helps Providers to manage their **Child Enrollments, Attendance Information, Authorized Parents/Guardians,** and **Vacancy Information.**



What can these action tiles do?

- **Child Enrollments:** This action tile is where Child Enrollment information is stored and where Private Pay Children's enrollment records can be added.
- **Attendance Management:** This action tile is where attendance can be

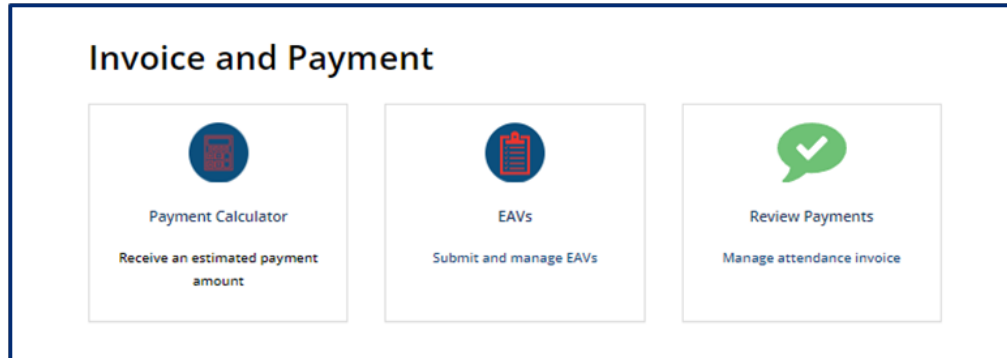
added or imported.

- **Authorized Parents/Guardians:** This action tile is the location for adding a child's authorized individual information.
- **Vacancy Information:** This action tile is where vacancies at the facility can be updated to display on the consumer facing search website, "Find Child Care".

For further details on using this action tile, refer to [Topic 6 Managing Enrollments for Child Care Providers](#).

4.3 Invoice and Payment Dashboard Section

This section provides information to use the **Payment Calculator** to estimate Child Care Certificate Payments, on how to submit and manage **Electronic Attendance Verifications (EAVs)** and manage attendance invoices within the **Review Payments** Provider Portal. Additionally, the **Electronic Attendance Verifications (EAVs)** and **Review Payments** only applies to Providers participating in the Certificate Program.



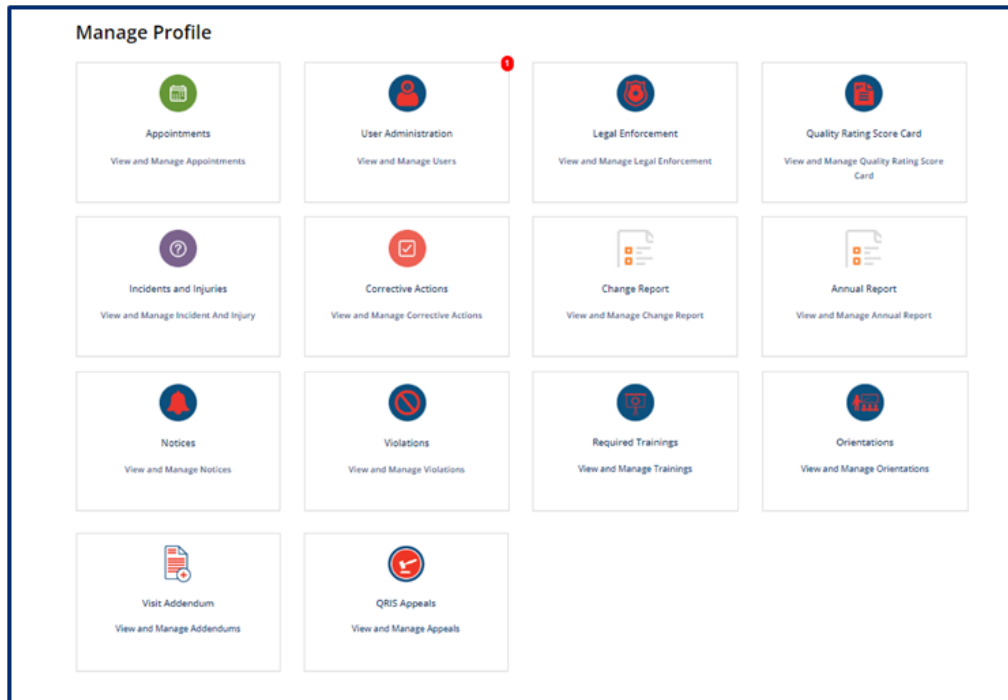
What can these action tiles do?

- **Payment Calculator:** Provide estimated amounts for Child Care Certificate payments. All providers can use this tool regardless of their status in the Child Care Certificate program.
- **EAVs:** Provide information on how to manage electronic attendance verifications within the Provider Portal.
- **Review Payments:** This provides the EAV payment summary which includes:
 - Payment ID
 - Payment Sent Date
 - Payment Deposited Date
 - Payment Status
 - Payment Amount
 - EAV Pay Periods and
 - Link to Remittance Notice

For further details on using this action tile, refer to [Topic 8: Submitting EAVs for Child Care Providers](#) and [Topic 9 Tracking Payments for Child Care Providers](#).

4.4 Manage Profile Dashboard Section

This section describes how Providers manage **Appointments, Corrective Actions, Legal Enforcement, Quality Rating Score Card, Incidents and Injuries, Violations, Change Report, Annual Report, Notices, Trainings, Orientations, Visit Addendums** and **Appeals**.



What can these action tiles do?

- **Appointments:** This will allow the provider to review and confirm appointments scheduler with their regulatory individual.
- **User Administration:** This will allow the provider to grant Provider Site Access Requests.
- **Legal Enforcement:** This will allow the provider to view legal documentation that has been filed by their Regulatory Individual and Legal staff.
- **Quality Rating Score Card:** This will allow the provider access quality rating score reports.
- **Incidents and Injuries:** This will allow the provider to report an Incident or Injury that occurred at the provider site.
- **Corrective Actions:** This will allow the provider to review and acknowledge Corrective Actions Plans.
- **Change Report:** This will allow the provider to view and update documentation required by the state.
- **Annual Report:** This will allow the provider to edit and submit their Annual Licensing Report to their regulatory individual.
- **Notices:** This will allow the Provider to view documentation of notices.
- **Violations:** Contains the documentation gathered and reported by the Regulatory Individual

for violations against the agency.

- **Required Training:** This will allow the provider to view previous training sessions completed and register for additional required trainings as needed.
- **Orientations:** This will allow the provider to view previous orientation sessions attended and register for additional orientation sessions as needed.
- **Visit Addendums:** This will allow the provider to view and acknowledge addendums added to a visit record.
- **QRIS Appeal:** This will allow the provider to view the status of QRIS appeals that have been submitted for review.

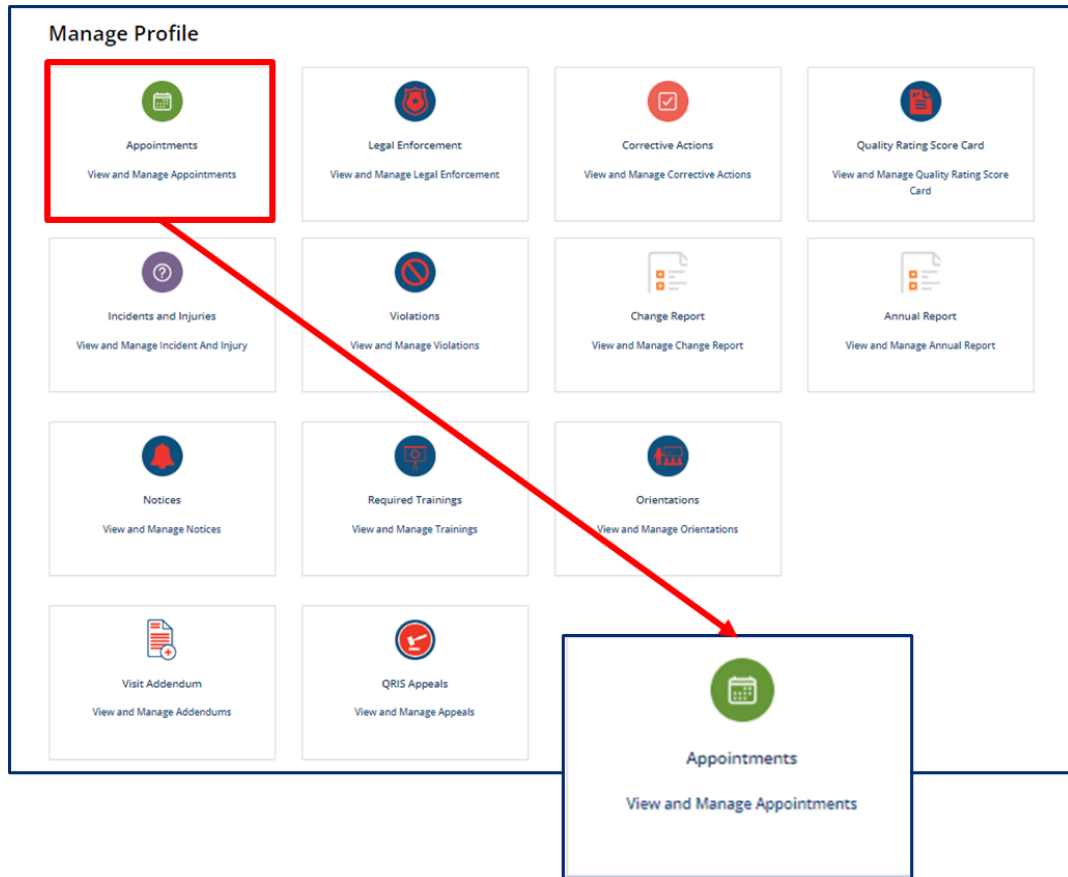
For further details in utilizing this action tile, reference [Topic 5: Manage Profile Actions](#).

5 Manage Profile Actions

5.1 Appointment Notifications

Appointment Action Tile

From the **Manage Profile Section** of your **Provider Site Dashboard**, select the **Appointments** action tile.

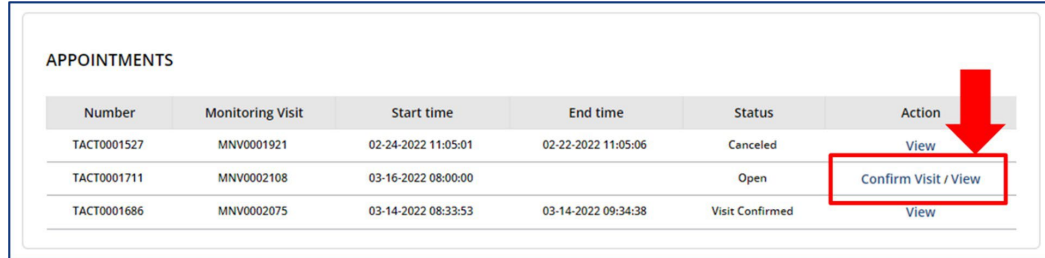


Doing so will navigate you to the **Appointments** summary screen.

APPOINTMENTS					
Number	Monitoring Visit	Start time	End time	Status	Action
TACT0001527	MNV0001921	02-24-2022 11:05:01	02-22-2022 11:05:06	Canceled	View
TACT0001686	MNV0002075	03-14-2022 08:33:53	03-14-2022 09:34:38	Visit Confirmed	View

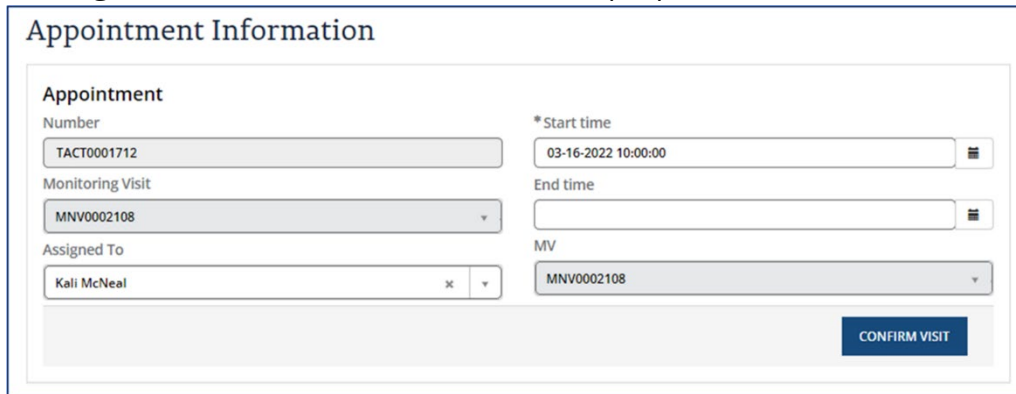
5.1.1 Confirming Appointment

If your Regulatory Individual schedules an announced Monitoring Observation Visit, you must confirm the visit from the portal. To review a proposed **Appointment**, open the Appointments summary screen and click the **Confirm Visit/View** hyperlink from the **Action** column.



Number	Monitoring Visit	Start time	End time	Status	Action
TACT0001527	MNV0001921	02-24-2022 11:05:01	02-22-2022 11:05:06	Canceled	View
TACT0001711	MNV0002108	03-16-2022 08:00:00		Open	Confirm Visit / View
TACT0001686	MNV0002075	03-14-2022 08:33:53	03-14-2022 09:34:38	Visit Confirmed	View

The Appointment Information Screen will appear. From this screen, you will see the appointment **Number**, system generated **Monitoring Visit** record, who the Regulatory Individual **Assigned To** this visit, as well as the visit's proposed **Start time** and **End time**.



Appointment Information

Appointment

Number: TACT0001712 * Start time: 03-16-2022 10:00:00

Monitoring Visit: MNV0002108 End time: [empty]

Assigned To: Kali McNeal MV: MNV0002108

CONFIRM VISIT

To confirm the appointment, click **Confirm Visit**.



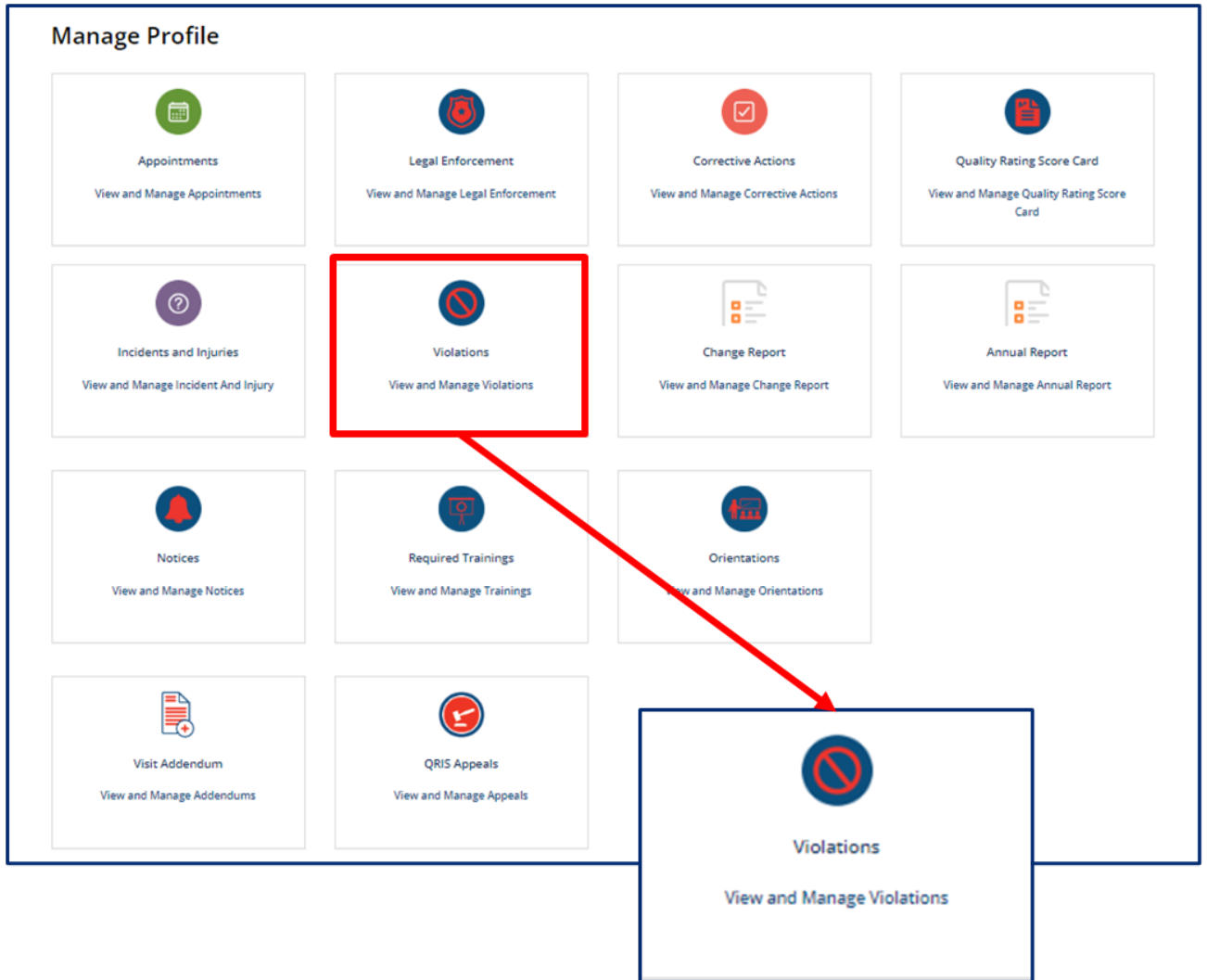
5.1.2 Rescheduling an Appointment

If an appointment needs to be rescheduled, Providers must contact their regulatory individuals. The Regulatory Individual updates the appointment details to reflect the agreed upon appointment date and time. Once the appointment date and time have been updated, follow the steps described above to confirm the rescheduled appointment.

5.2 Violation Management

Violations Action Tile

From the **Manage Profile Section** of your **Provider Site Dashboard**, select the **Violations** action tile to navigate to the Violations screen. Here, you will be able to view violations cited for your facility.



Violations logged by your Regulatory Individual, which most commonly occur during Monitoring Observation Visits. The Violation summary screen will display:

VIOLATIONS			
Violation ID	Monitoring Visit	Rule description	Compliance Status
VIO0001473	MNV0002108	Educator to child ratio not met.	Non-Compliant

- **Violation Number:** Unique identifier assigned to each violation record
- **Monitoring Visit:** Field to capture the associated Monitoring Observation Visit record if the violation was created due to a visit observation
- **Rule Description:** Detail description of the rule in violation
- **Compliance Status:** Status of violation record.



Provider Tip!

If the violation record has been successfully remedied, this status will reflect as *Compliant*. If the violation record is opened and/or still requires action, this status will reflect *Non-Compliant*.

If the violation is determined to have been created in error, as in it does not apply to the facility, the status will reflect *Not Applicable*. All statuses are determined and set by the Regulatory Individual.

Click the **Violation Number** hyperlink from the **Violation** summary screen to review the Violation details.

VIOLATIONS			
Violation ID	Monitoring Visit	Rule description	Compliance Status
VIO0001473	MNV0002108	Educator to child ratio not met.	Non-Compliant

From the **Violation Information** screen, you will find the violation’s details based on the documented findings from the Regulatory Individual.

- **Number**
- **Applicable rule**
- **Section**
- **Rule**
- **Chapter**
- **Compliance Status**
- **Complaints and Incidents**
- **Monitoring Visit**
- **Provider**
- **Provider ID**
- **Rating Assessment**
- **CAP Required**
- **Rule Description**
- **Narrative**

Violation Information

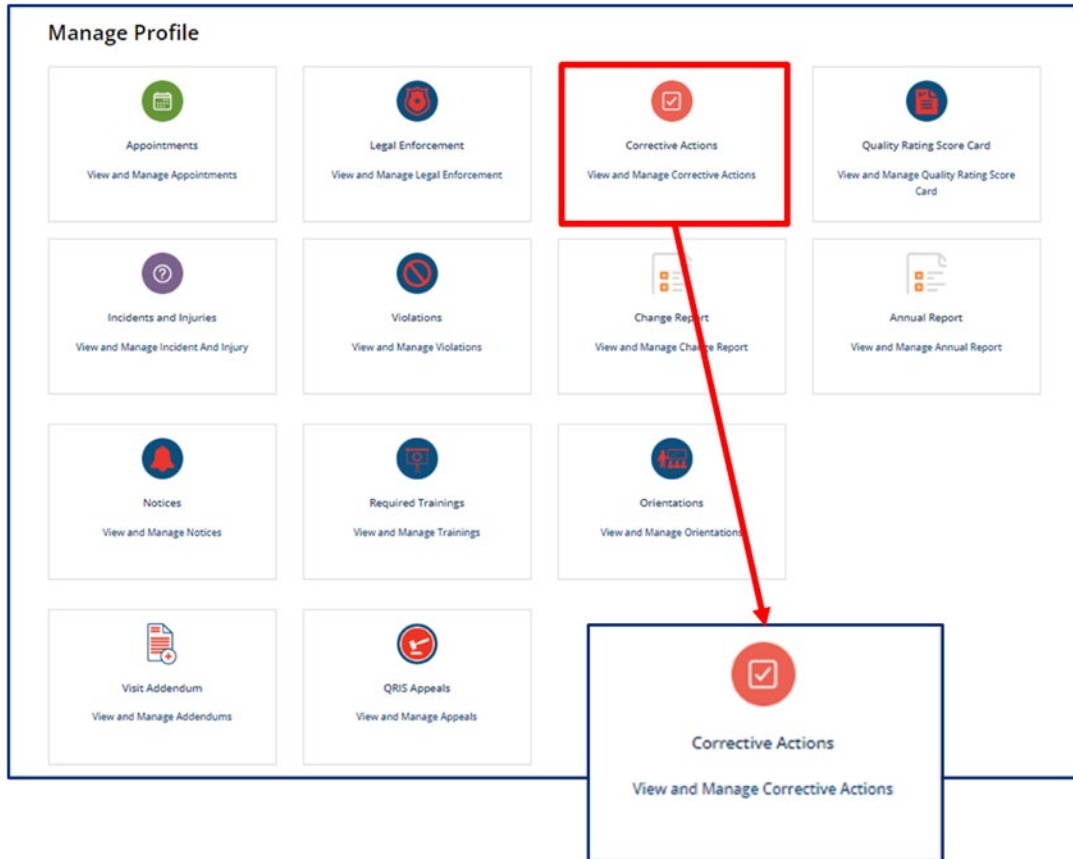
<p>Violation</p> <p>Number VIO20000095</p> <p>Applicable Checklist -- None --</p> <p>Section []</p> <p>Indicator []</p> <p>* Rules <input checked="" type="checkbox"/> 1240-04-01-.04 Procedures for Obtaining a License</p> <p>Date Correction needed by 09-16-2022</p>	<p>* Compliance Status Non-Compliant</p> <p>Date violation has been corrected MM-DD-YYYY</p> <p>Complaints and Incidents PCS1000178</p> <p>* Monitoring Visit MNV20000587</p> <p>Visit date 09-02-2022</p> <p>Associated visits []</p> <p>Provider ABC BABIES</p> <p>Provider ID 100634</p> <p>Quality/Compliance Indicator []</p> <p>* CAP required Corrective Action Plan</p>
<p>* Violation description 1240-04-01-.04 Procedures for Obtaining a License</p> <p>* Violation Observation did not background check staff or provide information</p>	

If a violation requires a Corrective Action Plan, this plan will be made available in the Provider Portal. To learn about Corrective Action Plans, reference section [5.3 Addressing Corrective Action Plans](#).

5.3 Addressing Corrective Action Plans

Corrective Actions Action Tile

From the **Manage Profile Section** of your **Provider Site Dashboard**, select the **Corrective Actions** action tile to navigate to the **Corrective Action Plans** summary screen.



Here, you will be able to view a summary of the Corrective Action Plans (CAP) created for your facility. You may view violation details by using the **Violations** action tile, as referenced in [Section 5.2](#).

CORRECTIVE ACTION PLANS			
☰ Corrective Action Plans			
Number	Task type	Violation description	Priority
CAP0001179	Corrective Action Plan		4 - Low

< > Rows 1 - 1 of 1

From the CAP summary screen, click on the CAP Number hyperlink to view more details and update the plan as required.

Number	Task type	Violation description	Priority
CAP0001179	Corrective Action Plan		4 - Low

A **Corrective Action Plan (CAP)** requires you to explain how you intend to correct your cited violation, which is then reviewed by the Regulatory Individual for adequacy. Begin by reading the **Declarations** at the top of the report, then enter all mandatory* information. When ready, click the **Submit Info** button to submit the CAP for review.

The **Corrective Action Plan (CAP)** details screen displays the following fields:

- **CAP Number**
- **CAP Due Date**
- **Documents Required**
- **Violation Description**
- **Narrative**
- **State**
- **Corrective Actions Questions Section**
- **Notes Section**
- **Activity Stream**
- **Attachments**
- **Submit Info**
- **Print Form**
- **Save (CTRL + S)**
- **Print**

CAP0001179
Corrective Action Plan
 Declarations
 Your agency was cited for the violations listed in the CAP. Use the CAP to explain how you intend to correct the violations. Make sure that your plan fully addresses the underlying issues that resulted in the violation(s). For example, if you dismiss an employee because they failed to perform their duties, it may not be a long-term solution to the problem if inadequate staff training is the reason for the employee's failures. Fill in your plan of correction for each citation listed and submit for evaluation by program evaluator.

Number: CAP0001179 *CAP Due Date: 03-22-2022

Documents Required: -- None --

*Violation description:

*Narrative: Violation occurred.

*State: Awaiting Info

Corrective Actions
 Q1: What is the action taken?
 *Answer 1:

Attachments: Document Type []

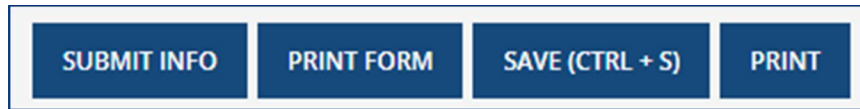
Related Links
 Add to Update Set
 Force to Update Set

SUBMIT INFO PRINT FORM SAVE (CTRL + S) PRINT

The **Attachments** section of the Corrective Action Plan allows you to upload documentation that demonstrates your actions taken to address the violation. Select a **Document Type** from the drop-down menu. Then, click the **Add Document** to upload the document.

Attachments
 Document Type []

You must submit your **Corrective Action Plan** after entering in all required CAP information. In addition to submitting your CAP information for review, you are able to save your progress without submitting the information entered thus far. Simply click **Save (CTRL+S)** button to save the report. Plus, you are able to click the **Print** button in order to print the **Corrective Action Plan**.



5.3.1 Resubmitting a Corrective Action Plan

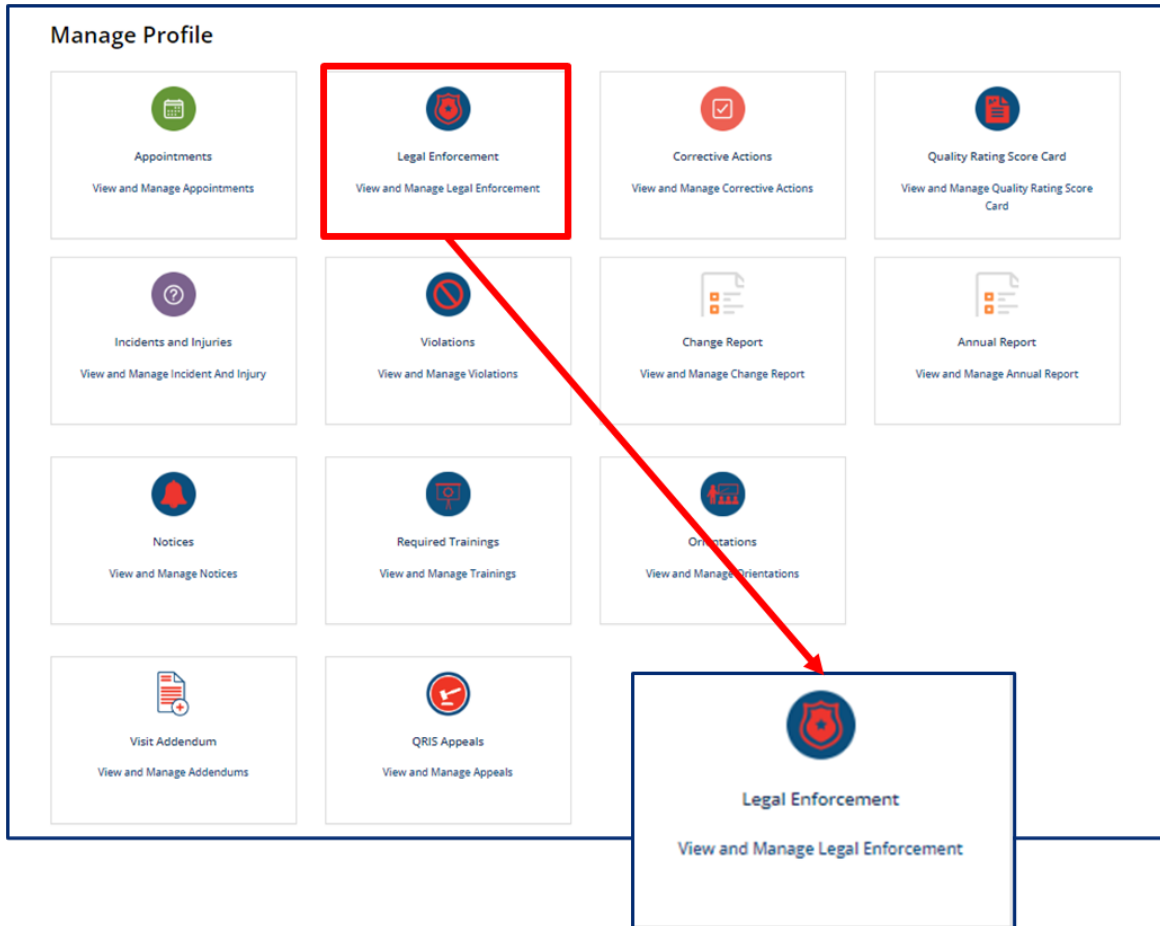
If the Corrective Action Plan submitted does not address the root cause of a violation, your Regulatory Individual will return the Corrective Action Plan to you in the system.

Simply edit the Corrective Action Plan as requested and resubmit the form to your Regulatory Individual by clicking the **Submit Info** button again.

5.4 Legal Enforcement Process

Legal Enforcement Action Tile

From the **Manage Profile Section** of your **Provider Site Dashboard**, select the **Legal Enforcement** action tile to navigate to the legal enforcements screen. Here, you will be able to view legal enforcements cited for your facility.




Legal enforcements created for your facility will appear on the **Legal Enforcement** screen

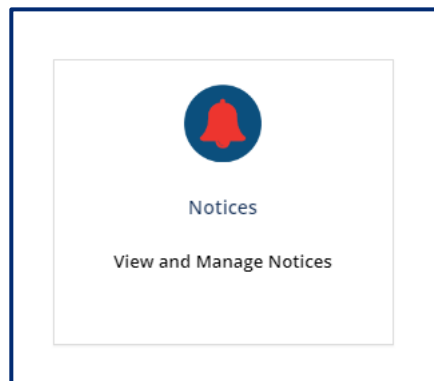
LEGAL ENFORCEMENT			
LET ID	Legal Enforcement Type	Licensing Consultant	Action
LET20000248	Restricted License	Mary Smith	Appeal

5.4.1 Uploading Parent Roster Forms

Legal Enforcement notices contain the parent roster, also known as a parent signature sheet. You are required to collect signatures from parents/guardians as verification that they acknowledge the actions taken towards the facility.

 Tennessee Department of Human Services Parent Signature Sheet			
Agency Name: _____			
This form serves as verification that parents/guardians of each enrolled child have read documents related to the following actions:			
<input type="checkbox"/> Formal notices of critical licensing violation(s)		<input type="checkbox"/> Issuance of legal enforcement order	
<input type="checkbox"/> Child Care Agency Board of Review decisions		<input type="checkbox"/> Notice of Probation order	
<input type="checkbox"/> Any Order affecting the agency's operations			
Parent/Guardian Signature	Name of Child/Children	Parent/Guardian Signature	Name of Child/Children
1.		21.	
2.		22.	
3.		23.	
4.		24.	
5.		25.	
6.		26.	
7.		27.	
8.		28.	
9.		29.	
10.		30.	
11.		31.	
12.		32.	
13.		33.	
14.		34.	
15.		35.	
16.		36.	
17.		37.	

You may upload the completed form using the Provider Portal. Click the **Notices** tile to begin.



Click **Upload Parent Roster** for the appropriate LET notice.

NOTICES

Notice Number	Provider	Notice Template	Created	Action	Parent Roster
NOT0024250	Today's Future Child Care Home	TNCC Notice LET Hearing Notice	09-28-2023 09:38 AM	Link to Box	
NOT0024249	Today's Future Child Care Home	TNCC Notice LET Civil Penalty Child Care	09-27-2023 02:38 PM	Link to Box	Upload Parent Roster
NOT0024239	Today's Future Child Care Home	TNCC Notice LET Hearing Notice	09-26-2023 03:04 PM	Link to Box	
NOT0024238	Today's Future Child Care Home	TNCC Notice LET Hearing Notice	09-26-2023 02:20 PM	Link to Box	
NOT0024234	Today's Future Child Care Home	TNCC Notice LET Hearing Notice	09-26-2023 12:57 PM	Link to Box	

Rows 1 - 5 of 30

Click **Add Document** and select the document from your files. Click **Submit** to upload the document.

NOT0024249

Notices

Notice Number

NOT0024249

*Notice Template

TNCC Notice LET Civil Penalty Child Care

Attachments

ADD DOCUMENT SUBMIT

Your Regulatory Individual will now have access to your completed parent roster form. You do not need to email the form if you have submitted through the Provider Portal.

5.4.2 Appealing a Legal Enforcement

Legal Enforcement Tracking records allow for you to submit an appeal.

If you wish to appeal, click the **Appeal** button to begin an LET appeal.

LEGAL ENFORCEMENT

LET ID	Legal Enforcement Type	Licensing Consultant	Action
LET20000248	Restricted License	Mary Smith	Appeal

Complete the **Appeal Legal Action Form**. Click **Submit** when you are ready to submit the appeal.

APPEAL LEGAL ACTION

* Agency Name
Children's Learning Center

* Licensee

* Owner Name

* Agency Street Address

* Agency City

* Agency County

* Agency State

* Agency Zip

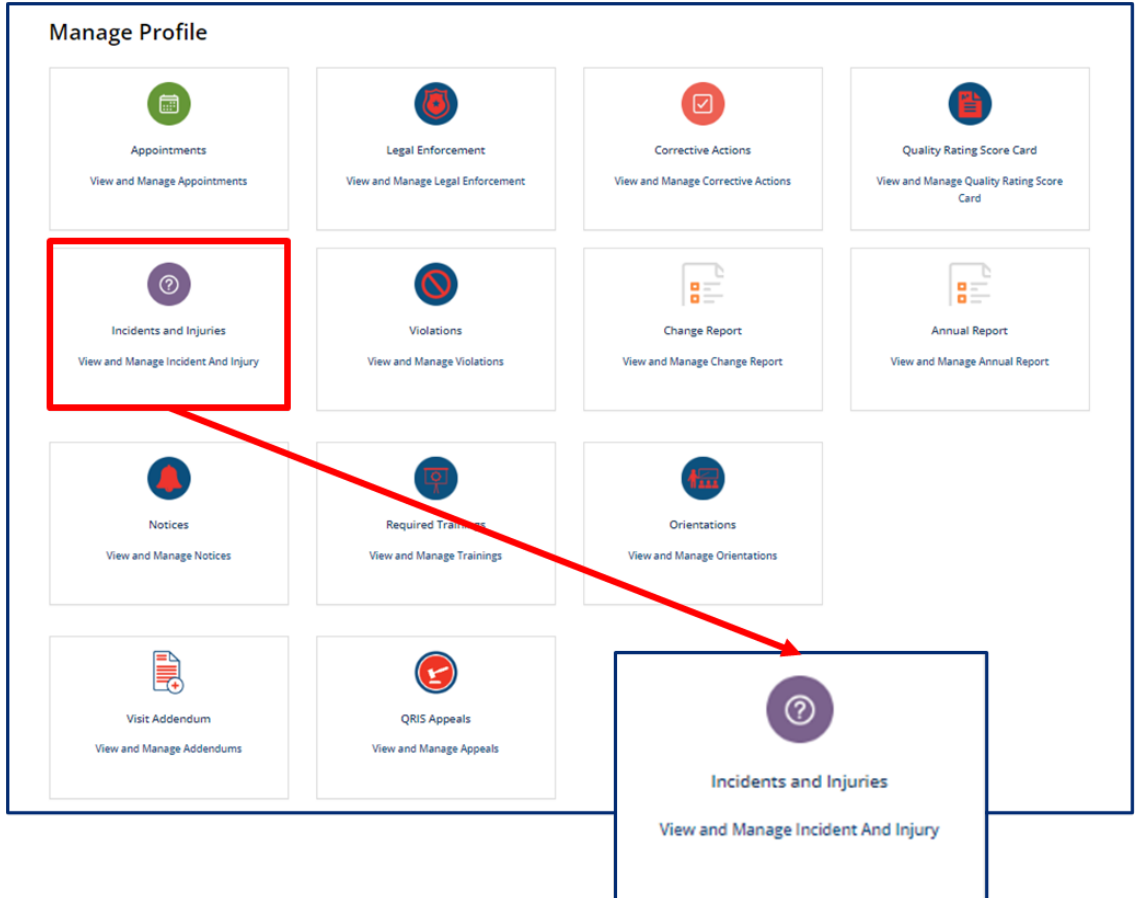
Attorney Name for Agency (if any)

* What are you appealing and why?

SUBMIT

5.5 Self-Reporting Incidents and Injuries

To access the **Incidents and Injuries** screen, go to your Provider site dashboard. There, select the **Incidents and Injuries** button, located within the **Manage Profile** section.



Creating an Incident/Injury

Once you have selected the **Incidents and Injuries** button from your Provider site dashboard, select the **Create Incident/Injury** button to self-report an incident or injury.



You will then see a form appear, titled **Report an Incident/Injury**. Follow the step below to complete the form.

Disclaimer Section

1. Review the Report an Incident/Injury disclaimer message: "Child care and adult day services providers are required to submit a completed Incident/Injury Report to the Tennessee Department of Human Services (TDHS) the same day for any incident or injury involving a child or adult in the provider's care (including on and off-site activities) where treatment by a medical professional was necessary. If a medical professional determines that no injury occurred, or that treatment was unnecessary, then completion of this form is not required. First aid provided by agency staff is not medical treatment requiring completion of this form."

Please note, once you submit this form, you will not be able to make modifications. You will need to call your regulatory individual to make any other changes.

The screenshot shows a dark blue header with the text "REPORT AN INCIDENT/INJURY" in white. Below the header, there is a white box containing the following text: "Child care and adult day services providers are required to submit a completed Incident/Injury Report to the Tennessee Department of Human Services (TDHS) the same day for any incident or injury involving a child or adult in the provider's care (including on and off-site activities) where treatment by a medical professional was necessary. If a medical professional determines that no injury occurred, or that treatment was unnecessary, then completion of this form is not required. First aid provided by agency staff is not medical treatment requiring completion of this form." Below this text, it says "Once you submit, you will not be able to make modifications. You will need to call your regulatory individual to make any other changes."

Case Information Section

2. The **Provider** reporting this case will auto-populate in the Provider field but can be changed to another user accessed facility by using the field's drop-down menu.

The screenshot shows two dropdown menus. The first is labeled "* Provider" and has "Southern Stars" selected. The second is labeled "* Case Type" and has "Incident/Injury" selected. Both dropdown menus have a small 'x' icon on the right side.

Provider Information Section

3. The **Provider Information** section filled out, based on your profile information.

Provider Name Southern Stars	Street Address 910 Wedgewood Avenue
Provider ID 105734	Street Address 2
Provider Type Child Care	City Nashville
Regulatory Agency DHS Child Care	County Davidson
Phone Number (615) 508-9423	State TN
Email Address southernstarsmontessori@gmail.com	Zip Code 37203

Incident Report Section

Fill out the **Incident Report**. In this report, you must provide basic information on the incident, such as when/where it occurred, when the parent/guardian/family was notified, and your response. Please note, entry requirements on this section will vary based on Provider Type.

Once you have completed the form, click **Submit**.

Child Care:

<p>* Date/Time of Incident/Injury MM-DD-YYYY HH.mm</p> <p>* Date/Time Parent/Guardian/Family notified MM-DD-YYYY HH.mm</p> <p>* Care Level (select all that apply)</p> <p>Describe your agencies immediate response to the incident/injury. (Important: Do NOT include details that identify either an adult participant/responsible party/caregiver.)</p> <p>First and Last Name of Person Entering the Report</p>	<p>* Where did the incident occur? -- None --</p> <p>* Did the Incident/Injury occur off-site or on-site? -- None --</p> <p>* Action Taken (select all that apply)</p> <p>* Type of Incident (select all that apply)</p> <p>Describe the incident/injury and how it occurred, including any equipment involved in the incident/injury. (Important: Do NOT include details that identify either an adult participant/responsible party/caregiver.)</p>
---	---

Adult Day Services:

<p>* Date/Time of Incident/Injury MM-DD-YYYY HH.mm</p> <p>Date/Time Parent/Guardian/Family notified MM-DD-YYYY HH.mm</p> <p>If family was not notified, please explain why below</p> <p>* Care Level (select all that apply) <input checked="" type="checkbox"/> Adults</p> <p>Describe your agencies immediate response to the incident/injury. (Important: Do NOT include details that identify either an adult participant/responsible party/caregiver.)</p> <p>First and Last Name of Person Entering the Report</p>	<p>* Where did the incident occur? -- None --</p> <p>* Did the Incident/Injury occur off-site or on-site? -- None --</p> <p>* Action Taken (select all that apply)</p> <p>* Type of Incident (select all that apply)</p> <p>Describe the incident/injury and how it occurred, including any equipment involved in the incident/injury. (Important: Do NOT include details that identify either an adult participant/responsible party/caregiver.)</p>
--	---

Click the **Add** button to provide details for the **Child / Participant Involved**.

Provide details for all children / participants involved in the incident below

Child / Participant Involved

ADD	REMOVE ALL		
Actions	Gender	Age of Child / Participant Involved	Unit of Age
No data to display			

Complete the pop-up window detailing each participant's gender, age, and unit of age. Once complete, select **Add**.

Add Row

* Gender -- None --
* Age of Child / Participant Involved -- None --
* Unit of Age -- None --

CANCEL **ADD**

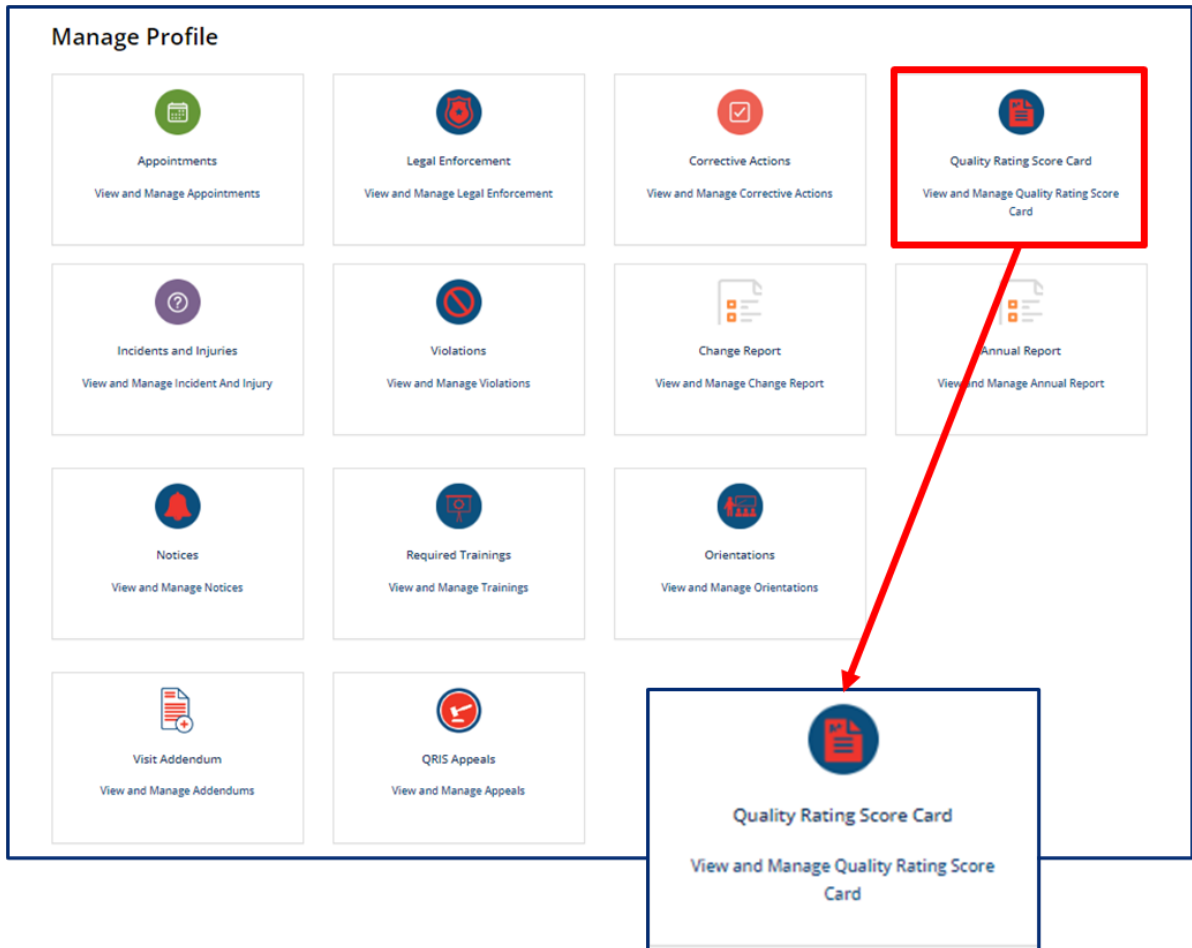
Once you have completed the form, select **Submit**. Once you submit the report, you will not be able to make modifications. You will need to call your regulatory individual to make any other changes.

Once you have submitted an **Incident/Injury**, you will see it listed in the **Your Case Summary** screen. This section has a list of submitted reports. To view a case, click the **Case Number** hyperlink from the summary table.

YOUR CASE SUMMARY				CREATE INCIDENT/INJURY
Case number	Status	Assigned to	Task type	
PCS0001232	Open	MARGO MATHIS	Provider Case	

5.6 Quality Rating Score Card Overview

From the **Manage Profile Section** of your **Provider Site Dashboard**, select the **Quality Rating Score Card** action tile to navigate to the QRIS Score screen. Here, you will be able to view your facility's annual score.

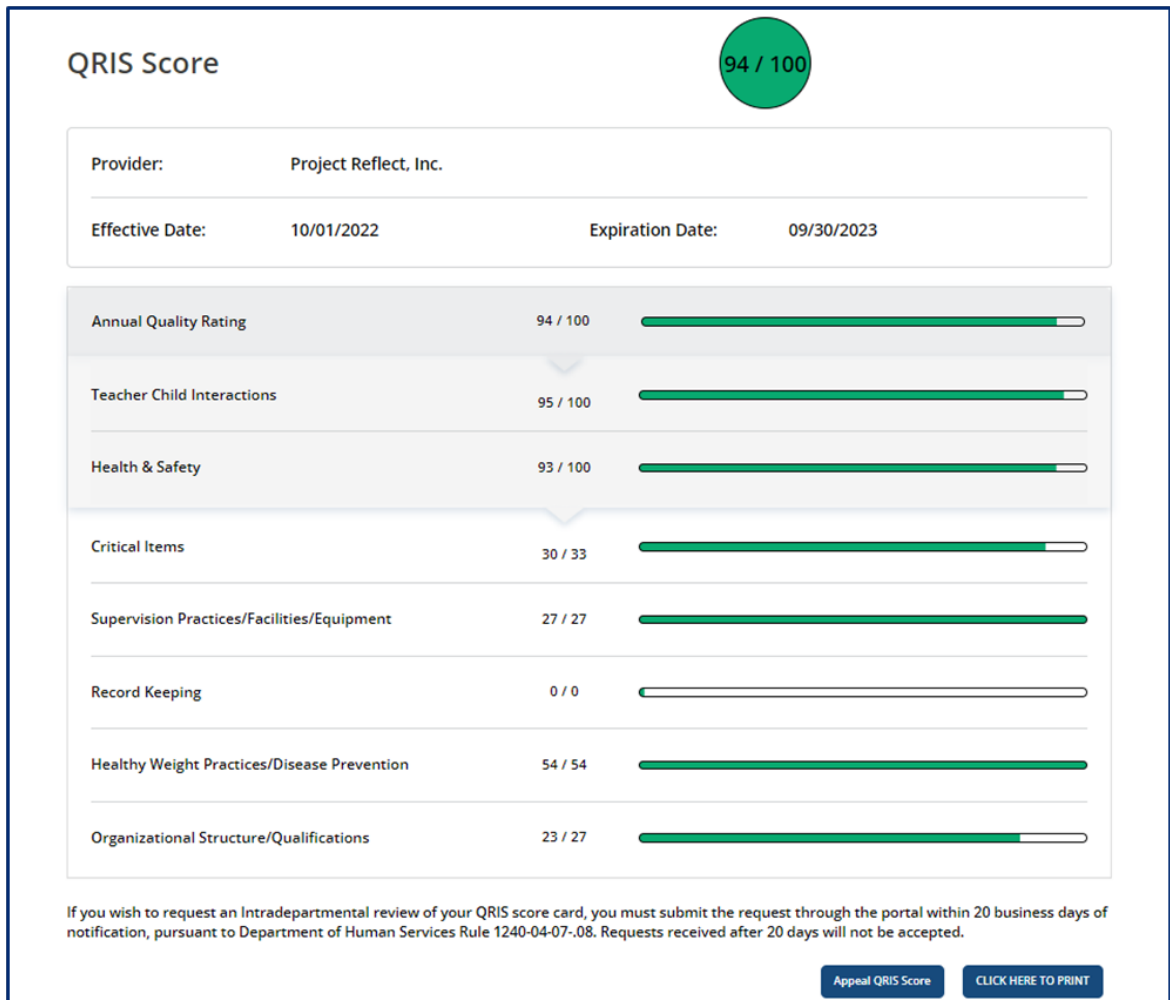


Your cumulative score logged by your Regulatory Individual during the year's QRIS Monitoring Visits will be listed in the circle at the top of the **QRIS Score** screen.

The effective dates for your quality rating will be listed on the **QRIS Score**.

Your **QRIS Score** displays your quality rating score categories, including:

- Annual Quality Rating
- Teacher Child Interactions
- Health & Safety
- Critical Items
- Supervision Practices/Facilities/ Equipment
- Record Keeping
- Healthy Weight Practices / Disease Prevention
- Organizational Structure / Qualifications

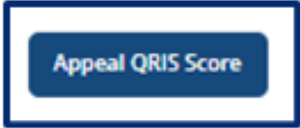


Click the **Click Here to Print** to print your QRIS Score Card.



Appealing the QRIS Score

Click the **Appeal QRIS Score** at the bottom of the page to submit an appeal regarding your cumulative QRIS score.



On the **QRIS Appeal** window, add the **Main Contact for the Appeal**. Use the text boxes to list information you wish to dispute and reasons why you believe the information presented in your score card is incorrect. If you would like to add supporting documentation to this appeal, use the **Supporting Documents** table to do so. When all information has been entered, click **Submit**. This will submit the appeal to be reviewed.

QRIS Appeal

You have chosen an interdepartmental review of your QRIS score. Please complete the information in full for this request to be reviewed. Upon submission, TDHS will have 45 business days to review and render a decision for your appeal.

QRIS Appeal	
Appeal Number	Appeal Date
<input type="text" value="APL0000003"/>	<input type="text" value="03/27/2023"/>
Provider Name	
<input type="text" value="Project Reflect, Inc."/>	
Provider ID	
<input type="text" value="100274"/>	

* Main Contact for the Appeal

Please list the specific information about the score you wish to dispute. Include visit date(s) and specific indicator(s). If you need to provide more detail, please use the "Add Documentation" button.

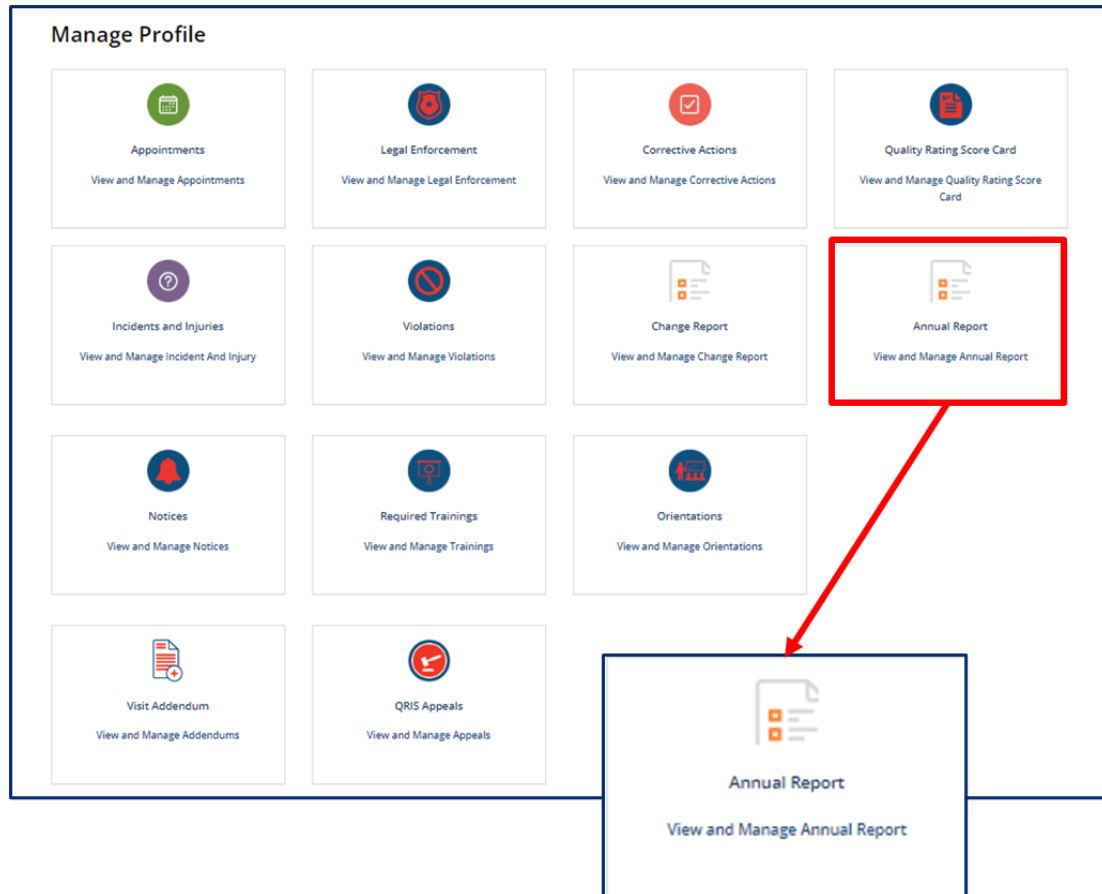
Please describe the specific reasons you believe the area(s) you identified above are incorrect. Attach additional supporting documents if needed.

Supporting Documents

Select Document Type	<input type="text"/>
----------------------	----------------------

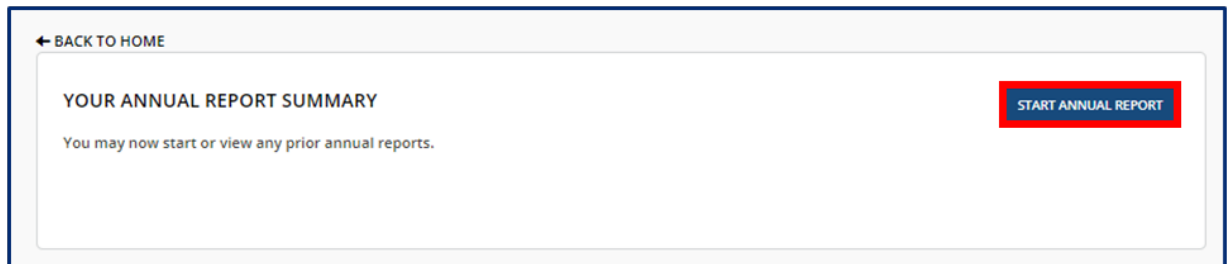
5.7 Completing Your Annual Report

To complete your annual report, begin by accessing your Provider Portal **Dashboard** and selecting the **Annual Report** button under the **Manage Profile** section.



You will then be taken to **Your Annual Report Summary**. Here, you will see your **Annual Report ID, Annual Report Type, Regulatory Individual, Provider, and Annual Report Status**.

To begin your annual report, select the **Start Annual Report** button.



To complete or review your annual report, select the **View** button in the **Action** column.

← BACK TO HOME

YOUR ANNUAL REPORT SUMMARY

You may now start or view any prior annual reports.

Annual Report ID	Annual Report Type	Regulatory Individual	Provider	Annual Report Status	Action
AR0001030	Child Care		Nature Valley Academy	Draft	Continue

< > Rows 1 - 1 of 1

Upon opening an annual report, you will see a list of all the steps you must take to submit the report and the status of each step. Please note, depending on your Provider Type, you will have different categories available.

Child Care

ANNUAL REPORT - AR0001218	
<input type="radio"/> 1. Provider Information <i>Not Started</i>	<input type="radio"/> 11. Classrooms/Ages <i>Not Started</i>
<input type="radio"/> 2. Business Organization <i>Not Started</i>	<input type="radio"/> 12. Accreditations <i>Not Started</i>
<input type="radio"/> 3. Main Contact Information <i>Not Started</i>	<input type="radio"/> 13. Curricula <i>Not Started</i>
<input type="radio"/> 4. Director & Primary Educator <i>Not Started</i>	<input type="radio"/> 14. Environment Aspects <i>Not Started</i>
<input type="radio"/> 5. Programs & Services <i>Not Started</i>	<input type="radio"/> 15. Hours of Operations <i>Not Started</i>
<input type="radio"/> 6. Provider Fees <i>Not Started</i>	<input type="radio"/> 16. Household Information <i>Not Started</i>
<input type="radio"/> 7. Child Care Level / Rates <i>Not Started</i>	<input type="radio"/> 17. Insurance <i>Not Started</i>
<input type="radio"/> 8. Meals <i>Not Started</i>	<input type="radio"/> 18. Staff Information <i>Not Started</i>
<input type="radio"/> 9. Transportation Provided <i>Not Started</i>	<input type="radio"/> 19. Supporting Documentation <i>Not Started</i>
<input type="radio"/> 10. Rate Policies <i>Not Started</i>	<input type="radio"/> 20. Declarations and E-Signature <i>Not Started</i>

Adult Day Services

ANNUAL REPORT - AR0001220	
<input type="radio"/> 1. Provider Information <i>Not Started</i>	<input type="radio"/> 11. Age of Youngest/Oldest Adult <i>Not Started</i>
<input type="radio"/> 2. Business Organization <i>Not Started</i>	<input type="radio"/> 12. Accreditations <i>Not Started</i>
<input type="radio"/> 3. Main Contact Information <i>Not Started</i>	<input type="radio"/> 13. Environment Aspects <i>Not Started</i>
<input type="radio"/> 4. Director & On Site Manager Information <i>Not Started</i>	<input type="radio"/> 14. Hours of Operations <i>Not Started</i>
<input type="radio"/> 5. Programs & Services <i>Not Started</i>	<input type="radio"/> 15. Household Information <i>Not Started</i>
<input type="radio"/> 6. Provider Fees <i>Not Started</i>	<input type="radio"/> 16. Insurance <i>Not Started</i>
<input type="radio"/> 7. Care Level / Rates <i>Not Started</i>	<input type="radio"/> 17. Fee Information <i>Not Started</i>
<input type="radio"/> 8. Meals <i>Not Started</i>	<input type="radio"/> 18. Staff Information <i>Not Started</i>
<input type="radio"/> 9. Transportation Provided <i>Not Started</i>	<input type="radio"/> 19. Supporting Documentation <i>Not Started</i>
<input type="radio"/> 10. Rate Policies <i>Not Started</i>	<input type="radio"/> 20. Declarations and E-Signature <i>Not Started</i>

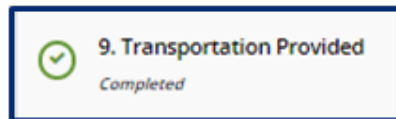
To complete your annual report, complete all the listed steps. You do not need to complete all sections in one sitting. As long as you save each section as you move along, you may log out of the portal and return to your annual report as you left it.

All sections in the Annual Report will be pre-filled with the most recent information from your Application, last Annual Report, or Change Report. As you progress through each section, confirm the information is correct or update it accordingly. At the bottom of each section, use the checkbox to confirm all information entered in that section is accurate. You will not be able to proceed to the next section until the checkbox for the previous section is completed.

I confirm all information entered in this section is accurate for the submission of this Annual Report

[Save & Exit](#) BACK SAVE & NEXT

Upon checking the box and proceeding to the next section, the status of the tab you just finished will change to 'Completed.' You will not be able to submit your Annual Report until the checkbox in every section is checked.



5.7.1 Provider Information

You can update the contact information for your site on this screen. There are grey fields listed on the Provider Information screen. These fields include:

- Name of Agency
- Provider Physical Address
- FEIN
- Child Care Type

These items cannot be modified on an annual report. To change this information, you will need to complete a new licensing application. Confirm the information entered in the **Provider Email Address** and **Phone Number** fields is correct and update as needed.

Once you complete filling out this section, use the checkbox to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

5.7.2 Main Contact Information

In this section, please add the main contact information for the agency.

If this contact information applies to any of the following roles, use the field to select all that are applicable. By selecting additional roles, the information entered on this screen will automatically be filled in on the corresponding personnel tabs.

- Director and Primary Educator (Child Care)
- Director and On-Site Manager (ADS)
- Board Member
- Business Contact
- Owner

Once you complete filling out this section, use the checkbox to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

5.7.3 Business Organization

In this section, please add the Legal Name and contact information for your agency, as well as Board of Directors Information.

Business Organization


Business Organization
For changes in your legal organization, please contact your Regulatory Individual.

Full Legal Name and d/b/a Name of Business	* Franchise (SOS Filing Required)
<input type="text"/>	-- None --
Legal Organization	SOS or Business License Issuance/Renewal Date
-- None --	MM-DD-YYYY
* Contact First Name	* Do you have a Board of Directors?
<input type="text"/>	-- None --
* Contact Last Name	* Zip
<input type="text"/>	<input type="text"/>
* Street Address - Line 1	* Phone Number
<input type="text"/>	<input type="text"/>
Street Address - Line 2	Alternate Phone Number
<input type="text"/>	<input type="text"/>
* City	Fax
<input type="text"/>	<input type="text"/>
* State	
<input type="text"/>	

Use the **pencil** button to edit the associated information for current and former owners.

List of Owners

Please list all current and former owners

Action	Owner Type	Individual/Business Name	Email Address	Phone number	Alternate Phone Numb
	Individual	Business Owner			

Within the **Owners** pop-up window, edit the Owner's contact information as needed. Once complete, select **Save (CTRL + S)**.

Owners

Owner Type
 Individual

Please provide all known information.

* Individual/Business Name: Karen Kramer
 Alternate Phone Number:

* Email Address: educator@xyz.com
 Fax:

* Phone number: (615) 000-0000

SAVE(CTRL + S)

Use the **Add New** button to list all Owners' Experience. If this is not applicable, please proceed without adding experience details.

List of Owners Experience

If this is not applicable, please proceed without adding experience details.

ADD NEW

Action	Owner	Employer	Contact Person's First Name	Contact Person's Last Name	Email Address	Si
<input type="text"/>						

Fill out the **Owner Experience** pop-up window. Once complete, select **Save (CTRL + S)**.

Owner experience

* Owner

* Employer

* Contact Person's First Name

* Contact Person's Last Name

* Email Address

* Street Address

Street Address 2

* City

* State

* ZIP

* Phone Number

Alternate Phone Number

Fax

* Date Worked From

* Date Worked To

Current Employer

SAVE (CTRL + S)

Required information: Owner, Employer, Contact Person's First Name, Contact Person's Last Name, Email Address, Street Address, City, State, ZIP, Phone Number, Date Worked From, Date Worked To

If you answered **Yes** to **Do you have a board of directors?**, Click **Add New** to list Board Members.

List of Board Members

Please select one of the board members as Chairman of the Board.

ADD NEW

Action	Chairman of the Board	Board Member Type	Individual/Business Name	Email Address	Phone I
No Records Found					

Fill out the **Board Members** pop-up window. If the Board Member you are adding is Chairman of the Board, use the checkbox at the top of the window to signify this. Once complete, select **Save (CTRL + S)**.

Board Members

Chairman of the Board

*Board Member Type
Individual

*Phone Number

*Individual's Name

Alternate Phone Number

*Email Address

Fax

SAVE (CTRL + S)

Required information Individual's Name Email Address Phone Number

Once you complete filling out this section, use the checkbox to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

5.7.1 Director & Primary Educator

In this section, you must provide information about the director and primary educator of your facility, as well as the experience this individual has in working with young children and references for this individual.

Begin by filling out the **Director & Primary Educator** and **Education** information sections.

Director & Primary Educator

Select the applicable role for Facility

Primary Educator

* First Name of Director or Primary Educator
Tammy

* Last Name of Director or Primary Educator
Brown

Education

Highest Level of Education
-- None --

Country
United States

Name of School
Happy Place

State
AA

* Street Address
123 hope st

* Zip
00000

Street Address 2

Specialized Education related to Child Care

* City
Faith

Then, add experience this individual has in working with young children. Select the **Add New** button to get started. If this is not applicable, proceed without adding experience details.

Please list experience working with young children (List most recent experience first)





Attach a copy of your resume to the supporting documents section (if available).
If this is not applicable, please proceed without adding experience details.

ADD NEW

Action	Employer	Contact Person First Name	Contact Person Last Name	Email

Complete the pop-up window that appears, detailing information on this individual's current or previous employer where they gained experience in working with young children. Once complete, select **Save (CTRL + S)**.

List most recent experience first

* Employer	* Zip
<input type="text"/>	<input type="text"/>
* Contact Person First Name	* Work Phone
<input type="text"/>	<input type="text"/>
* Contact Person Last Name	Alternate Phone Number
<input type="text"/>	<input type="text"/>
* Email	Fax
<input type="text"/>	<input type="text"/>
* Street Address	Other
<input type="text"/>	<input type="text"/>
Street Address 2	* Date Worked From
<input type="text"/>	<input type="text"/> 
* City	* Date Worked To
<input type="text"/>	<input type="text"/> 
* State	<input type="checkbox"/> Current Employer
<input type="text" value="TN"/>  	

SAVE (CTRL + S)

Required information: Employer Contact Person First Name Contact Person Last Name Email
Street Address City Zip Work Phone Date Worked From Date Worked To

Once all experience is added, proceed to the references section. You must submit at least 3 references who are non-relatives. Select the **Add New** button in the **References** section.

References
Please list 3 reference, who are non-relatives along with their complete addresses and daytime telephone numbers

ADD NEW

Action	First Name	Last Name	Email	Street Address	Street Address 2	City	State	Zip	Phone
No Records Found									

Fill out the **References** pop-up window. Once complete, select **Save (CTRL + S)**.

References

* First Name

* Last Name

* Email

* Street Address

Street Address 2

* City

* State

* Zip

* Phone Number

Alternate Phone Number

Fax

SAVE (CTRL + S)

Required information **First Name** **Last Name** **Email** **Street Address** **City** **State** **Zip**
Phone Number

Once you complete filling out this section, use the checkbox to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

5.7.2 Director & On-Site Manager (ADS Only)

In this section, you must provide information about the director and onsite manager of your facility, as well as the experience this individual has in working with adults and references for this individual.

Begin by filling out the **Director & On-Site Manager** and **Education** information sections.

The screenshot shows a web form titled "Director & On-Site Manager Information". It contains two main sections: "Director & On-Site Manager Information" and "Education".

Director & On-Site Manager Information:

- A dropdown menu labeled "Select the applicable role for Facility" with "-- None --" selected.
- Text input fields for "First Name of Director or On-Site Manager" and "Last Name of Director or On-Site Manager".

Education:

- A dropdown menu for "Highest Level of Education" with "-- None --" selected.
- Text input fields for "Name of School", "Street Address", "Street Address 2", and "City".
- Dropdown menus for "Country" (set to "United States") and "State".
- Text input fields for "Zip" and "Specialized Education Related to Adult Care".

Then, add the experience this individual has in working with adults. Select the **Add New** button to get started. If this is not applicable, proceed without adding experience details.

The screenshot shows a form titled "Experience in Working with Adults (List most recent experience first)".

Instructions: "Attach a copy of your resume to the supporting documents section (if available). If this is not applicable, please proceed without adding experience details."

A red box highlights the "ADD NEW" button.

Action	Employer	Contact Person First Name	Contact Person Last Name	Email	Street Address	Stree
[Empty table body with a scrollbar]						

Complete the pop-up window that appears, detailing information on this individual's current or previous employer where they gained experience in working with adults. Once complete, select **Save (CTRL + S)**.

List most recent experience first

* Employer * Zip

* Contact Person First Name Work Phone

* Contact Person Last Name Alternate Phone Number

Email Fax

Street Address * Date Worked From

Street Address 2 * Date Worked To

* City Current Employer

* State

SAVE (CTRL + S)

Required information: Employer, Contact Person First Name, Contact Person Last Name, City, Zip, Date Worked From, Date Worked To

Once all experience is added, proceed to the references section. You must submit at least 3 references who are non-relatives. Select the **Add New** button in the **References** section.

References

Please list 3 reference, who are non-relatives along with their complete addresses and daytime telephone numbers

ADD NEW

Action	First Name	Last Name	Email	Street Address	Street Address 2	City	State	Zip	Phone Nu
No Records Found									

Fill out the **References** pop-up window. Once complete, select **Save (CTRL + S)**.

References

<p>* First Name <input type="text"/></p> <p>* Last Name <input type="text"/></p> <p>* Email <input type="text"/></p> <p>* Street Address <input type="text"/></p> <p>Street Address 2 <input type="text"/></p> <p>* City <input type="text"/></p>	<p>* State <input type="text" value="TN"/> x ▾</p> <p>* Zip <input type="text"/></p> <p>* Phone Number <input type="text"/></p> <p>Alternate Phone Number <input type="text"/></p> <p>Fax <input type="text"/></p>
---	--

Required information First Name Last Name Email Street Address City Zip

Phone Number

Once you complete filling out this section, use the checkbox to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

5.7.3 Programs & Services

You can list any specialized programs or enhanced service your facility provides on this screen. To add a program or service, select the **Add New** button.

Programs, Services and Affiliations

Programs & Services

Add an entry for every specialized program or enhanced service (985 information) that your facility provides. Designate the program or enhanced service that is your primary program type, where applicable.

ADD NEW

Action	Program / Service	Other	Description	Fee	Frequency
No Records Found					

Affiliations

Select any of the following affiliation descriptions that apply to your agency. If you check more than one, ensure that your choices do not conflict.

Affiliations (select all that apply)

I confirm all information entered in this section is accurate for the submission of this Annual Report

[Save & Exit](#)

You can then select the applicable program or service from the **Program / Service** drop-down. Once you select one, add its corresponding **Fee**, **Description**, and **Frequency**. Then, click **Save (CTRL + S)**.

Program & Services Offered

* Program / Service

* Fee

Description

Frequency

Required information Program / Service

Continue to add programs and services as needed. Then, proceed to select any affiliations that apply to your agency using the **Affiliations** drop-down. Remove an affiliation by clicking the grey **X** next to the affiliation name. If you do not have any affiliations that apply to your agency, please proceed without completing this field.

Affiliations

Select any of the following affiliation descriptions that apply to your agency. If you check more than one, ensure that your choices do not conflict.

Affiliations (select all that apply)

Once you complete filling out this section, use the checkbox to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

5.7.4 Provider Fees

In this section, you must add your Provider Fees. Indicate the amount, unit value (per minute, hour, day, week, year, etc.), whether that amount is for the family or the child, the date the fee starts, and the date the fee ends (if you are discontinuing a specific fee). Anniversary dates are only used for registration fees. If you charge registration annually, and all clients are charged on a specific day, enter that date in the anniversary date area. If registration is charged annually, but is charged according to the child's enrollment date, leave this field blank.

To add a fee, select the **Add New** button and fill out the table shown below. You must add each fee's:

Provider Fees

* Fee Type: -- None --

* Amount: \$ 0.00

* Unit Value: -- None --

* Child / Family: -- None --

* Start Date: MM-DD-YYYY

End Date: MM-DD-YYYY

Anniversary Date: MM-DD-YYYY

SAVE (CTRL + S)

Required information: Fee Type, Unit Value, Child / Family, Start Date

- Fee Type
- Amount
- Unit Value (*minute, hour, week, etc.*)
- Start Date
- Child / Family (*indicate whether this is per child, family, or adult in care*)
- End Date
- Anniversary Date
- Fee Narrative

Then, click **Save (CTRL + S)**.

Once you complete filling out this section, use the checkbox to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

5.7.5 Care Level / Rates

In this section, add the various care levels of the children you enroll, along with the current number enrolled in each age group. If you offer a care level but have no children enrolled within it, enter "0".

The age ranges for each care level are as follows:

- Infants – 6 weeks to 12 months
- Toddlers – 13 months to 30 months
- 2 Year Olds – 24 months to 35 months
- 3 Year Olds – 36 months to 47 months
- 4 Year Olds – 48 months to 59 months
- 5 Year Olds – 60 months to 72 months
- School-Agers – Kindergarten to 12 years old

In this section, add the various care levels of the children you enroll, along with the current number enrolled in each age group. If you offer a care level but have no children enrolled within it, enter "0".

To add an age range, select the **Add New** button and fill out the pop-up window that appears. You must provide each **Care/Age Level, Unit of Care, Enrollment** (number of children enrolled in that care level), **Rate, Start Date, End Date,** and **Frequency.** Use the **Vacancy** field to indicate if you have vacancies at the selected Care/Age Level. Once complete, select **Save (CTRL + S).** Please note, depending on your Provider Type, the pop-up screen will vary.

Child Care

Child Care Level / Rates

* Care/Age Level: -- None --

* Unit of Care: -- None --

Number Currently Enrolled: []

* Rate: \$ [] 0.00

* Start Date: MM-DD-YYYY []

Frequency: -- None --

End Date: MM-DD-YYYY []

Vacancy: -- None --

SAVE (CTRL + S)

Required information: Care/Age Level, Start Date, Unit of Care

Adult Day Services

Care Level / Rates

* Care/Age Level: Adults

* Unit of Care: -- None --

* Rate: \$ [] 0.00

* Start Date: MM-DD-YYYY []

Frequency: -- None --

End Date: MM-DD-YYYY []

SAVE (CTRL + S)

Required information: Unit of Care, Start Date

Once you complete filling out this section, use the checkbox to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

5.7.6 Meals

In this section, you must explain the meals you provide in your program. Fill out the section to report:

- How meals are provided in your facility
- The specific meals you serve
- If you are interested in participating in the Child and Adult Care Food Program

The screenshot shows a web form titled "Meals". It contains three required questions, each with a dropdown menu:

- Question 1: "Which of these options describes how meals are provided in your facility?" with a dropdown menu showing "-- None --".
- Question 2: "Meals Served (select all that apply)" with a text input field.
- Question 3: "Are you currently participating in the Child and Adult Care Food Program?" with a dropdown menu showing "-- None --".

Below the questions is a checkbox labeled "I confirm all information entered in this section is accurate for the submission of this Annual Report".

At the bottom of the form are two buttons: "BACK" and "SAVE & NEXT". The "SAVE & NEXT" button is highlighted with a red border.

A "Required information" banner at the bottom of the form lists the three questions that are required for completion: "Which of these options describes how meals are provided in your facility?", "Meals Served (select all that apply)", and "Are you currently participating in the Child and Adult Care Food Program?".

Once you complete filling out this section, use the checkbox to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

5.7.7 Transportation Provided

In this section, you must note what transportation you provide. Begin by using the two dropdowns to select if you provide transportation from **home to facility** and/or from **facility to home**. If you provide transportation for other activities, select all options that apply to your agency.

If you provide transportation to and/or from school, please add details on what transportation you provide by clicking the **Add New** button.

Transportation Provided

Transportation Provided

* Transportation provided from home to facility
-- None --

* Transportation provided from facility to home
-- None --

Do you provide transportation for other activities? (select all that apply)

Transportation To / From School

ADD NEW

Action	Name of School	From School to Facility	From Facility to School
No Records Found			

[Save & Exit](#) **BACK** **SAVE & NEXT**

Required information **Transportation provided from home to facility** **Transportation provided from facility to home**

Upon clicking the **Add New** button, please list the name of the school you are associated with and answer **Yes** or **No** on if you provide transportation **From Facility to School** and/or **From School to Facility**. Then, click **Save (CTRL + S)**.

Once you complete filling out this section, use the checkbox to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

5.7.8 Rate Policies

In this section, select all rate policies that apply to your program. You can mark applicable **Discounts** and **Funding Sources** using their associated dropdowns.

Rate Policies

Rate Policies Information
Select all rate policies that apply to your program. The first 16 represent funding sources for your program. The last 4 items represent discounts you routinely offer parents to reduce the cost of care (do not include payments from "DHS").

* Funding Sources (select all that apply)

* Discounts (select all that apply)

I confirm all information entered in this section is accurate for the submission of this Annual Report

[Save & Exit](#)

Required information **Funding Sources (select all that apply)** **Discounts (select all that apply)**

Once you complete filling out this section, use the checkbox to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

5.7.9 Classrooms / Ages

In this section, please list the age of the youngest and oldest children you are willing to serve on a regular basis and list the unit of age for each (*weeks, months, or years*). Additionally, provide the number of classrooms your agency has.

Classrooms/Ages

Select the age of the youngest and oldest child you are willing to serve on a regular basis.

* Age of Youngest Child

* Age of Oldest Child

* Unit of Age for Youngest Child

* Unit of Age for Oldest Child

* How many classrooms do you have?

Use the **Add New** button to provide details regarding the ages in each classroom.

Classroom Age Groups

Provide details for all classrooms and the ages for each.

ADD NEW

Action	Classroom Number	Age of Youngest Child	Unit Age for Youngest Child	Age of Oldest Child
No Records Found				

< [Progress Bar] >

Fill out the Classroom Age Groups pop-up window. Once complete, select **Save (CTRL + S)**.

Classroom Age Group

* Classroom Number
-- None --

* Age of Youngest Child
-- None --

* Unit Age for Youngest Child
-- None --

* Age of Oldest Child
-- None --

* Unit Age for Oldest Child
-- None --

SAVE (CTRL + S)

Required information: Classroom Number, Age of Youngest Child, Unit Age for Youngest Child, Age of Oldest Child, Unit Age for Oldest Child

Once you complete filling out this section, use the checkbox to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

5.7.10 Age of Youngest / Oldest Adult (ADS Only)

In this section, please list the youngest and oldest adult your agency currently serves. Use the **Adult Minimum Age** and **Adult Maximum Age** fields to enter the respective ages.

Age of Youngest/Oldest Adult

Adult Minimum Age Adult Maximum Age

I confirm all information entered in this section is accurate for the submission of this Annual Report

[Save & Exit](#) [BACK](#) [SAVE & NEXT](#)

Once you complete filling out this section, use the checkbox to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

5.7.11 Accreditations

In this section, use the **Add New button** to add accreditations that apply to your program.

Accreditations

Accreditations

Select all Accreditations that apply to your agency. If Accreditations have a different Start Date or End Date, please list separately.

[ADD NEW](#)

Action	Accreditations	Accreditation Start Date	Accreditation End Date
No Records Found			

[Save & Exit](#) [BACK](#) [SAVE & NEXT](#)

Fill out the **Accreditations** pop-up window. Select the name and effective dates of your Accreditation. Once complete, select **Save (CTRL + S)**. Please note, each accreditation should only be added once.

Accreditations

* Accreditations

-- None --

* Accreditation Start Date Accreditation End Date

MM-DD-YYYY MM-DD-YYYY

SAVE (CTRL + S)

Required information: **Accreditations** **Accreditation Start Date**



Click the **Pencil** icon to edit an existing accreditation or the **X** icon to delete an existing accreditation.

Accreditations

Accreditations

Select all Accreditations that apply to your agency. If Accreditations have a different Start Date or End Date, please list separately.

ADD NEW

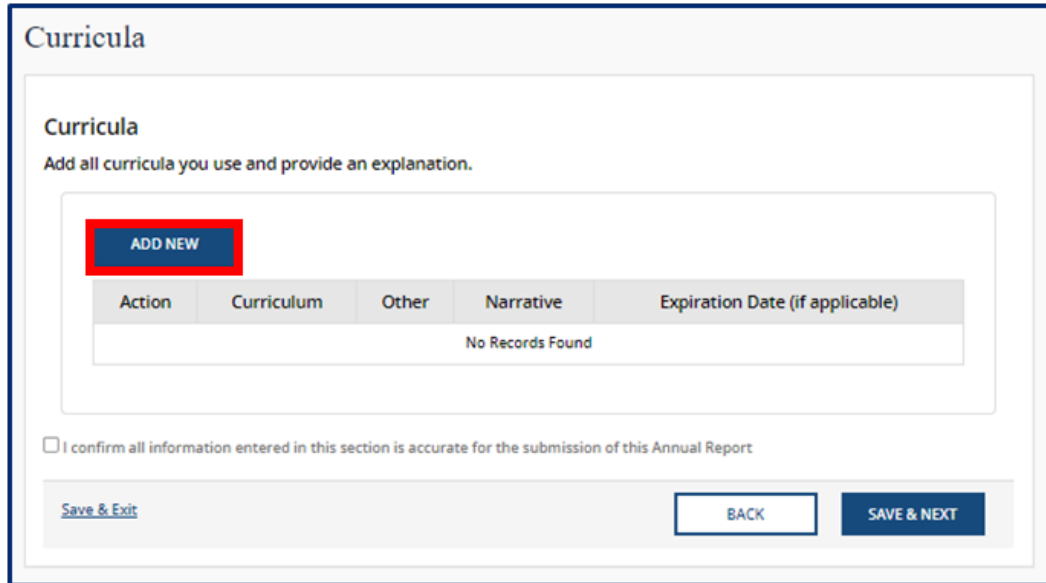
Action	Accreditations	Accreditation Start Date	Accreditation End Date
 	American Montessori Society (AMS) - QRIS	01-01-2023	

[Save & Exit](#) **BACK** **SAVE & NEXT**

Once you complete filling out this section, use the checkbox to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

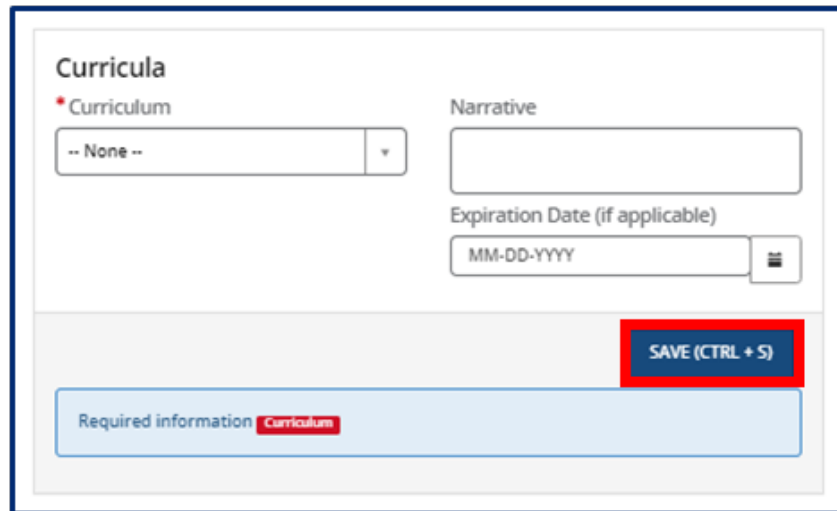
5.7.12 Curricula (Child Care Only)

In this section, add all curricula you use. To add a curricula, select the **Add New** button.



The screenshot shows a web interface titled "Curricula". Below the title, it says "Curricula" and "Add all curricula you use and provide an explanation." There is a prominent red-bordered button labeled "ADD NEW". Below this is a table with columns: "Action", "Curriculum", "Other", "Narrative", and "Expiration Date (if applicable)". The table currently contains the text "No Records Found". At the bottom of the form, there is a checkbox with the text "I confirm all information entered in this section is accurate for the submission of this Annual Report". Below the checkbox are three buttons: "Save & Exit", "BACK", and "SAVE & NEXT".

Fill out the **Curricula** pop-up window. Use the **Curriculum** drop-down to select the curriculum you use. You may select **Other** if the one you use is not listed. Optionally, add a narrative that explains this curriculum and when it expires. Once complete, select **Save (CTRL + S)**.

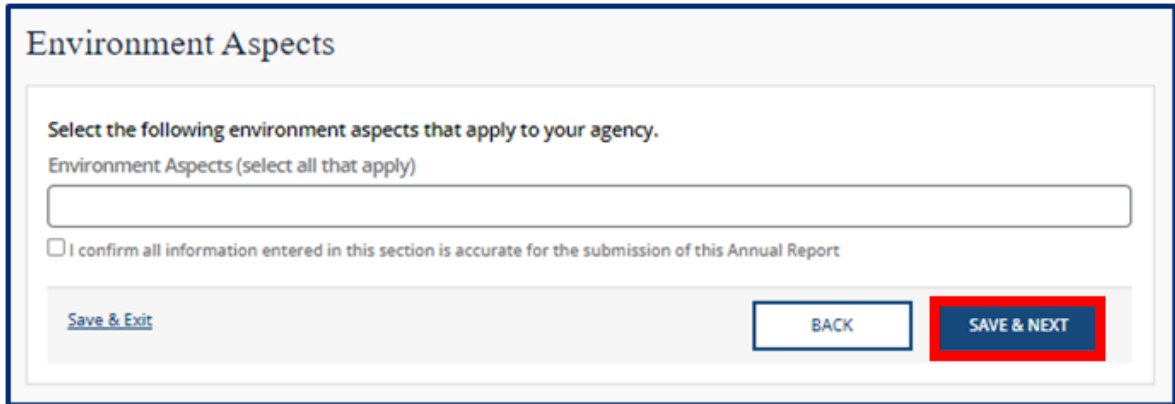


The screenshot shows a "Curricula" pop-up window. It has a "Curriculum" dropdown menu currently set to "-- None --". To the right is a "Narrative" text input field. Below the narrative field is an "Expiration Date (if applicable)" field with a date format "MM-DD-YYYY" and a calendar icon. At the bottom right of the form, the "SAVE (CTRL + S)" button is highlighted with a red border. At the bottom left, there is a blue box that says "Required information Curriculum".

Once you complete filling out this section, use the checkbox to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

5.7.13 Environment Aspects

In this section, select the environment aspects that apply to your agency using the **Environment Aspects** drop-down. Examples include “No Pets” and “Wheelchair Accessible.”



Environment Aspects

Select the following environment aspects that apply to your agency.

Environment Aspects (select all that apply)

I confirm all information entered in this section is accurate for the submission of this Annual Report

[Save & Exit](#)

Once you complete filling out this section, use the checkbox to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

5.7.14 Hours of Operation

In this section, you must list the schedules you offer and your specific hours of operation. Begin by selecting the schedules that you offer on a regular basis using the **Schedules Offered** drop-down. Examples include "After School", "Full Time", and "School Year".

Then, select the **Add New** button to provide the specific times your facility is open.

Hours of Operations

Select all schedules that apply below for which you offer care on a regular basis.

Schedules Offered (select all that apply)

Hours of Operations

Indicate your hours of operation by entering your opening and closing times. If your program operates five days a week (at least six hours a day) or more, enter "full time". If your program operates less than five days a week, enter "part time"

ADD NEW

Action	Day (select all that apply)	Open from	From AM/PM	Open to	To AM/PM	Full Time / Part Ti
No Records Found						

< | >

I confirm all information entered in this section is accurate for the submission of this Annual Report

[Save & Exit](#) BACK SAVE & NEXT

You must provide:

- Each Day you are open
- The time you are open from
- The time you are open to
- If you are open Full Time or Part Time
- And any additional comments

Once complete, select **Save (CTRL + S)**.

Hours of Operation

* Day (select all that apply)

* Open from

* From AM/PM

* Open to

* To AM/PM

Full Time / Part Time

Schedule Comments

SAVE (CTRL + S)

Required information: **Day (select all that apply)** **Open from** **From AM/PM** **Open to** **To AM/PM**

Once you complete filling out this section, use the checkbox to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

5.7.15 Household Information

In this section, you must answer “Yes” or “No” to the question regarding whether the agency operates in the residence of the reporter.

Household Information

Does the Agency operate in an occupied residence of the applicant?

-- None --

I confirm all information entered in this section is accurate for the submission of this Annual Report

[Save & Exit](#) BACK SAVE & NEXT

If yes, you must then submit information on all other household members. Select the **Add New** button to enter this information.

Please list out all household members, including children

ADD NEW

Action	First Name	Last Name	Date of Birth	Relationship to Applicant	Last 4 digits of SSN	Does not
No Records Found						

Fill out the **Household Members** pop-up window. Once complete, select **Save (CTRL + S)**.

Household Members

* First Name

* Last Name

* Date of Birth

* Relationship to Applicant

* Last 4 digits of SSN

Does not have SSN

SAVE (CTRL + S)

Required information: First Name, Last Name, Date of Birth, Relationship to Applicant, Last 4 digits of SSN

Once you complete filling out this section, use the checkbox to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

5.7.16 Insurance

In this section, you must add details on the insurance you carry. Select the **Add New** button to enter this information.

Insurance

Please list all insurance details

ADD NEW

Action	Name of Company	Policy Number	Insurance Type (Select all that apply)	Expiration Date
No Records Found				

I confirm all information entered in this section is accurate for the submission of this Annual Report

[Save & Exit](#)

Fill out the **Insurance** pop-up window. Once complete, select **Save (CTRL + S)**.

Insurance

* Name of Company

* Expiration Date

* Policy Number

* Insurance Type (Select all that apply)

SAVE (CTRL + S)

Required information **Name of Company** **Policy Number** **Insurance Type (Select all that apply)**
Expiration Date

Once you complete filling out this section, use the checkbox to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

5.7.17 Fee Information (ADS Only)

In this section, you must report the details of your Annual Fee. Begin by using the **Number of Participants** dropdown to select the number of participants your agency serves. Your selection will trigger the annual fee cost to appear in the **Annual Fee** field below. If you have already submitted , select **Yes** in the **Has Payment been Submitted?** field and complete the remaining fields with your payment information. If you have not yet submitted your payment, select **No**. Your Licensing Consultant can submit your payment information on your behalf.

Fee Information

Annual Fee Payment

I am applying for an adult day services license to operate the following type agency and agree to submit the indicated application fee by cashier's check, money order, or business check payable to the Treasurer, State of Tennessee (Adult Day Services license), or through credit card using the link below.

Use business physical address on cashier's check or money orders (no P.O.Boxes). Please mail your application fee to: Child & Adult Care Licensing, Attn: Pre-Licensure Unit 393 Maple Street #200 Gallatin TN, 37066

*Number of Participants

-- None --

Annual Fee

Annual Fee

*Has Payment been Submitted?

-- None --

Receipt Number. Please enter your receipt number if you paid online.

Receipt Number

By checking this box I agree to allow a TDHS employee to update my receipt information once payment has been received. If you do not agree, please contact your Regulatory Individual for more information.

To pay your application fee using credit/debit card, [click here](#)

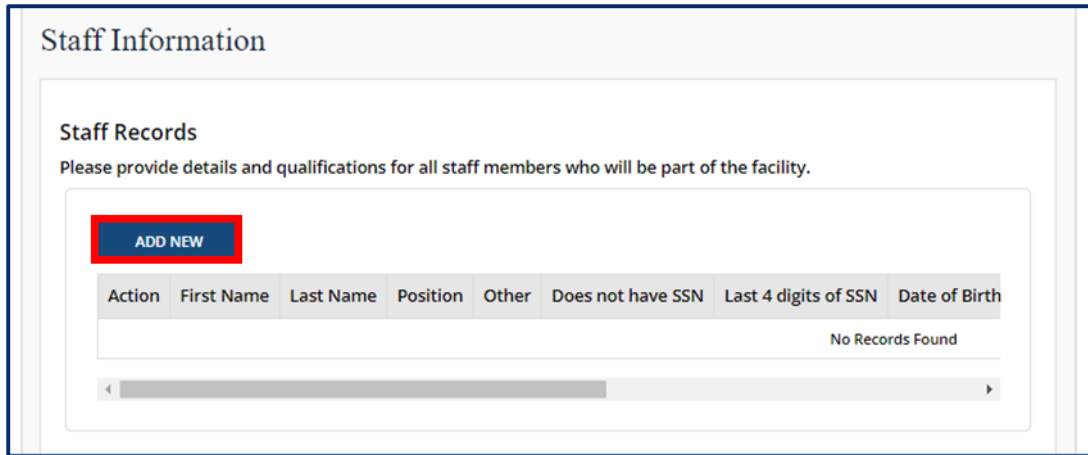
I confirm all information entered in this section is accurate for the submission of this Annual Report

[Save & Exit](#) [BACK](#) [SAVE & NEXT](#)

Once you complete filling out this section, use the checkboxes to allow a TDHS employee to update receipt information and to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

5.7.18 Staff Information

In this section, you must provide details and qualifications on all staff at your facility. Begin adding **Staff Records** by clicking the **Add New** button.



Fill out the **Staff Records and Qualifications** pop-up window. You must provide each staff member's:

- **First Name**
- **Last Name**
- **Last 4 Digits of SSN** (you may mark your staff member does not have an SSN)
- **Date of Birth**



Once complete, select **Save (CTRL + S)**.

if

You may update existing staff information. Click the **Pencil** icon to edit a staff member's information or click the **X** icon to delete a staff member's information.

Staff Records
Please provide details and qualifications for all staff members who will be part of the facility.

[ADD NEW](#)

Action	First Name	Last Name	Position	Other	Does not have SSN	Last 4 digits of SSN	
 	John	Doe	Caregiver/Direct Staff		false	*****	0

Once complete, select **Save (CTRL + S)**.

After staff records have been updated, you will be prompted to upload your staffing pattern in the **Supporting Documentation** section.

Staff Patterns
Please upload the staffing pattern in the Supporting Documentation section by selecting the appropriate document type in the dropdown. This is typically a staff schedule.

[Save & Exit](#) [BACK](#) [SAVE & NEXT](#)

Once you complete filling out this section, use the checkbox to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

5.7.19 Supporting Documentation

In this section, you must upload supporting documentation for your report. The specific list of required documents is listed within the Provider Portal.

Use the dropdown below **Have any of the below documents changed since your last Annual or Change Report submission?** to signify whether or not your **Emergency Preparedness Plan, Floor Plan, Pictures, or Transportation Plan** have changed since your last Annual or Change Report submission. If they have not changed, the documents on file will be reused and you are not required to re-upload them. If any of the documents have changed, you will be required to re-upload the documents. Please note, depending on your Provider Type, the Supporting Documentation tab will differ.

Child Care

Supporting Documentation

Supporting Documents

Please upload the following documents:

1. Budget
2. Business License
3. Emergency Preparedness Plan
4. Facility Floor Plan and Pictures
5. Secretary of State (SOS) Filing
6. Staffing Patterns (Staff Schedule)
7. Transportation Plan
8. Vehicle Inspection Check Sheet (if applicable)

If you need access to the vehicle inspection check sheet (to be completed by mechanic), click [here](#).

The following Insurance documents are needed:
If you hold multiple insurance types on one policy, you may use the "Other" Document Type to upload insurance documents. Label your document type "Insurance Policies".

1. Automobile Liability Insurance (if Transportation is provided)
2. Automobile Medical Insurance (if Transportation is provided)
3. Facility Liability Insurance
4. Facility Medical Insurance

If you would like to make changes to an uploaded document, please delete the document from the list below and re-upload.

*Have any of the below documents changed since your last Annual or Change Report submission?

- Emergency Preparedness Plan
- Floor Plan
- Pictures
- Transportation Plan

Please upload each document that has had a change since your last Annual Report or Change Report. For the documents which no changes have been made, we will reuse the documents on file.

[Save & Exit](#)

Adult Day Services

Supporting Documentation

Supporting Documents

Please upload the following documents:

1. Balance Sheet / Proposed Budget
2. Business License (if applicable)
3. Emergency Preparedness Plan
4. Facility Floor Plan and Pictures
5. Secretary of State (SOS) Filing (if applicable)
6. Staffing Patterns (Staff Schedule)
7. Vehicle Inspection Check Sheet (if applicable)

If you need access to the vehicle inspection check sheet (to be completed by mechanic), click [here](#).

The following Insurance documents are needed:
If you hold multiple insurance types on one policy, you may use the "Other" Document Type to upload insurance documents. Label your document type "Insurance Policies".

1. Automobile Liability Insurance (if Transportation is provided)
2. Automobile Medical Insurance (if Transportation is provided)
3. Facility Liability Insurance
4. Facility Medical Insurance

If you would like to make changes to an uploaded document, please delete the document from the list below and re-upload.

*Have any of the below documents changed since your last Annual or Change Report submission?

- Emergency Preparedness Plan
- Floor Plan
- Pictures
- Transportation Plan

I confirm all information entered in this section is accurate for the submission of this Annual Report

[Save & Exit](#)

Note: If you do not have a scanner or are facing other difficulties attaching your supporting documentation, please reach out to your Licensing Consultant for assistance.

To add a document, you must first select the **Document Type** and click the **Add Document** button. All uploaded documents will appear in a table at the bottom of the screen. To make changes to a document that you have uploaded, use the **Delete** button and re-upload the document as needed.

	S.No	Document Name	Document Type
<input type="checkbox"/>	1	Staff schedule.docx	Staffing Patterns (Staff Sch

Once you complete filling out this section, use the checkbox to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

5.7.20 Declaration and E-Signature

You must complete declarations and e-sign the report before you can submit it to your regulatory individual.

Use the checkbox to affirm your agreement to the statements below. Select your role at the facility with the **Role** dropdown menu. Type your name in the **Enter Your Name** field. The submission timestamp will auto-populate for you.

Click **Submit**. This will fully submit your Annual Report for TDHS review.

Child Care

Adult Day Services

Declarations and E-Signature

By clicking SAVE below, I hereby:

Affirm that I am the Owner, Director or Primary Caregiver of the owner of the child care agency and the information provided is accurate, correct and complete to the best of my knowledge.

Have read and understand the rules by which my agency is to operate, and it is my intent to maintain compliance with them.

Understand that providing false or misleading information may result in the denial of the application or revocation of the current license, and may additionally constitute a Class A misdemeanor, pursuant to the provisions of T.C.A. § 71-3-505(c)(1)(3) and (4).

Understand that any change in ownership or in the organization of the business automatically terminates the child care license. I understand that I am required to notify the Tennessee Department of Human Services (TDHS) before changing ownership or changing the organization of the child care agency.

Understand that by my signature, I am authorizing the Tennessee Department of Human Services (TDHS) to verify the information supplied in this annual report. I agree to abide by the licensing standards of the Tennessee Department of Human Services (TDHS) and the licensing laws (T.C.A. § 71-3-501 et seq.).

* Role

Submission Date Timestamp

* Enter Your Name

Required information

Declarations and E-Signature

By clicking SAVE below, I hereby:

Affirm that I am the owner or the authorized representative of the owner of the adult day services agency and the information provided is accurate, correct and complete to the best of my knowledge.

Have read and understand the rules by which my agency is to operate, and it is my intent to maintain compliance with them.

Understand that providing false or misleading information may result in the denial of the application or revocation of the current license, and may additionally constitute a Class A misdemeanor, pursuant to the provisions of T.C.A. § 71-3-505(c)(1)(3) and (4).

Understand that any change in ownership or in the organization of the business automatically terminates the adult day services license. I understand that I am required to notify the Tennessee Department of Human Services (TDHS) before changing ownership or changing the organization of the adult day services agency.

Understand that by my signature, I am authorizing TDHS to verify the information supplied in this annual report. I agree to abide by the licensing standards of the TDHS and the licensing laws (T.C.A. § 71-2-401 et seq.). I understand that the appropriate fee must be submitted to the TDHS when renewing for a license to operate an adult day services facility, and is non-refundable.

Supporting Medicaid Recipients - Agencies wishing to serve Medicaid recipients now or in the future (including any private pay customers who convert to Medicaid) must be determined compliant with all applicable Home and Community-Based Services (HCBS) Settings rules before they can receive Medicaid reimbursement for supporting individuals on Medicaid. More information about the HCBS Settings Rule requirements can be found on the DHS Adult Day Services website under Resources for Providers.

* Role

Submission Date Timestamp

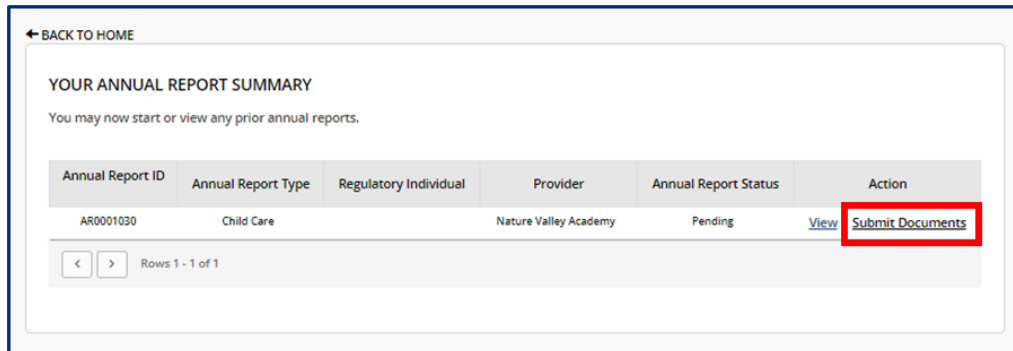
* Enter Your Name

Required information

5.7.21 Submission

Upon submission of your Annual Report, you will be taken to **Your Annual Report Summary**.

To submit additional documents to an Annual Report that is in a pending status, use the Submit Documents link. You will not have the ability to submit additional documents once your Annual Report is approved.



← BACK TO HOME

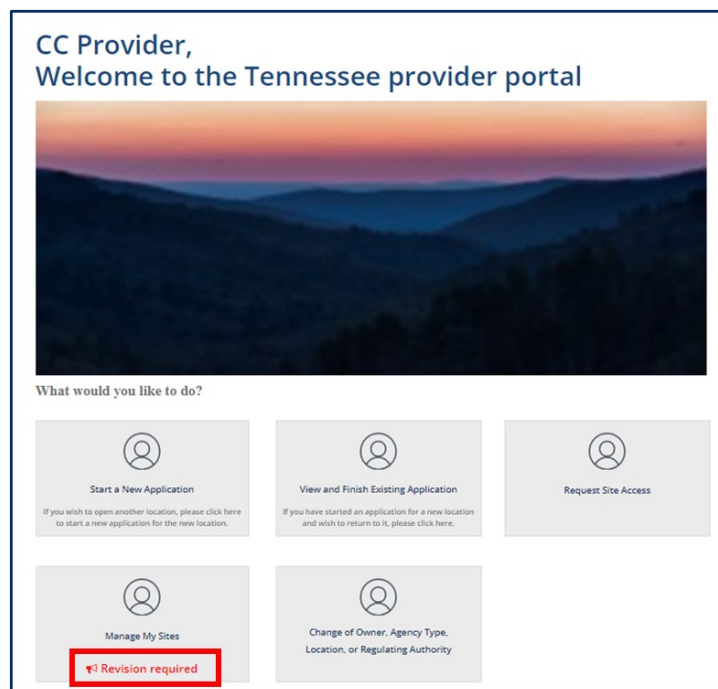
YOUR ANNUAL REPORT SUMMARY
You may now start or view any prior annual reports.

Annual Report ID	Annual Report Type	Regulatory Individual	Provider	Annual Report Status	Action
AR0001030	Child Care		Nature Valley Academy	Pending	View Submit Documents

< > Rows 1 - 1 of 1

5.7.22 Revision Required

If your Annual Report requires revision, you will see a notification on the **Manage My Sites** icon of the Provider Portal homepage.



CC Provider,
Welcome to the Tennessee provider portal

What would you like to do?

- Start a New Application**
If you wish to open another location, please click here to start a new application for the new location.
- View and Finish Existing Application**
If you have started an application for a new location and wish to return to it, please click here.
- Request Site Access**
- Manage My Sites**
⚠ Revision required
- Change of Owner, Agency Type, Location, or Regulating Authority**

Clicking the **Revision Required** link will open a pop-up window which contains feedback from your Licensing Consultant regarding the specific reports and/or fields that require revision. Update your Annual Report based on this feedback prior to re-submitting the report for further consideration.

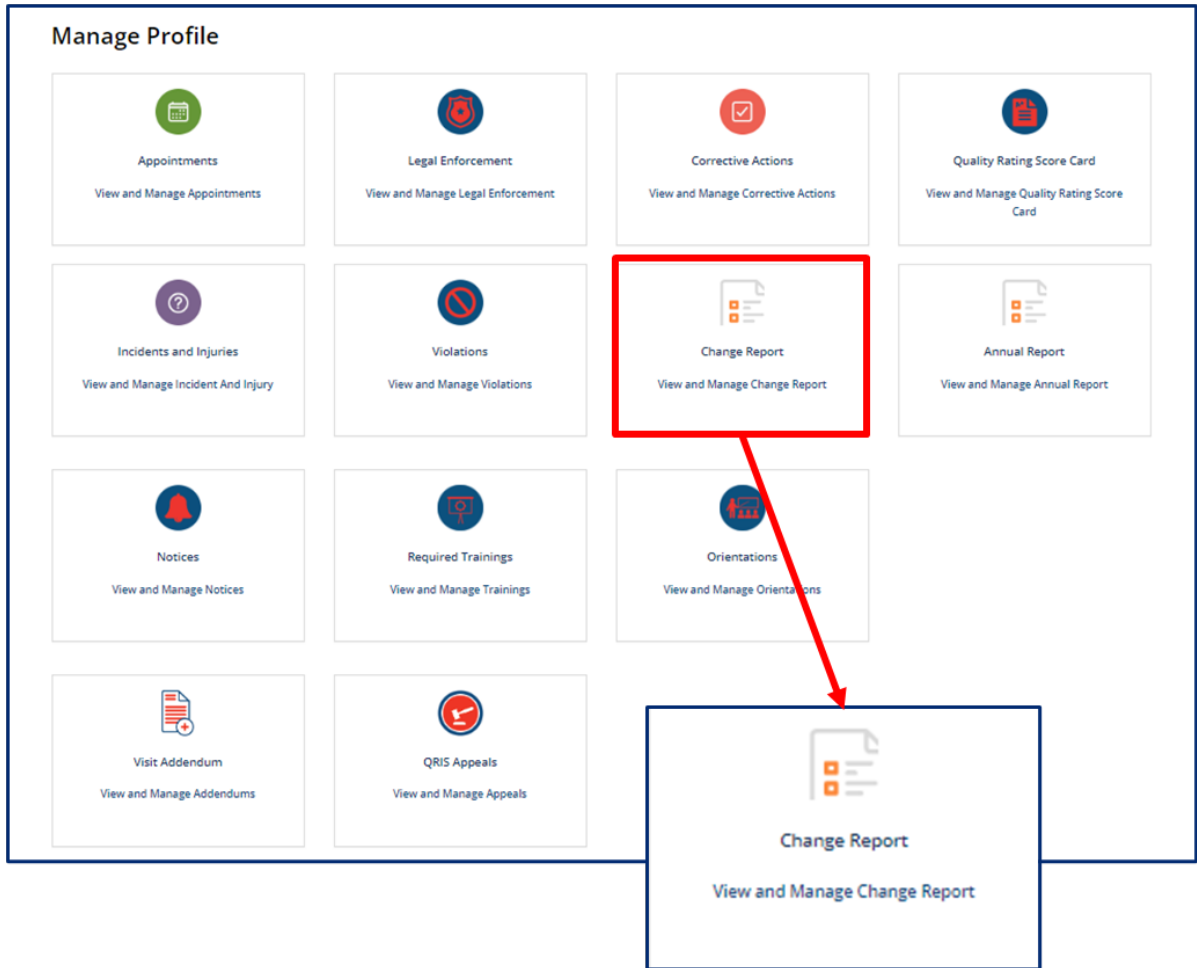
x

Annual/Change Reports listed below require revision(s). Please update your Annual/Change Report, as appropriate, based on the feedback provided below and resubmit your Annual/Change Report for further consideration.

AR0001030 Nature Valley Academy
02/02/2023 04:40 PM State Tester Information required
06/08/2022 01:30 PM State Tester Staff Schedule missing
06/08/2022 01:29 PM State Tester Add Owner Information

5.8 Submitting a Change Report

To submit a change report, begin by accessing your Provider Portal **Dashboard** and selecting the **Change Report** button under the **Manage Profile** section.



You will then be taken to **Your Change Report Summary**. Here, you will see the **Start Change Report** button. Select this button to begin a new change report.

← BACK TO HOME

****Note:** A new application is required if changes are needed for the following options: Provider Type, Child Care Type, Legal Business Status, FEIN, and Provider Physical Address.

YOUR CHANGE REPORT SUMMARY **START CHANGE REPORT**

You may now start or view any prior Change reports.

Change Report ID	Change Report Type	Regulatory Individual	Provider	Change Report Status	Action
CHA0001192	Child Care	RACHEL PETERS	ABC BABIES	Approved	View

< > Rows 1 - 1 of 1

Upon selecting **Start Change Report**, you will see the instructions to start a new Change Report. The Change Report is not required to be completed in full. You can navigate to specific sections as needed. To proceed with starting a new Change Report, select **Next**.

← BACK TO HOME

CHANGE REPORT - CHA0001204

- 1. Provider Information
Not Started
- 2. Program & services
Not Started

Instructions

You are not required to complete this change report in full. This change report allows you to navigate to the section(s) where you wish to report a change. You can save the change report and exit at any point without losing your work. The change report can be submitted after you have reported your requested changes.

CANCEL
NEXT

If you have a change report in progress it will appear on **Your Change Report Summary**. You will see your **Annual Report ID, Annual Report Type, Regulatory Individual, Provider, and Annual Report Status**.

To complete or review your existing change report, select the **View/Continue** button in the **Action** column.

**Note: A new application is required if changes are needed for the following options: Provider Type, Child Care Type, Legal Business Status, FEIN, and Provider Physical Address.

YOUR CHANGE REPORT SUMMARY

You may now start or view any prior Change reports.

Change Report ID	Change Report Type	Regulatory Individual	Provider	Change Report Status	Action
CHA0001118	Child Care	RACHEL PETERS	ABC BABIES	Draft	Continue
CHA0001102	Child Care	Train Test	ABC BABIES	Approved	View
CHA0001012	Child Care	State Tester	ABC BABIES	Draft	Continue
CHA0001008	Child Care		ABC BABIES	Approved	View

< > Rows 1 - 4 of 4

Upon creating or opening a change report, you will see a list of the categories you can update before submitting the report and the status of each step. Please note, depending on your Provider Type, you will have different categories available.

You may click **Save & Next** at the end of each section to progress through the report in order, **Back** to return to the previous section or you may click on the category you wish to update to navigate directly to that section.

Child Care

CHANGE REPORT - CHA0001226	
<input type="radio"/> 1. Provider Information <i>Not Started</i>	<input type="radio"/> 11. Accreditations <i>Not Started</i>
<input type="radio"/> 2. Business Organization <i>Not Started</i>	<input type="radio"/> 12. Curricula <i>Not Started</i>
<input type="radio"/> 3. Main Contact Information <i>Not Started</i>	<input type="radio"/> 13. Environment Aspects <i>Not Started</i>
<input type="radio"/> 4. Director & Primary Educator <i>Not Started</i>	<input type="radio"/> 14. Hours of Operations <i>Not Started</i>
<input type="radio"/> 5. Program & Services <i>Not Started</i>	<input type="radio"/> 15. Household Information <i>Not Started</i>
<input type="radio"/> 6. Provider Fees <i>Not Started</i>	<input type="radio"/> 16. Insurance <i>Not Started</i>
<input type="radio"/> 7. Child Care Level / Rates <i>Not Started</i>	<input type="radio"/> 17. Staff Information <i>Not Started</i>
<input type="radio"/> 8. Meals <i>Not Started</i>	<input type="radio"/> 18. Supporting Documentation <i>Not Started</i>
<input type="radio"/> 9. Rate Policies <i>Not Started</i>	<input type="radio"/> 19. Declaration and E-signature <i>Not Started</i>
<input type="radio"/> 10. Classrooms/Ages <i>Not Started</i>	

Adult Day Services

CHANGE REPORT - CHA0001224	
<input type="radio"/> 1. Provider Information <i>Not Started</i>	<input type="radio"/> 10. Age of Youngest/Oldest Adult <i>Not Started</i>
<input type="radio"/> 2. Business Organization <i>Not Started</i>	<input type="radio"/> 11. Accreditations <i>Not Started</i>
<input type="radio"/> 3. Main Contact Information <i>Not Started</i>	<input type="radio"/> 12. Environment Aspects <i>Not Started</i>
<input type="radio"/> 4. Director & On-site Manager <i>Not Started</i>	<input type="radio"/> 13. Hours of Operations <i>Not Started</i>
<input type="radio"/> 5. Program & Services <i>Not Started</i>	<input type="radio"/> 14. Household Information <i>Not Started</i>
<input type="radio"/> 6. Provider Fees <i>Not Started</i>	<input type="radio"/> 15. Insurance <i>Not Started</i>
<input type="radio"/> 7. Care Level / Rates <i>Not Started</i>	<input type="radio"/> 16. Staff Information <i>Not Started</i>
<input type="radio"/> 8. Meals <i>Not Started</i>	<input type="radio"/> 17. Supporting Documentation <i>Not Started</i>
<input type="radio"/> 9. Rate Policies <i>Not Started</i>	<input type="radio"/> 18. Declarations and E-Signature <i>Not Started</i>

5.8.1 Provider Information

You can update contact information and the mailing address for your site on this screen. There are grey fields listed on the Provider Information screen. This includes:

- Name of Agency
- Provider Physical Address
- FEIN
- Child Care Type

These items cannot be modified on a change report. To change this information, you will need to complete a new licensing application. Refer to section [3.2 Applying for Provisional Licensure for more information](#).

Confirm the information entered in the **Provider Email Address** and **Phone Number** fields is correct and update as needed.

Please note: you cannot implement any changes made on this screen until you have received prior approval from your regulatory agency.

5.8.2 Main Contact Information

In this section, you can update the main contact information of the facility director, chairman of the board, or the main person, Primary Contact, for the agency.

Once you complete filling out this section, click the **Save & Next** button to proceed to the next section.

Main Contact Information

Please note that you can submit all changes in this change report. However, if your change requires prior approval by your regulatory agency, you may not implement the change until the approval is granted.

Main Contact Information

Main Contact = Name of the director, Chairman of the Board or the main person to contact.

* First Name	* Phone Number
<input type="text"/>	<input type="text"/>
* Last Name	Alternate Phone Number
<input type="text"/>	<input type="text"/>
* Email Address	Fax
<input type="text"/>	<input type="text"/>

[Save & Exit](#)

Please note: you cannot implement any changes made on this screen until you have received prior approval from your regulatory agency.

5.8.3 Business Organization

In this section, please add the Legal Name and contact information for your agency, as well as Board of Directors Information.

Business Organization


Business Organization
For changes in your legal organization, please contact your Regulatory Individual.

* Full Legal Name and d/b/a Name of Business	* Franchise (SOS Filing Required)
<input type="text"/>	-- None --
* Legal Organization	SOS or Business License Issuance/Renewal Date
-- None --	MM-DD-YYYY
* FEIN	* Do you have a Board of Directors?
<input type="text"/>	-- None --
* Contact First Name	* Zip
<input type="text"/>	<input type="text"/>
* Contact Last Name	* Phone Number
<input type="text"/>	<input type="text"/>
* Street Address - Line 1	Alternate Phone Number
<input type="text"/>	<input type="text"/>
Street Address - Line 2	Fax
<input type="text"/>	<input type="text"/>
* City	
<input type="text"/>	
* State	
<input type="text"/>	

Use the **pencil** button to edit the associated information for current and former owners.

List of Owners

Please list all current and former owners

Action	Owner Type	Individual/Business Name	Email Address	Phone number	Alternate Phone Numb
	Individual	Business Owner			

Within the **Owners** pop-up window, edit the Owner's contact information as needed. Once complete, select **Save (CTRL + S)**.

Owners

Owner Type
 Individual

Please provide all known information.

* Individual/Business Name: Karen Kramer
 Alternate Phone Number:

* Email Address: educator@xyz.com
 Fax:

* Phone number: (615) 000-0000

SAVE(CTRL + S)

Use the **Add New** button to list all Owners' Experience. If this is not applicable, please proceed without adding experience details.

List of Owners Experience

If this is not applicable, please proceed without adding experience details.

ADD NEW

Action	Owner	Employer	Contact Person's First Name	Contact Person's Last Name	Email Address	Si
<input type="text"/>						

Fill out the **Owner Experience** pop-up window. Once complete, select **Save (CTRL + S)**.

Owner experience

* Owner

* Employer

* Contact Person's First Name

* Contact Person's Last Name

* Email Address

* Street Address

Street Address 2

* City

* State

* ZIP

* Phone Number

Alternate Phone Number

Fax

* Date Worked From

* Date Worked To

Current Employer

SAVE (CTRL + S)

Required information: Owner, Employer, Contact Person's First Name, Contact Person's Last Name, Email Address, Street Address, City, State, ZIP, Phone Number, Date Worked From, Date Worked To

If you answered **Yes** to **Do you have a board of directors?**, Click **Add New** to list Board Members.

List of Board Members

Please select one of the board members as Chairman of the Board.

ADD NEW

Action	Chairman of the Board	Board Member Type	Individual/Business Name	Email Address	Phone I
No Records Found					

Fill out the **Board Members** pop-up window. If the Board Member you are adding is Chairman of the Board, use the checkbox at the top of the window to signify this. Once complete, select **Save (CTRL + S)**.

The image shows a web form titled "Board Members". At the top left, there is a checkbox labeled "Chairman of the Board". Below it is a dropdown menu for "*Board Member Type" with "Individual" selected. To the right of the dropdown is a text input field for "*Phone Number". Below the dropdown are two more text input fields: "*Individual's Name" and "*Email Address". To the right of these are two more text input fields: "Alternate Phone Number" and "Fax". At the bottom right of the form is a blue button with the text "SAVE (CTRL + S)". Below the form is a light blue bar with the text "Required information" followed by three red boxes containing the text "Individual's Name", "Email Address", and "Phone Number".

Once you complete this section, click the **Save & Next** button to proceed to the next section.

5.8.4 Director & Primary Educator

In this section, you can update information about the director and primary educator of your facility, as well as the experience this individual has in working with young children and references for this individual.

Begin by filling out the **Director & Primary Educator** and **Education** information sections.

Director & Primary Educator

Please note that you can submit all changes in this change report. However, if your change requires prior approval by your regulatory agency, you may not implement the change until the approval is granted.

Director & Primary Educator

Select the applicable role for Facility

-- None --

* First Name of Director or Primary Educator

* Last Name of Director or Primary Educator

Education

Highest Level of Education

-- None --

* Name of School

* Street Address

Street Address 2

* City

Country

United States

State

Zip

Specialized Education related to Child Care

Then, add experience this individual has in working with young children. Select the **Add New** button to get started. If this is not applicable, proceed without adding experience details.

Please list experience working with young children (List most recent experience first)

Attach a copy of your resume to the supporting documents section (if available).
If this is not applicable, please proceed without adding experience details.

ADD NEW

Action	Employer	Contact Person First Name	Contact Person Last Name	Email

Complete the pop-up window that appears, detailing information on this individual's current or previous employer where they gained experience in working with young children. Once complete, select **Save (CTRL + S)**.

List most recent experience first

* Employer * Zip

* Contact Person First Name Work Phone

* Contact Person Last Name Alternate Phone Number

Email Fax

Street Address * Date Worked From

Street Address 2 * Date Worked To

* City Current Employer

* State

SAVE (CTRL + S)

Required information: Employer, Contact Person First Name, Contact Person Last Name, City, Zip, Date Worked From, Date Worked To

Once all experience is added, proceed to the references section. You must submit at least 3 references who are non-relatives. Select the **Add New** button in the **References** section.

References

Please list 3 reference, who are non-relatives along with their complete addresses and daytime telephone numbers

ADD NEW

Action	First Name	Last Name	Email	Street Address	Street Address 2	City	State	Zip	Phone Number
No Records Found									

Fill out the **References** pop-up window. Once complete, select **Save (CTRL + S)**.

References

* First Name

* Last Name

* Email

* Street Address

Street Address 2

* City

* State

* Zip

* Phone Number

Alternate Phone Number

Fax

SAVE (CTRL + S)

Required information: **First Name** **Last Name** **Email** **Street Address** **City** **Zip** **Phone Number**

Once you complete this section, click the **Save & Next** button to proceed to the next section.

Please note: you cannot implement any changes made on this screen until you have received prior approval from your regulatory agency.

5.8.5 Director & On-Site Manager (ADS Only)

In this section, you can update information about the director and onsite manager of your facility, as well as the experience this individual has in working with adults and references for this individual.

Begin by filling out the **Director & On-Site Manager** and **Education** information sections.

Director & On-Site Manager Information

Please note that you can submit all changes in this change report. However, if your change requires prior approval by your regulatory agency, you may not implement the change until the approval is granted.

Director & On-Site Manager Information

Select the applicable role for Facility

-- None --

* First Name of Director or On-Site Manager

* Last Name of Director or On-Site Manager

Education

Highest Level of Education

-- None --

* Name of School

* Street Address

Street Address 2

* City

Country

United States

State

Zip

Specialized Education Related to Adult Care

Then, add the experience this individual has in working with adults. Select the **Add New** button to get started. If this is not applicable, proceed without adding experience details.

Experience in Working with Adults (List most recent experience first)

Attach a copy of your resume to the supporting documents section (if available).
If this is not applicable, please proceed without adding experience details.

ADD NEW

Action	Employer	Contact Person First Name	Contact Person Last Name	Email	Street Address	Street
<hr/>						

◀ ▶

Complete the pop-up window that appears, detailing information on this individual's current or previous employer where they gained experience in working with adults. Once complete, select **Save (CTRL + S)**.

The form is titled "List most recent experience first". It contains the following fields:

- * Employer (text input)
- * Zip (text input)
- * Contact Person First Name (text input)
- Work Phone (text input)
- * Contact Person Last Name (text input)
- Alternate Phone Number (text input)
- Email (text input)
- Fax (text input)
- Street Address (text input)
- * Date Worked From (calendar icon, MM-DD-YYYY)
- Street Address 2 (text input)
- * Date Worked To (calendar icon, MM-DD-YYYY)
- * City (text input)
- Current Employer
- * State (dropdown menu, currently showing "TN")

A red box highlights the "SAVE (CTRL + S)" button at the bottom right. A legend at the bottom indicates required information: Employer, Contact Person First Name, Contact Person Last Name, City, Zip, Date Worked From, and Date Worked To.

Once all experience is added, proceed to the references section. You must submit at least 3 references who are non-relatives. Select the **Add New** button in the **References** section.

The section is titled "References" and includes the instruction: "Please list 3 reference, who are non-relatives along with their complete addresses and daytime telephone numbers".

A red box highlights the "ADD NEW" button.

Action	First Name	Last Name	Email	Street Address	Street Address 2	City	State	Zip	Phone Number
No Records Found									

A horizontal scrollbar is visible below the table.

Fill out the **References** pop-up window. Once complete, select **Save (CTRL + S)**.

The screenshot shows a form titled "References" with the following fields:

- * First Name (text input)
- * Last Name (text input)
- * Email (text input)
- * Street Address (text input)
- Street Address 2 (text input)
- * City (text input)
- * State (dropdown menu, currently showing "TN")
- * Zip (text input)
- * Phone Number (text input)
- Alternate Phone Number (text input)
- Fax (text input)

At the bottom right of the form is a red button labeled "SAVE (CTRL + S)". Below the form is a summary bar with the text "Required information" followed by a list of fields: First Name, Last Name, Email, Street Address, City, Zip, and Phone Number. Each field name in the list is highlighted in red.

Once you complete filling out this section, use the checkbox to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

Please note: you cannot implement any changes made on this screen until you have received prior approval from your regulatory agency.

5.8.6 Programs & Services

Update any affiliations that apply to your agency using the **Affiliations** drop-down. Remove an affiliation by clicking the grey **X** next to the affiliation name.

Use the following three dropdown fields to signify whether your agency:

- Has admission requirements and enrollment procedures
- Has a provision to seek emergency medical care for those enrolled
- Is wheel chair accessible

Programs, Services and Affiliations

Please note that you can submit all changes in this change report. However, if your change requires prior approval by your regulatory agency, you may not implement the change until the approval is granted.

Affiliations

Select any of the following affiliation descriptions that apply to your agency. If you check more than one, ensure that your choices do not conflict.

Affiliations

Affiliations (select all that apply)

Program and Services

* Do you have admission requirements and enrollment procedures?

* Do you have a provision to seek emergency medical care for those enrolled?

* Do you contract with a 3rd party to provide any programs & services?

* Is the facility wheel chair accessible?

Add any updates to Transportation to your facility by updating the appropriate questions. Use the dropdown field to add any 3rd parties you contract with to provide programs & services.

Use the checkboxes to signify you have read and understand:

- Section 504 of the Rehabilitation Act of 1973
- Title VI- T.C.A. 4-21-904

Please upload your Transportation plan in Supporting Documentation

Do you provide transportation for other activities? (select all that apply)

* Transportation provided from home to facility

* Transportation provided from facility to home

I have read and understand the following:

Section 504 of the Rehabilitation Act of 1973

Title VI- T.C.A. 4-21-904

Federal and state law prohibit discrimination based on race, color, national origin, sex, disability or age in the administration of the child care certificate program, the child and adult care food program or summer food service program.

If you provide transportation to and/or from school, add details on what transportation you provide

by clicking the **Add New** button or click the **Pencil** Icon to update information for your existing transportation. Click the **X** icon if you need to delete an entry.

The screenshot shows a table titled "Transportation Provided". At the top left, there is a blue button labeled "ADD NEW" with a red border. Below it is a table with the following structure:

Action	Name of School	From School to Facility	From Facility to School
 	Day School	Yes	Yes

Upon clicking the **Add New** button, please list the name of the school you are associated with and answer **Yes** or **No** on if you provide transportation **From Facility to School** and/or **From School to Facility**. Then, click **Save (CTRL + S)**.



The screenshot shows the "Transportation Provided" form. It includes the following fields:

- Name of School:
- From Facility to School:
- From School to Facility:

At the bottom right, there is a blue button labeled "SAVE (CTRL + S)" with a red border. Below the form, a blue box contains the text "Required information" followed by three red labels: "Name of School", "From School to Facility", and "From Facility to School".

You can select the **Add New** button to add Vehicles Utilized or click the **Pencil** Icon to update information for your existing vehicle. Click the **X** icon if you need to delete an entry.

The screenshot shows a table titled "Vehicles Utilized". At the top left, there is a blue button labeled "ADD NEW" with a red border. Below it is a table with the following structure:

Action	Make	Model	License Plate	VIN
 	Volkswagen	Jetta	123ABC	3213472

Upon clicking the **Add New** button, please list the **Make**, **Model**, **License Plate** number, and **VIN** number for the vehicle. Then, click **Save (CTRL + S)**.

Vehicle Utilized

* Make

* License Plate

* Model

VIN



SAVE (CTRL + S)

Required information **Make** **Model** **License Plate**

You can update specialized programs or enhanced services your facility provides on this screen. To add a program or service, select the **Add New** button or click the **Pencil** icon to update information for your existing programs & services offered. Click the **X** icon if you need to delete an entry.

Programs & Services Offered

ADD NEW

Action	Program / Service	Other	Description	Fee	Frequency
 	Hearing Impaired			\$100.00	Monthly

You can then select the applicable program or service from the **Program / Service** drop-down. Once you select one, add its corresponding **Fee**, a **Description**, and its **Frequency**. Then, click **Save (CTRL + S)**.

Program & Services Offered

* Program / Service

* Fee

Description

Frequency

SAVE (CTRL + S)

Required information **Program / Service**

Once you complete this section, click the **Save & Next** button to proceed to the next section.

Please note: you cannot implement any changes made on this screen until you have received prior approval from your regulatory agency.

5.8.7 Provider Fees

In this section, you can update add your Provider Fees. Indicate the amount, unit value (per minute, hour, day, week, year, etc.), whether that amount is for the family or the child, the date the fee starts, and the date the fee ends (if you are discontinuing a specific fee). Anniversary dates are only used for registration fees. If you charge registration annually, and all clients are charged on a specific day, enter that date in the anniversary date area. If registration is charged annually, but is charged according to the child's enrollment date, leave this field blank.

To add a fee, select the **Add New** button and fill out the table shown below. You must add each fee's:

- Fee Type
- Amount
- Unit Value (*minute, hour, week, etc.*)
- Start Date
- Child / Family (*indicate whether this is per child, family, or adult in care*)
- End Date
- Anniversary Date

Then, click **Save (CTRL + S)**.

The screenshot shows a form titled "Provider Fees" with the following fields:

- * Fee Type**: A dropdown menu with "-- None --" selected.
- * Amount**: A text input field containing "5" and a currency symbol "\$", followed by a text input field containing "0.00".
- * Unit Value**: A dropdown menu with "-- None --" selected.
- * Child / Family**: A dropdown menu with "-- None --" selected.
- * Start Date**: A date input field with the placeholder "MM-DD-YYYY" and a calendar icon.
- End Date**: A date input field with the placeholder "MM-DD-YYYY" and a calendar icon.
- Anniversary Date**: A date input field with the placeholder "MM-DD-YYYY" and a calendar icon.

A red button labeled "SAVE (CTRL + S)" is located at the bottom right of the form. Below the form is a "Required information" bar with red labels for "Fee Type", "Unit Value", "Child / Family", and "Start Date".

You can edit or delete existing provider fees on this screen. Click the **Pencil** icon to edit an existing fee or the **X** icon to delete an existing fee.



The screenshot shows a table with a header row and one data row. The header row has columns: Action, Fee Type, Other, Amount, Unit Value, Child / Family, Start Date, End Date, and Anniversar. The data row has: Registration Fee, \$100.00, Year, Child, 05-23-2022. A red box highlights the edit (pencil) and delete (X) icons in the Action column of the first row.

Action	Fee Type	Other	Amount	Unit Value	Child / Family	Start Date	End Date	Anniversar
 	Registration Fee		\$100.00	Year	Child	05-23-2022		

Once you complete filling out this section, click the **Save & Next** button to proceed to the next section.

5.8.8 Care Level / Rates

In this section, update the various care levels of the children you enroll, along with the current number enrolled in each age group. If you offer a care level but have no children enrolled within it, enter "0".

The age ranges for each care level are as follows:

- Infants – 6 weeks to 12 months
- Toddlers – 13 months to 30 months
- 2 Year Olds – 24 months to 35 months
- 3 Year Olds – 36 months to 47 months
- 4 Year Olds – 48 months to 59 months
- 5 Year Olds – 60 months to 72 months
- School-Agers – Kindergarten to 12 years old

To add an age range, select the **Add New** button and fill out the pop-up window that appears. You must provide each **Care/Age Level, Unit of Care, Enrollment** (number of children enrolled in that care level), **Rate, Start Date, End Date,** and **Frequency**. Use the **Vacancy** field to indicate if you have vacancies at the selected Care/Age Level. Once complete, select **Save (CTRL + S)**. Please note, depending on your Provider Type, the pop-up screen will vary.

Child Care

Child Care Level / Rates

* Care/Age Level: -- None --

* Unit of Care: -- None --

Number Currently Enrolled: []

* Rate: \$ [] 0.00

* Start Date: MM-DD-YYYY []

End Date: MM-DD-YYYY []

Frequency: -- None --

Vacancy: -- None --

SAVE (CTRL + S)

Required information: Care/Age Level, Start Date, Unit of Care

Adult Day Services

Care Level / Rates

* Care/Age Level: Adults

* Unit of Care: -- None --

* Rate: \$ [] 0.00

* Start Date: MM-DD-YYYY []

End Date: MM-DD-YYYY []

Frequency: -- None --



SAVE (CTRL + S)

Required information: Unit of Care, Start Date

Click the **Pencil** icon to edit an existing care level/rate or the **X** icon to delete an existing care level/rate.

Care Level / Rates
Add the care levels

ADD NEW

Action	Care/Age Level	Rate	Frequency	Unit of Care	Start Date	End Date
 	Adults	\$100.00	Weekly	Part-time	02-13-2023	

Once you complete filling out this section, click the **Save & Next** button to proceed to the next section.

5.8.9 Meals

In this section, you can update information related to the meals you provide in your program. Fill out the section to update:

- How meals are provided in your facility
- The specific meals you serve
- If you are interested in participating in the Child and Adult Care Food Program

Once you complete filling out this section, click the **Save & Next** button to proceed to the next section.

Meals

Please note that you can submit all changes in this change report. However, if your change requires prior approval by your regulatory agency, you may not implement the change until the approval is granted.

Meals

* Which of these options describes how meals are provided in your facility?

-- None --

* Meals Served (select all that apply)

* Are you currently participating in the Child and Adult Care Food Program?

-- None --

[Save & Exit](#) **BACK** **SAVE & NEXT**

Please note: you cannot implement any changes made on this screen until you have received prior approval from your regulatory agency.

5.8.10 Rate Policies

In this section, select all rate policies that apply to your program. You can mark applicable **Funding Sources** and **Discounts** using their associated dropdowns.

To remove a Funding Source or Discount, click the grey **X** icon beside the name of the item you wish to delete.

Rate Policies

Rate Policies Information

Select all rate policies that apply to your program. The first 16 represent funding sources for your program. The last 4 items represent discounts you routinely offer parents to reduce the cost of care (do not include payments from "DHS").

* Funding Sources (select all that apply)

X HS certificates X Parent fees/tuition

* Discounts (select all that apply)

X Sliding Fee Scale

[Save & Exit](#)

Once you complete filling out this section, click the **Save & Next** button to proceed to the next section.

5.8.11 Classrooms / Ages

In this section, you can update the age of the youngest and oldest children you are willing to serve on a regular basis and list the unit of age for each (*weeks, months, or years*). Additionally, you can update the number of classrooms your agency has.

Classrooms/Ages

Please note that you can submit all changes in this change report. However, if your change requires prior approval by your regulatory agency, you may not implement the change until the approval is granted.

Select the age of the youngest and oldest child you are willing to serve on a regular basis.

* Age of Youngest Child: -- None --

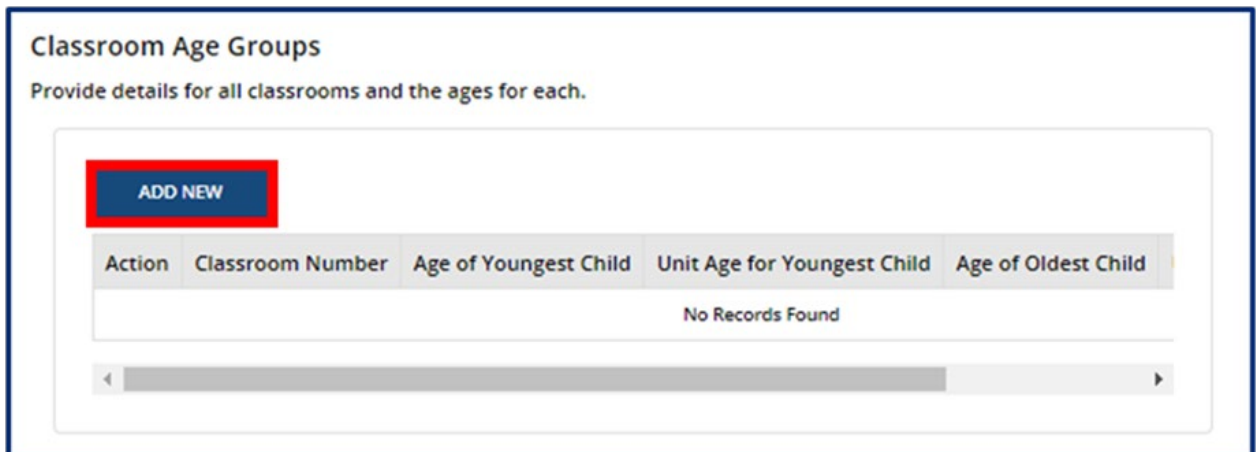
* Age of Oldest Child: -- None --

* Unit of Age for Youngest Child: -- None --

* Unit of Age for Oldest Child: -- None --

* How many classrooms do you have?: -- None --

Use the **Add New** button to provide details regarding the ages in each classroom.



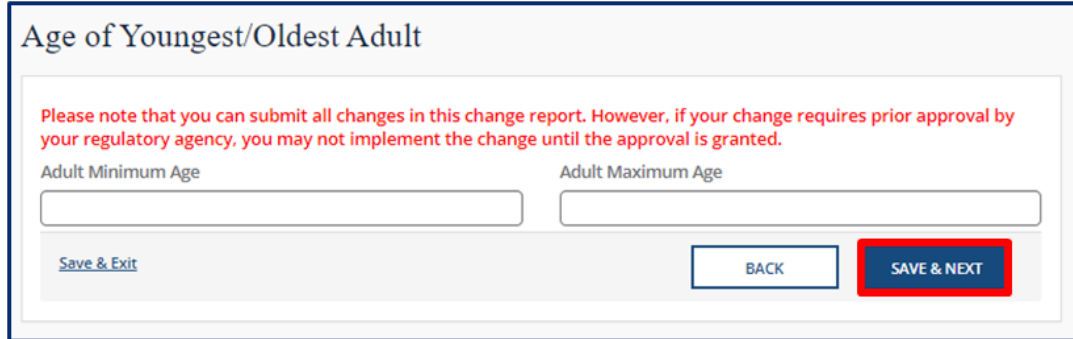
Fill out the Classroom Age Groups pop-up window. Once complete, select **Save (CTRL + S)**.

Once you complete filling out this section, click the **Save & Next** button to proceed to the next section.

Please note: you cannot implement any changes made on this screen until you have received prior approval from your regulatory agency.

5.8.12 Age of Youngest / Oldest Adult (ADS Only)

In this section, update the youngest and oldest adult your agency currently serves. Use the Adult Minimum Age and Adult Maximum Age fields to enter the respective ages.



Age of Youngest/Oldest Adult

Please note that you can submit all changes in this change report. However, if your change requires prior approval by your regulatory agency, you may not implement the change until the approval is granted.

Adult Minimum Age

Adult Maximum Age

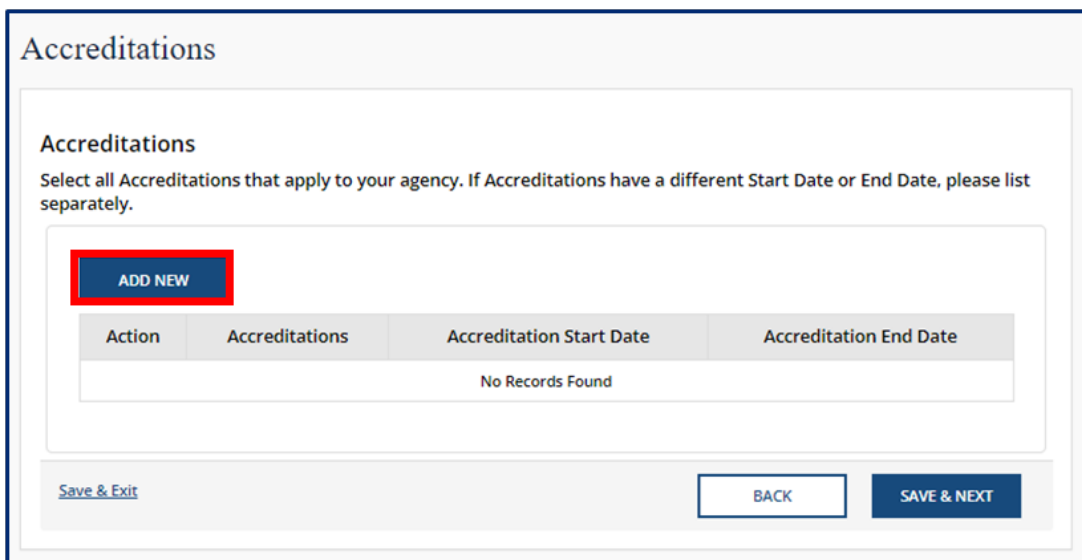
[Save & Exit](#)

Once you complete filling out this section, click the **Save & Next** button to proceed to the next section.

Please note: you cannot implement any changes made on this screen until you have received prior approval from your regulatory agency.

5.8.13 Accreditations

In this section, update or add any additional accreditations. To add an accreditation, select the **Add New** button.



Accreditations

Accreditations

Select all Accreditations that apply to your agency. If Accreditations have a different Start Date or End Date, please list separately.

Action	Accreditations	Accreditation Start Date	Accreditation End Date
No Records Found			

[Save & Exit](#)

Fill out the **Accreditations** pop-up window. Select the name of the **Accreditation**. Enter in the

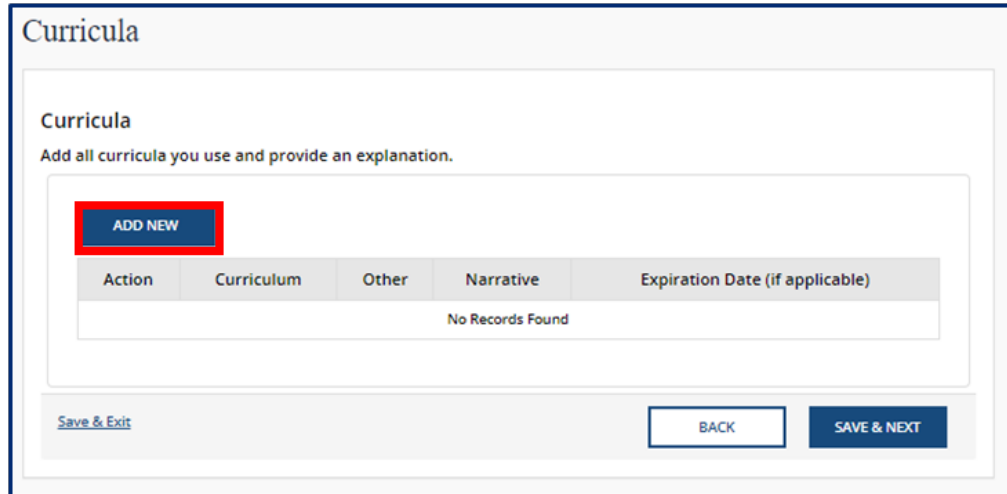
accreditation's **Start Date** and **End Date**. Once complete, select **Save (CTRL + S)**. Please note, each accreditation should only be added once.

The screenshot shows a form titled "Accreditations". It contains a dropdown menu labeled "Accreditations" with the text "-- None --". Below this are two date input fields: "Accreditation Start Date" and "Accreditation End Date", both showing the placeholder "MM-DD-YYYY". A blue button labeled "SAVE (CTRL + S)" is highlighted with a red border. At the bottom, a blue bar indicates "Required information" with red markers for "Accreditations" and "Accreditation Start Date".

Once you complete filling out this section, click the **Save & Next** button to proceed to the next section.

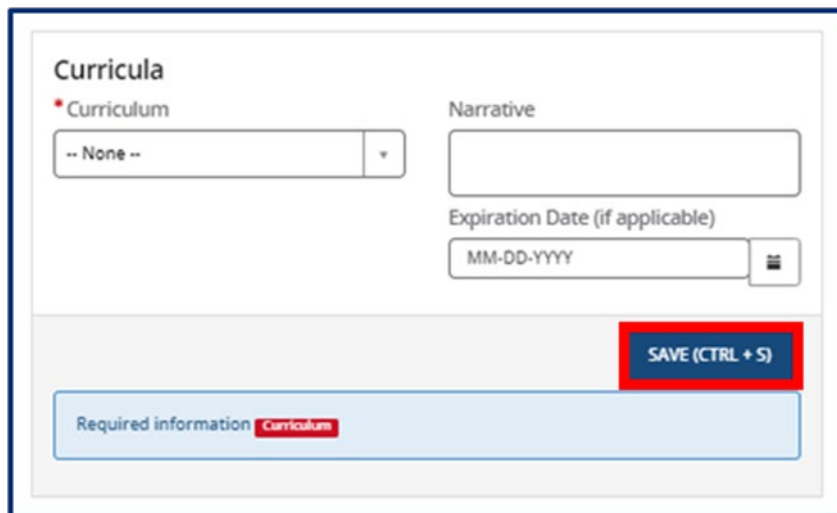
5.8.14 Curricula (Child Care Only)

In this section, you may update the curricula you use. To add a curriculum, select the **Add New** button.



The screenshot shows a web interface titled "Curricula". Below the title, there is a sub-header "Curricula" and a prompt: "Add all curricula you use and provide an explanation." A red box highlights the "ADD NEW" button. Below this is a table with columns: "Action", "Curriculum", "Other", "Narrative", and "Expiration Date (if applicable)". The table currently displays "No Records Found". At the bottom of the interface, there are three buttons: "Save & Exit", "BACK", and "SAVE & NEXT".

Fill out the **Curricula** pop-up window. Use the **Curriculum** drop-down to select the curriculum you use. You may select **Other** if the one you use is not listed. Optionally, add a narrative that explains this curriculum and when it expires. Once complete, select **Save (CTRL + S)**.

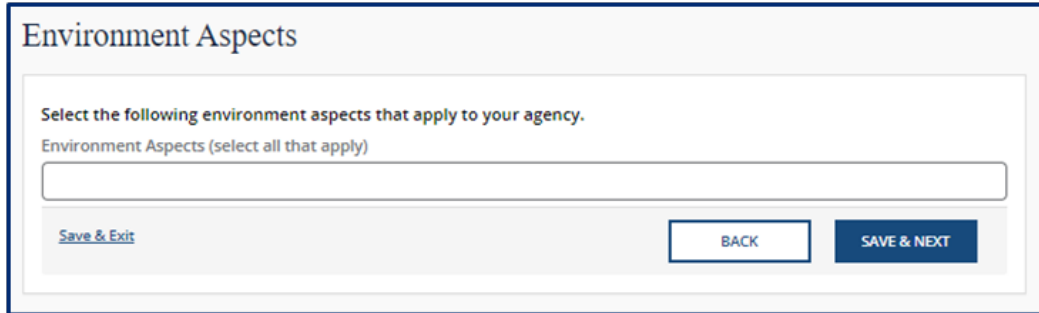


The screenshot shows a pop-up window titled "Curricula". It contains a "Curriculum" dropdown menu with "-- None --" selected. To the right is a "Narrative" text input field. Below the narrative field is an "Expiration Date (if applicable)" field with a date picker icon and the placeholder "MM-DD-YYYY". A red box highlights the "SAVE (CTRL + S)" button. At the bottom, there is a "Required information" section with a red tag labeled "Curriculum".

Once you complete filling out this section, click the **Save & Next** button to proceed to the next section.

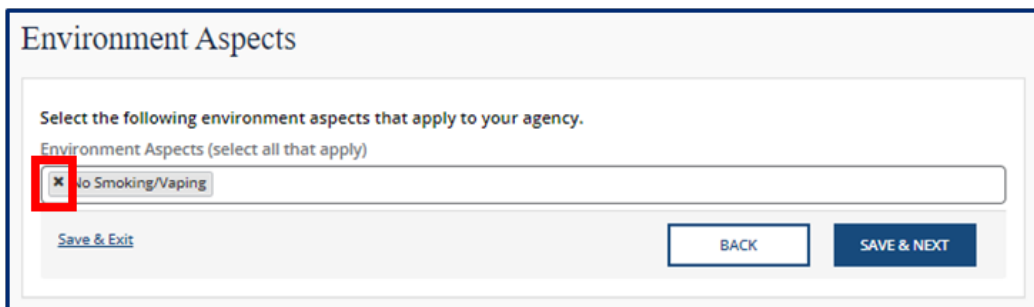
5.8.15 Environment Aspects

In this section, update the environment aspects that apply to your agency using the **Environment Aspects** drop-down. Examples include “No Pets” and “Wheelchair Accessible”.



The screenshot shows a form titled "Environment Aspects". Below the title, there is a instruction: "Select the following environment aspects that apply to your agency." followed by "Environment Aspects (select all that apply)". A large, empty text input field is provided for selection. At the bottom of the form, there are three buttons: "Save & Exit" (a link), "BACK", and "SAVE & NEXT".

To remove an environment aspect, click the grey **X** icon beside the name of the item you wish to delete.



The screenshot shows the same "Environment Aspects" form. The text input field now contains the text "No Smoking/Vaping". A small grey box with a white "X" icon is positioned to the left of the text, indicating that this aspect can be removed. This "X" icon is highlighted with a red square. The "Save & Exit", "BACK", and "SAVE & NEXT" buttons are also visible at the bottom.

Once you complete filling out this section, click the **Save & Next** button to proceed to the next section.

5.8.16 Hours of Operation

In this section, you can update the schedules you offer and your specific hours of operation. Begin by selecting new schedules that you offer on a regular basis using the **Schedules Offered** drop-down. Examples include "After School", "Full Time", and "School Year".

Then, select the **Add New** button to provide the specific times your facility is open.

Hours of Operations

Please note that you can submit all changes in this change report. However, if your change requires prior approval by your regulatory agency, you may not implement the change until the approval is granted.

Select all schedules that apply below for which you offer care on a regular basis.

Schedules Offered (select all that apply)

Indicate your hours of operation by entering your opening and closing times. If your program operates five days a week (at least six hours a day) or more, enter "full time". If your program operates less than five days a week, enter "part time".

ADD NEW

Action	Day (select all that apply)	Open from	From AM/PM	Open to	To AM/PM	Full Time / Part Time
No Records Found						

[Save & Exit](#)

You must provide:

- Each Day you are open
- The time you are open from
- The time you are open to
- If you are open Full Time or Part Time
- And any additional comments

Once complete, select **Save (CTRL + S)**.

Hours of Operation

* Day (select all that apply)

* Open from

* From AM/PM

* Open to

* To AM/PM

Full Time / Part Time

Schedule Comments

SAVE (CTRL + S)

Required information: Day (select all that apply), Open from, From AM/PM, Open to, To AM/PM

Once you complete filling out this section, click the **Save & Next** button to proceed to the next section.

Please note: you cannot implement any changes made on this screen until you have received prior approval from your regulatory agency.

5.8.17 Household Information

In this section, you can update your home daycare status. Answer “Yes” or “No” to the question regarding whether the agency operates in the residence of the reporter.

If your physical address changes with your home daycare status, you will need to complete a new licensing application. Refer to section [3.2 Applying for Provisional Licensure for more information](#).

Household Information

Please note that you can submit all changes in this change report. However, if your change requires prior approval by your regulatory agency, you may not implement the change until the approval is granted.

Does the Agency operate in an occupied residence of the applicant?

-- None --

Yes

No

If yes, you must then submit information on all other household members. Select the **Add New** button to enter this information.

Please list out all household members, including children

ADD NEW

Action	First Name	Last Name	Date of Birth	Relationship to Applicant	Last 4 digits of SSN	Does not
No Records Found						

Fill out the **Household Members** pop-up window. Once complete, select **Save (CTRL + S)**.

Household Members

* First Name

* Last Name

* Date of Birth

* Relationship to Applicant ▼

* Last 4 digits of SSN

Does not have SSN



SAVE (CTRL + S)

Required information: **First Name** **Last Name** **Date of Birth** **Relationship to Applicant**
Last 4 digits of SSN

To edit household members, click the **Pencil** icon. To remove a household member, click the **X** icon.

Please list out all household members, including children

ADD NEW

Action	First Name	Last Name	Date of Birth	Relationship to Applicant	Last 4 digits of SSN	Does not
 	John	Smith	01-11-1998	Son	*****	false

Once you complete this section, click the **Save & Next** button to proceed to the next section.

Please note: you cannot implement any changes made on this screen until you have received prior approval from your regulatory agency.

5.8.18 Insurance

In this section, you can update details on the insurance you carry. Select the **Add New** button to enter a new insurance policy.

The screenshot shows a web interface titled "Insurance". Below the title is a section titled "Please list all insurance details". Inside this section, there is a blue button labeled "ADD NEW" with a red border. Below the button is a table with the following columns: "Action", "Name of Company", "Policy Number", "Insurance Type (Select all that apply)", and "Expiration Date". The table is currently empty and displays "No Records Found" in the center. At the bottom of the interface, there are three buttons: "Save & Exit" (a link), "BACK", and "SAVE & NEXT".



Fill out the **Insurance** pop-up window. Once complete, select **Save (CTRL + S)**.

The screenshot shows a form titled "Insurance" with the following fields: "* Name of Company" (text input), "* Expiration Date" (text input with a calendar icon and placeholder "MM-DD-YYYY"), "* Policy Number" (text input), and "* Insurance Type (Select all that apply)" (text input). A blue button labeled "SAVE (CTRL + S)" with a red border is located at the bottom right. Below the form is a "Required information" section with a light blue background, listing "Name of Company", "Policy Number", "Insurance Type (Select all that apply)", and "Expiration Date" in red boxes.

To edit an insurance policy, click the **Pencil** icon. To remove an insurance policy, click the **X** icon.

Please list all insurance details

ADD NEW

Action	Name of Company	Policy Number	Insurance Type (Select all that apply)	Expiration Date
 	Insurance!	12345	Vehicle Liability Insurance	11-30-2023

Once you complete filling out this section, click the **Save & Next** button to proceed to the next section.

5.8.19 Staff Information

In this section, you must can update details and qualifications for all staff at your facility. Begin adding **Staff Records** by clicking the **Add New** button.

The screenshot shows a web interface titled "Staff Information". Below the title is a section for "Staff Records" with the instruction: "Please provide details and qualifications for all staff members who will be part of the facility." A red box highlights an "ADD NEW" button. Below the button is a table with the following columns: Action, First Name, Last Name, Position, Other, Does not have SSN, Last 4 digits of SSN, and Date of Birth. The table currently contains the text "No Records Found" and a scrollbar is visible at the bottom.

Fill out the **Staff Records and Qualifications** pop-up window. You must provide each staff member's:


- **First Name**
- **Last Name**
- **Last 4 Digits of SSN** (you may mark if your staff member does not have an SSN)
- **Date of Birth**

The screenshot shows a pop-up window titled "Staff Records and Qualifications". It contains several input fields: "First Name" (required), "Last Name" (required), "Position" (dropdown menu with "-- None --"), "Does not have SSN" (checkbox), "Last 4 digits of SSN" (required), "Date of Birth" (required, MM-DD-YYYY), "Work Start Date" (MM-DD-YYYY), "Work Termination Date" (MM-DD-YYYY), "Date of Staff Orientation" (MM-DD-YYYY), and "TNPAL ID". A red box highlights a "SAVE (CTRL + S)" button. At the bottom, a blue box lists "Required information" with red boxes around "First Name", "Last Name", "Last 4 digits of SSN", and "Date of Birth".

You may update existing staff information. Click the **Pencil** icon to edit a staff member's information.

Staff Records
Please provide details and qualifications for all staff members who will be part of the facility.

[ADD NEW](#)

Action	First Name	Last Name	Position	Other	Does not have SSN	Last 4 digits of SSN	C
	John	Doe	Caregiver/Direct Staff		false	*****	0

< | >

Once complete, select **Save (CTRL + S)**.

After staff records have been updated, you will be prompted to upload your staffing pattern in the **Supporting Documentation** section. Click the **Save & Next** button to proceed to the next section.

Staff Patterns
Please upload the staffing pattern in the Supporting Documentation section by selecting the appropriate document type in the dropdown. This is typically a staff schedule.

[Save & Exit](#) [BACK](#) [SAVE & NEXT](#)

5.8.20 Supporting Documentation

In this section, you must upload supporting documentation that relates to the changes made in your report. The specific list of documents is listed within the Provider Portal.

Use the dropdown below **Have any of the below documents changed since your last Annual or Change Report submission?** to signify whether or not your **Emergency Preparedness Plan, Floor Plan, Pictures, or Transportation Plan** have changed since your last Annual or Change Report submission. If they have not changed, the documents on file will be reused and you are not required to re-upload them. If any of the documents have changed, you will be required to re-upload the documents. Please note, depending on your Provider Type, the Supporting Documentation tab will differ.

Child Care

Supporting Documentation

Supporting Documents

Please upload the following documents:

1. Budget
2. Business License
3. Emergency Preparedness Plan
4. Facility Floor Plan and Pictures
5. Secretary of State (SOS) Filing
6. Staffing Patterns (Staff Schedule)
7. Transportation Plan
8. Vehicle Inspection Check Sheet (if applicable)

If you need access to the vehicle inspection check sheet (to be completed by mechanic), click [here](#).

The following insurance documents are needed:

If you hold multiple insurance types on one policy, you may use the "Other" Document Type to upload insurance documents. Label your document type "Insurance Policies".

1. Automobile Liability Insurance (if Transportation is provided)
2. Automobile Medical Insurance (if Transportation is provided)
3. Facility Liability Insurance
4. Facility Medical Insurance

If you would like to make changes to an uploaded document, please delete the document from the list below and re-upload.

*Have any of the below documents changed since your last Annual or Change Report submission?

- Emergency Preparedness Plan
- Floor Plan
- Pictures
- Transportation Plan

Yes No

Please upload each document that has had a change since your last Annual Report or Change Report. For the documents which no changes have been made, we will reuse the documents on file.

[Save & Exit](#)

Adult Day Services

Supporting Documentation

Supporting Documents

Please upload the following documents:

1. Balance Sheet / Proposed Budget
2. Business License (if applicable)
3. Emergency Preparedness Plan
4. Facility Floor Plan and Pictures
5. Secretary of State (SOS) Filing (if applicable)
6. Staffing Patterns (Staff Schedule)
7. Vehicle Inspection Check Sheet (if applicable)

If you need access to the vehicle inspection check sheet (to be completed by mechanic), click [here](#).

The following insurance documents are needed:

If you hold multiple insurance types on one policy, you may use the "Other" Document Type to upload insurance documents. Label your document type "Insurance Policies".

1. Automobile Liability Insurance (if Transportation is provided)
2. Automobile Medical Insurance (if Transportation is provided)
3. Facility Liability Insurance
4. Facility Medical Insurance

If you would like to make changes to an uploaded document, please delete the document from the list below and re-upload.

*Have any of the below documents changed since your last Annual or Change Report submission?

- Emergency Preparedness Plan
- Floor Plan
- Pictures
- Transportation Plan

Yes No

I confirm all information entered in this section is accurate for the submission of this Annual Report

[Save & Exit](#)

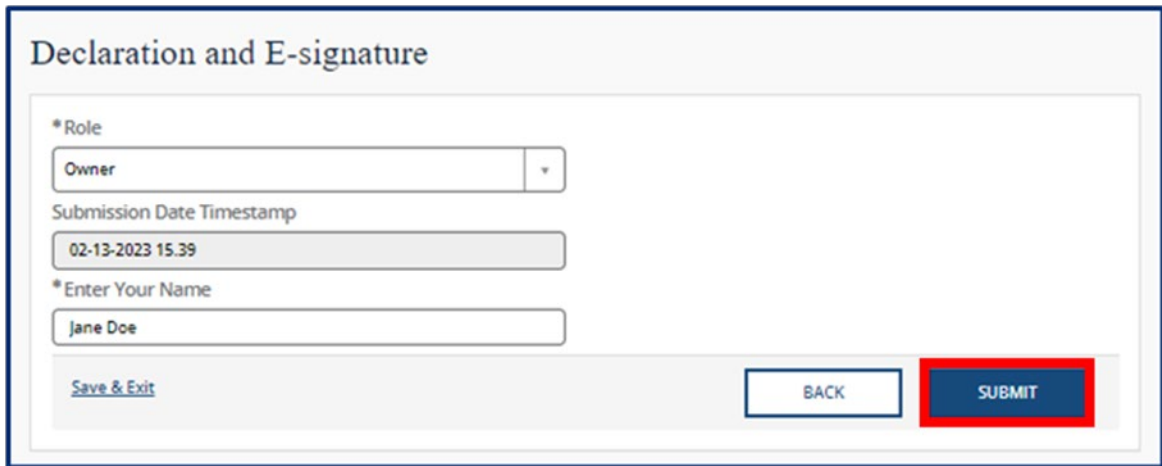
Once all documents have been added, you may press the **Save & Next** button.

5.8.21 Declaration and E-Signature

You must complete declarations and e-sign the report before you can submit to your regulatory individual.

Select your role at the facility with the **Role** dropdown menu. Type your name in the **Enter Your Name** field. The submission timestamp will auto-populate for you.

Click **Submit**. This will fully submit your Change Report for TDHS review.



Declaration and E-signature

* Role
Owner

Submission Date Timestamp
02-13-2023 15:39

* Enter Your Name
Jane Doe

[Save & Exit](#)

5.8.22 Submission

Upon submission of your Change Report, you will be taken to **Your Change Report Summary**.

To submit additional documents to a Change Report that is in a pending status, use the Submit Documents link. You will not have the ability to submit additional documents when your Change Report is approved.

**Note: A new application is required if changes are needed for the following options: Provider Type, Child Care Type, Legal Business Status, FEIN, and Provider Physical Address.

YOUR CHANGE REPORT SUMMARY

You may now start or view any prior Change reports.


Change Report ID	Change Report Type	Regulatory Individual	Provider	Change Report Status	Action
CHA0001192	Child Care	RACHEL PETERS	ABC BABIES	Pending	View Submit Documents
CHA0001190	Child Care	RACHEL PETERS	ABC BABIES	Approved	View
CHA0001118	Child Care	RACHEL PETERS	ABC BABIES	Approved	View
CHA0001102	Child Care	Train Test	ABC BABIES	Approved	View
CHA0001012	Child Care	State Tester	ABC BABIES	Approved	View

< 1 2 > Rows 1 - 5 of 6


5.8.23 Revision Required

If your Change Report requires revision, you will see a notification on the **Manage My Sites** icon of the Provider Portal homepage.

CC Provider,
Welcome to the Tennessee provider portal




What would you like to do?




Start a New Application

If you wish to open another location, please click here to start a new application for the new location.




View and Finish Existing Application

If you have started an application for a new location and wish to return to it, please click here.




Request Site Access



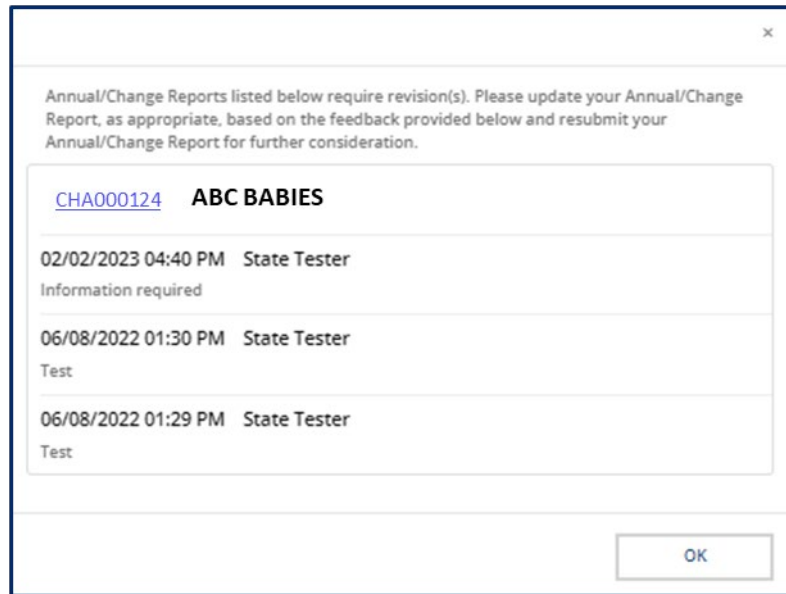
Manage My Sites

Revision required



Change of Owner, Agency Type, Location, or Regulating Authority

Clicking the **Revision Required** link will open a pop-up window which contains feedback from your Licensing Consultant regarding the specific reports and/or fields that require revision. Update your Change Report based on this feedback prior to re-submitting the report for further consideration.



5.9 Notices

Notices Action Tile

When a Regulatory Individual generates a notice from their eLicensing Portal, these notices are then available for viewing within the Provider Portal for users with viewing rights to Notices. Below are the notices you will see within the Provider Portal, specified by provider type.

- **Notices within the Child Care Provider Portal**
 - o **Annual QRIS Score Commissioner Letter** - informs you of the completion of your QRIS Score and your right to review the results.
 - o **Child Care Restricted Letter** - informs you of restrictions that are placed on your license or of changes that are made to an existing restriction.
 - o **Provisional License Certificate & Licensure Letter** - informs you of the issuance of a provisional license and includes the actual copy of the license that you will print and post.
 - o **Continuous License Certificate & Licensure Letter** - informs you of the issuance of a continuous license and includes the actual copy of the license that you will print and post.
 - o **Probation Notice Sign** - notifies you of being put on probation due to violations of licensure rules.
 - o **Put on Notice Letter** - serves as a formal notice that licensing violations were cited during a visit.
 - o **QRIS Visit Notice** - outlines observation notes, visit findings, and a score according to the QRIS ratings.
 - o **Voluntary Surrender and Revocation of Child Care Agency License and Closure of a Child Care Agency** - outlines your voluntary surrender of the license issued by the

Tennessee Department of Human Services to operate a child care agency.

- **Notices within the Adult Day Services Provider Portal**
 - **Adult Restricted Letter** - informs you of restrictions that are placed on your license or of changes that are made to an existing restriction.
 - **Annual License Issuance Letter and License (ADS)** - informs the adult day services agency that an annual license is being issued includes the actual copy of the license that you will print and post.
 - **Temporary License Issuance Letter and License (ADS)** - informs the adult day services agency that a temporary license is being issued includes the actual copy of the license that you will print and post.
 - **Probation Notice Sign** - notifies you of being put on probation due to violations of licensure rules.
 - **Put on Notice Letter** - serves as a formal notice that licensing violations were cited during a visit.

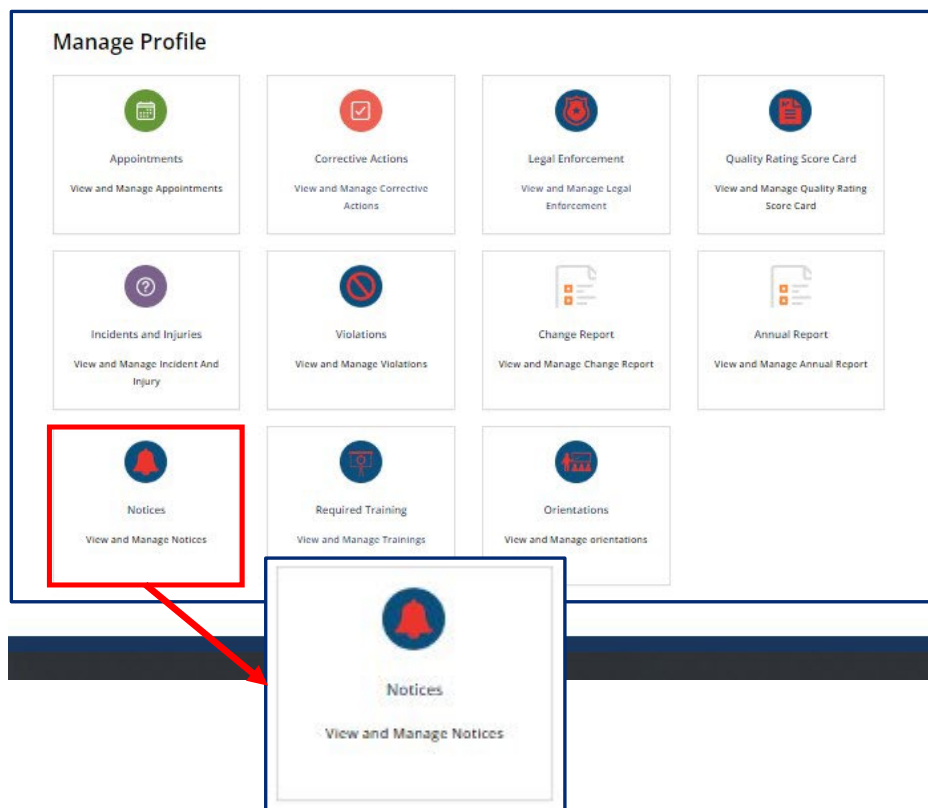
- **Notices for Exempt Providers**
 - **Adult Application Approval Letter – ADS Limited Respite** - informs you of the approval of your exemption request from adult day services licensure as a Limited Respite Care Services Program.
 - **Annual Visit for Exempt Providers** – displays information collected during an Annual Health and Safety check.
 - **Visit for Exempt Providers**- displays information collected during visits to the facility for follow ups, technical assistance, and other reasons.
 - **Exempt Application Approval Letter** - informs you of the approval of your exemption request from agency licensure as a Casual Care, Educational, or Recreational program.
 - **Exempt Application Denial Letter** - informs you of the denial of your exemption request from agency licensure as an Adult Day Services Limited Respite, Casual Care, Educational, Parent's Day Out, Recreational, or Summer Camp program.

- **Notices for Authorized Providers**
 - **Annual Visit for Authorized Providers** – displays information collected during an Annual Health and Safety check.
 - **Visit for Authorized Providers**- displays information collected during visits to the facility for follow ups, technical assistance, and other reasons.

- **Notices for All Providers**
 - **Legal Referral Form HS-3401** - details the legal referral of an agency.
 - **Safety Plan** - informs you of the safety plan being implemented in response to a complaint and investigation involving the agency.
 - **Visit Notice** - displays information collected during a visit.

- **Written Notice of Probation** - details the cited violations that placed your agency on probation.
- **Restriction Lifted**- informs you that a restriction previously placed on your license has been lifted.
- **Probation Lifted**- informs you that a probation previously cited for your agency has been lifted.
- **Safety Plan Lifted**- informs you that a safety plan previously cited for your agency has been lifted.

To view your Notices, begin by navigating to your Provider Portal **Dashboard**. From there, select the **Notices** action tile from the **Manage Profile** section.



The notices summary screen displays:

NOTICES				
Number	Provider	Notice Templates	Created	Action
NOT0001224	ABC BABIES	TNCC Notice License certificate - Child Care	09-20-2022 13:42:41	Link to Box
NOT0001220	ABC BABIES	TNCC Notice License certificate - Child Care	09-09-2022 09:42:56	Link to Box
NOT0001168	ABC BABIES	TNCC Notice MV QRIS Score Card - Teacher-Child Interactions	07-11-2022 11:51:56	Link to Box
NOT0001118	ABC BABIES	TNCC Notice Provider Right to Review Notice	06-16-2022 08:21:03	Link to Box
NOT0001055	ABC BABIES	TNCC Notice MV QRIS Score Card - Health and Safety Practices	06-03-2022 10:09:27	Link to Box

< > Rows 1 - 5 of 10

- **Notice Number:** Unique identifier assigned to each notice
- **Provider:** Field to capture the associated Provider
- **Notice Templates:** Type of notice that has been submitted
- **Created:** Date and time the notice was created, with the most recent notice at the top
- **Action:** Link to the notice record

Click the **Link to Box** hyperlink from the **Notices** summary screen to review the Notice details.

NOTICES				
Number	Provider	Notice Templates	Created	Action
NOT0001224	ABC BABIES	TNCC Notice License certificate - Child Care	09-20-2022 13:42:41	Link to Box
NOT0001220	ABC BABIES	TNCC Notice License certificate - Child Care	09-09-2022 09:42:56	Link to Box
NOT0001168	ABC BABIES	TNCC Notice MV QRIS Score Card - Teacher-Child Interactions	07-11-2022 11:51:56	Link to Box
NOT0001118	ABC BABIES	TNCC Notice Provider Right to Review Notice	06-16-2022 08:21:03	Link to Box
NOT0001055	ABC BABIES	TNCC Notice MV QRIS Score Card - Health and Safety Practices	06-03-2022 10:09:27	Link to Box

< > Rows 1 - 5 of 10

The notice will open in a new window. From this window, you are able to print the notice if desired, however, the notice remains available to you within the portal if you choose not to print.

Visit Notice for Child Care Provider

Provider Name:	January Child Care		FEIN:	000000000	
Provider Address:	123 Month St, Nashville, Davidson, TN, 33456		County:	Davidson	
Licensing Consultant(s):			Type of Care:	Child Care Center	
Licensing Time Frame:	12-01-2022	thru:	02-01-2023	Visit Date:	05-19-2023
Visit Purpose:	Complaint Investigation, Technical Assistance				

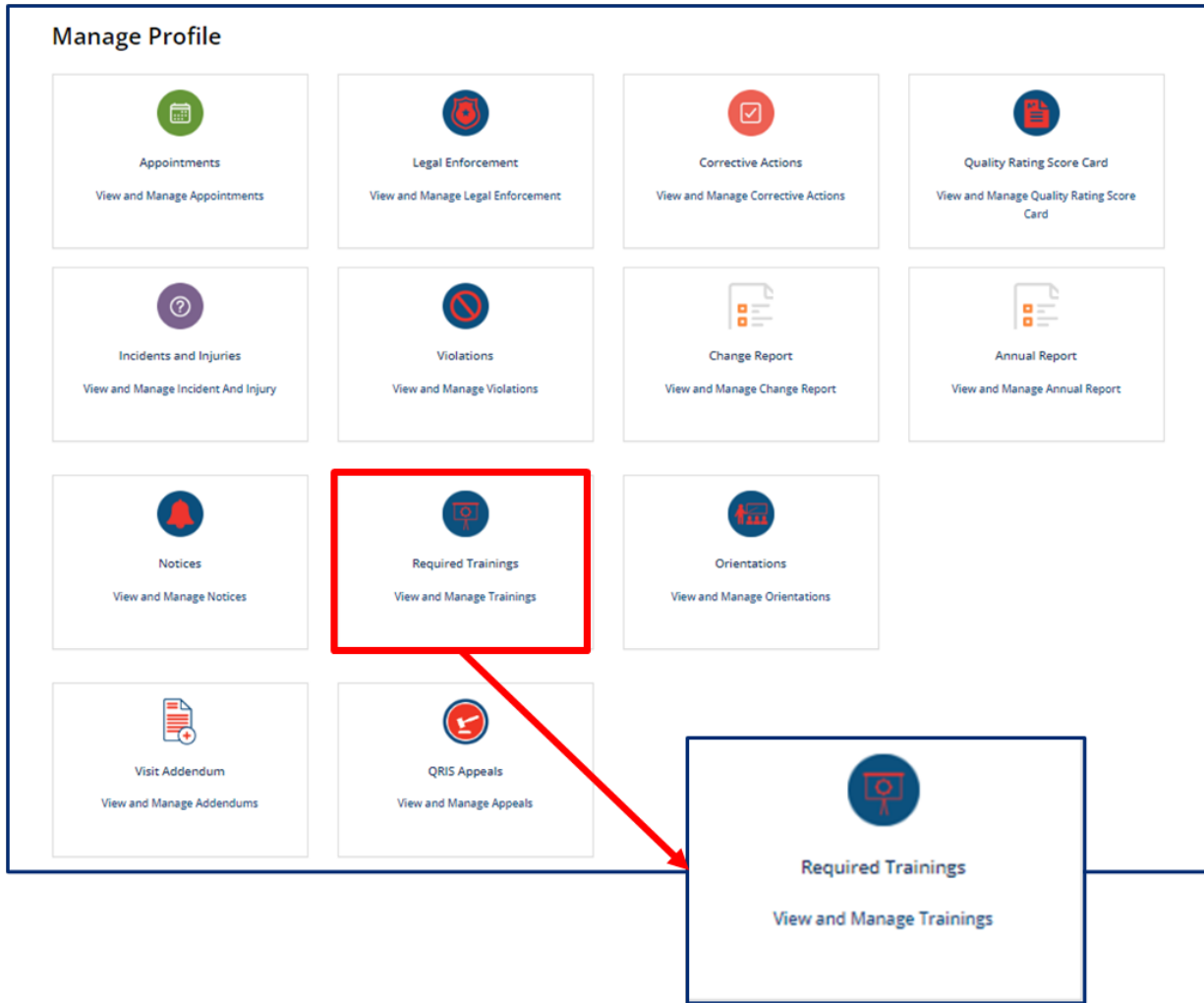
Classroom Ages (and Name if applicable)	Ratio	Educator Name(s)	Classroom Observation
Preschool	2:18	Leslie Sue	playing outside on the playground
Toddlers	1:10	Sally Jenkins	circle time

Areas Monitored

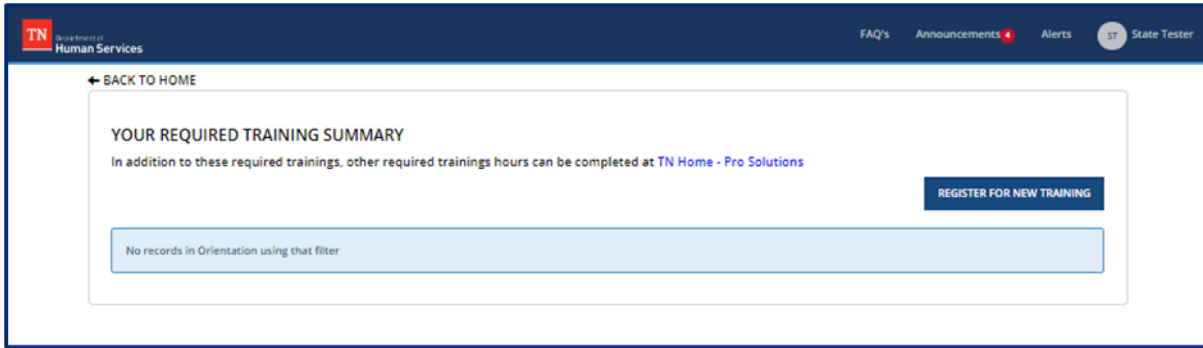
- High Risk All high-risk areas
- 1240-04-01-.05 Ownership, Organization and Administration
- 1240-04-01-.06 Staff
- 1240-04-01-.08 Record Keeping
- 1240-04-01-.09 Incident Reporting
- 1240-04-01-.10 Duty to Report Child Abuse and Neglect
- 1240-04-01-.12 Health and Safety
- 1240-04-01-.13 Food and Food Service
- 1240-04-01-.14 Equipment for Children
- 1240-04-01-.15 Program, Language, and Literacy Development
- 1240-04-01-.16 Physical Facilities
- 1240-04-01-.18 Emergency Preparedness
- 1240-04-01-.20 Specific Requirements for Family Child Care Centers
- 1240-04-01-.21 Specific Requirements for Group Child Care Homes
- 1240-04-01-.22 Specific Requirements for Child Care Centers
- 1240-04-01-.23 Specific Requirements for Drop-In Child Care Centers

5.10 Required Training

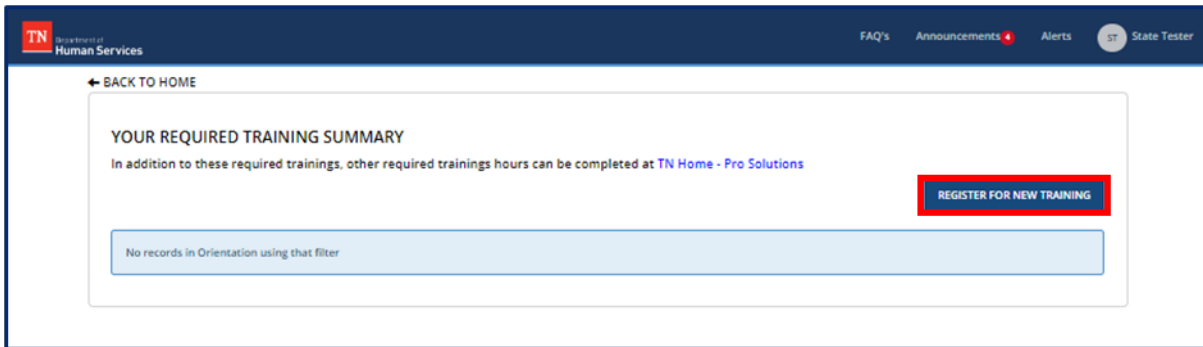
To access the **Your Required Training Summary** screen, go to your Provider site dashboard. There, select the **Required Training** button, located within the **Manage Profile** section.



On the Your Required Training Summary screen, you will see a list of trainings that have been completed.



To register for a new training, click the **Register for New Training** button.



Complete all mandatory fields. To add an additional attendee, click the **Add** button.

Complete all mandatory fields for the additional attendee, then click **Add**.

Add Row x

<p>* First Name <input type="text"/></p> <p>* Role -- None -- v</p> <p>County of Agency Location <input type="text"/> v</p>	<p>* Last Name <input type="text"/></p> <p>Type of Agency <input type="text"/></p> <p>* Email <input type="text"/> @</p>
---	---

Click **Submit**. You will receive an email notification with additional directions regarding the training session.

SIGN-UP FOR TRAINING

In order to remain compliant with rules and regulations, you must complete the required trainings .

Please select a training session from the list below. Additional information will be sent to your email after you have attended the training session. If you need assistance due to a disability, you may contact the Civil Rights Compliance Officer, Office of General Counsel, Department of Human Services, James K. Polk Building, 14th Floor, 505 Deaderick St., Nashville, TN 37243 (Phone: 615-313-4731).

<p>* First Name <input type="text" value="State"/></p> <p>* Email <input type="text" value="state.testster@gmail.com"/> @</p> <p>County <input type="text"/> v</p> <p>Child Care Type -- None -- v</p>	<p>* Last Name <input type="text" value="Tester"/></p> <p>* Prospective Role -- None -- v</p> <p>* Training Type Virtual v</p> <p>* Select an Training date/time <input type="text"/> v</p> <p>* Required Training -- None -- v</p>
---	---

Additional Attendees

Actions	First Name	Last Name	Role	Type of Agency	County of Agency Location	Email
No data to display						

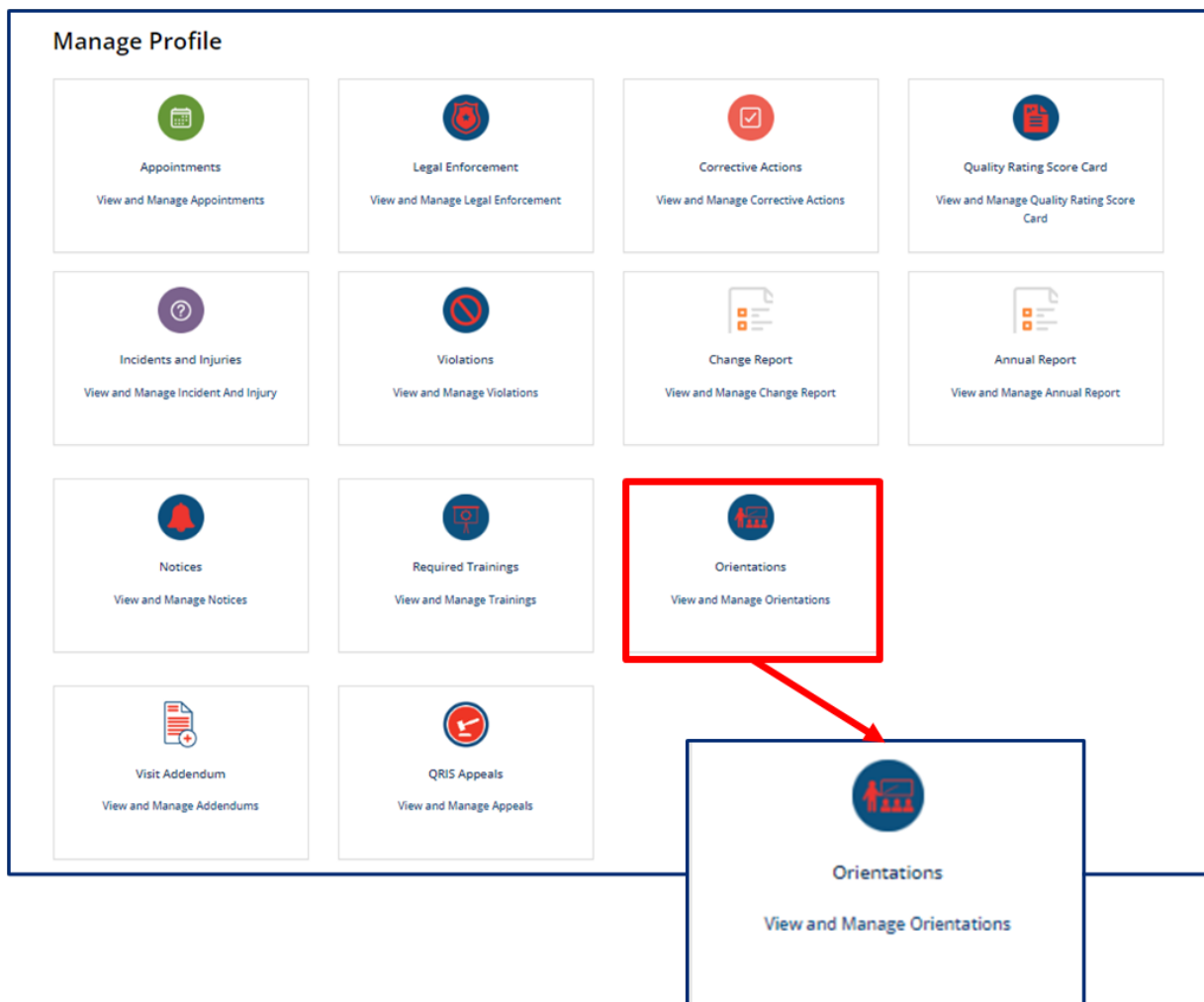
Meeting Link

Required information

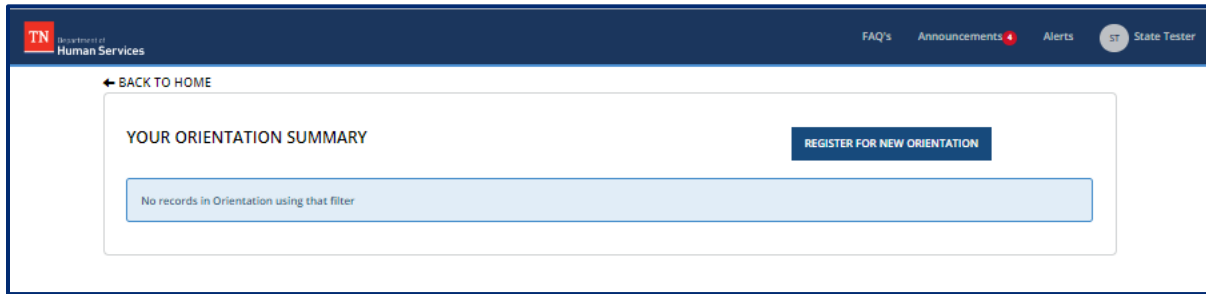
- Prospective Role
- Select an Training date/time
- Required Training

5.11 Orientations

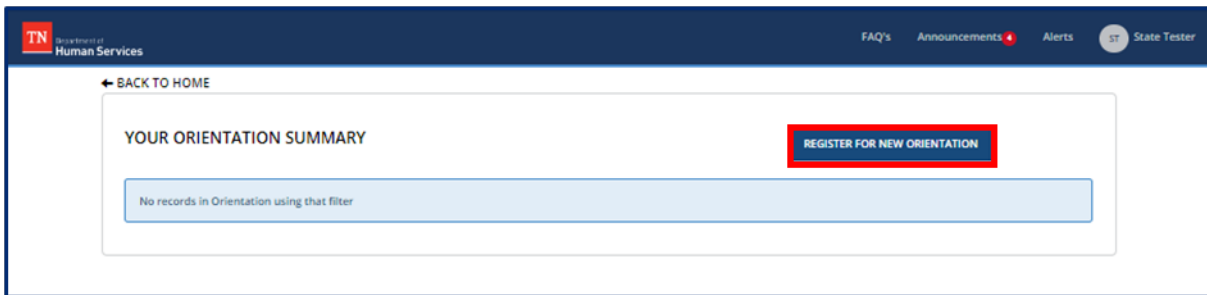
To access the **Orientations** screen, go to your Provider site dashboard. There, select the **Orientations** button, located within the **Manage Profile** section.



On **Your Orientation Summary** screen, you will see a summary of the orientation sessions you have attended.



To register for an orientation session, click the **Register New Orientation** button. New Owners, Directors, or Primary Caregivers must attend a virtual orientation session.



Complete all mandatory fields. To add an additional attendee, click the **Add** button.

SIGN UP FOR ORIENTATION

As an agency's new Owner, Director, or Primary Caregiver, you must attend a virtual orientation session .
 Please select an orientation session from the list below. Additional information will be sent to your email after you have attended the orientation session. If you need assistance due to a disability, you may contact the Civil Rights Compliance Officer, Office of General Counsel, Department of Human Services, James K. Polk Building, 14th Floor, 505 Deaderick St., Nashville, TN 37243 (Phone: 615-313-4731).

Required Information

- Prospective Role
- Select an Orientation Session

* First Name	* Last Name
<input type="text" value="State"/>	<input type="text" value="Tester"/>
* Email	* Prospective Role
<input type="text" value="state.testster@gmail.com"/>	<input type="text" value="-- None --"/>
* Orientation Session Type	Type of Agency
<input type="text" value="Virtual"/>	<input type="text" value="Child Care Center"/>
County of Agency Location	* Select an Orientation date/time
<input type="text"/>	<input type="text"/>

Additional Attendees

Actions	First Name	Last Name	Role	Type of Agency	County of Agency Location	Email
No data to display						

Meeting Link

Complete all mandatory fields for the additional attendee, then click **Add**.

Add Row ✕

*** First Name**

*** Last Name**

*** Role**

Type of Agency

County of Agency Location

*** Email**

Click **Submit**. You will receive an email notification with additional directions regarding the orientation session.

SIGN UP FOR ORIENTATION

As an agency's new Owner, Director, or Primary Caregiver, you must attend a virtual orientation session . Please select an orientation session from the list below. Additional information will be sent to your email after you have attended the orientation session. If you need assistance due to a disability, you may contact the Civil Rights Compliance Officer, Office of General Counsel, Department of Human Services, James K. Polk Building, 14th Floor, 505 Deaderick St., Nashville, TN 37243 (Phone: 615-313-4731).

*** First Name**

*** Last Name**

*** Email**

*** Prospective Role**

*** Orientation Session Type**

Type of Agency

County of Agency Location

*** Select an Orientation date/time**

Additional Attendees

Actions	First Name	Last Name	Role	Type of Agency	County of Agency Location	Email
No data to display						

Meeting Link

SUBMIT

Required Information

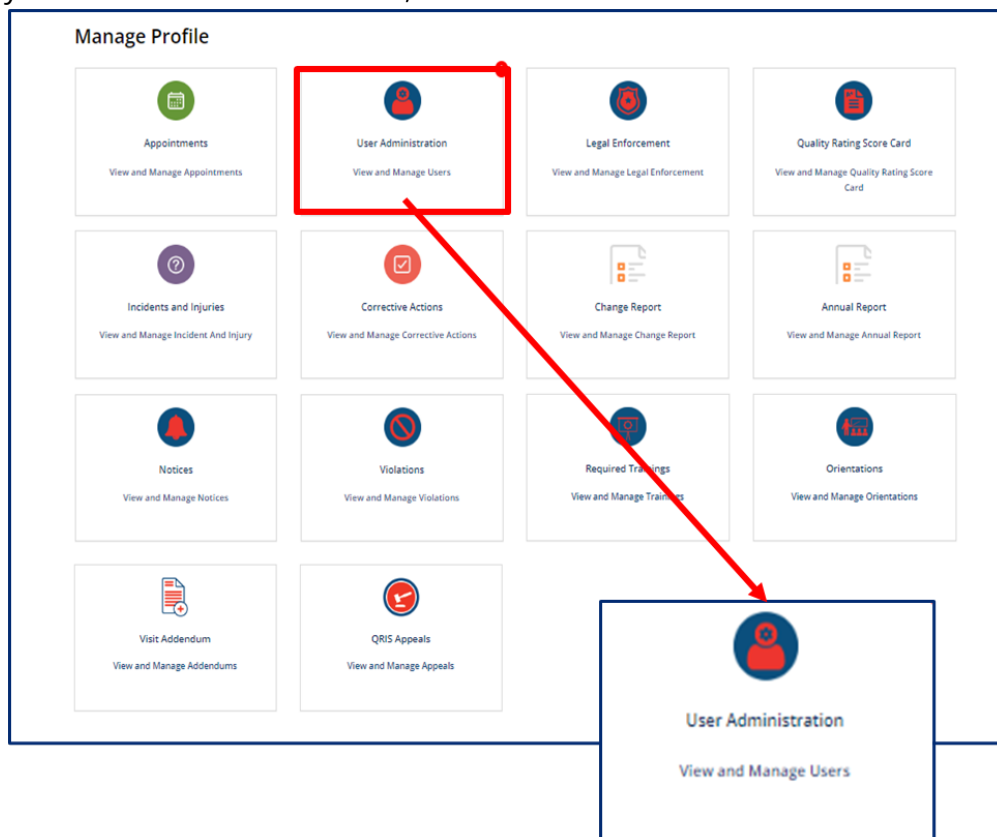
Prospective Role

Select an Orientation Session

5.12 User Administration

Granting Provider Site Access requests are managed from within your Provider Site Dashboard. Follow the steps below to grant site access to Provider Portal Users.

1. From your Provider Site Dashboard, select the **User Administration** action tile



2. Click the **View** hyperlink next to the user record you would like to grant access for.

PENDING ACCESS REQUESTS						
Number	User	User Email	Provider	FEIN	FEIN Extension	
SAC0001036	Taylor Dean	TRNProvider10@xyz.com	Flying With The Stars FCCH	812173932	801	View

3. From the **Select Role** drop down menu, select which Provider Site Role this user should have.

Taylor Dean

Site Access Requests

User

First name

* Last name

User Email

Mobile phone

* Last 4-digits of SSN

* Street address

Street address 2

City

Zip / Postal code

Select Role

-- None --

|

-- None --

Level 1

Level 2

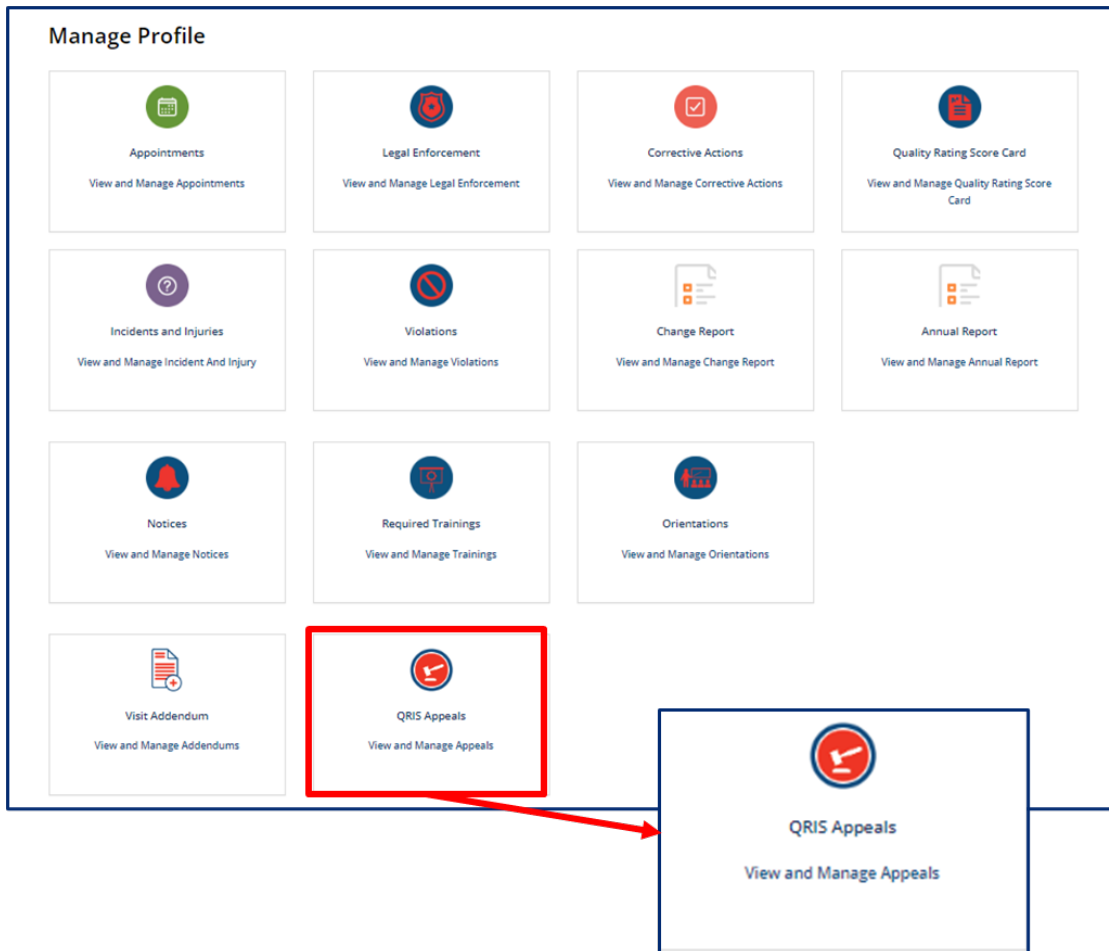
Level 3

4. Click **Approve**.

DENY

APPROVE

5.13 QRIS Appeals



Upon clicking the **QRIS Appeals** tile, you will see the **QRIS Appeals** summary screen. This screen lists all QRIS Appeals you have previously submitted. To view a previously submitted QRIS Appeal, click the QRIS **Appeal Number**.

← Back to Home

QRIS APPEALS

Appeal Number	Appeal Date	Assigned to
APL0000005	03-28-2023	Rhonda M Bartlett
APL0000002	03-17-2023	UAT Tester
APL0000001	03-17-2023	UAT Tester

Clicking the **Appeal Number** will open the **QRIS Appeal** screen, where you can view the details pertaining to the appeal. The message feature at the bottom of the screen allows you to send a message to the licensing staff reviewing your appeal as needed.

QRIS Appeal

QRIS Appeal

Appeal Number: APL0000005

Provider Name: Project Reflect, Inc.

Provider ID: 100274

* Main Contact for the Appeal: John Smith

* Appeal Status: Appeal Initiated

Appeal Date: 03-28-2023

Please list the specific information about the score you wish to dispute. Include visit date(s) and specific indicator(s). If you need to provide more detail, please use the "Add Documentation" button.

3/21/23, CI 1.1: Administration of medication, Observation of staff administering medicine to child was incorrect

Please describe the specific reasons you believe the area(s) you identified above are incorrect. Attach additional supporting documents if needed.

Staff was following protocol for administration of medication

APL0000005

Type your message here... SEND

ST State Tester
8m ago
APL0000005 Created

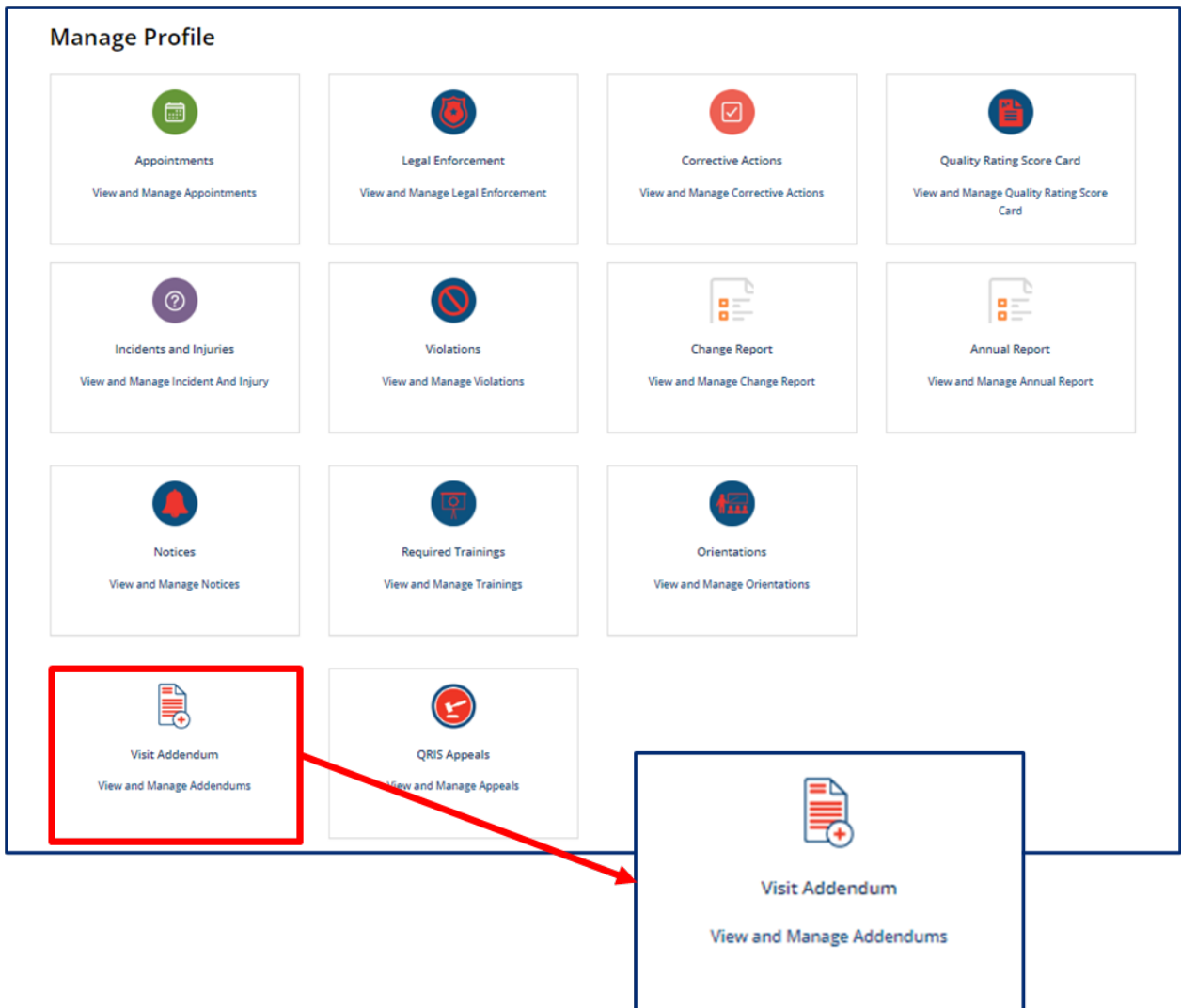
Start

The Appeal Status will update automatically as your appeal is reviewed internally.

* Appeal Status

Pending Internal Review

5.14 Visit Addendums



Upon clicking the **Visit Addendum** tile, you will be taken to **Your Visit Addendum Summary**. Addendums may be added to a previous visit record to update information.

To review and acknowledge an addendum added to a visit by your Licensing Consultant, select the **Addendum Number** in the table on the **Your Visit Addendum Summary** page.

YOUR VISIT ADDENDUM SUMMARY

Addendum Number	Addendum Date	Visit	Visit date
VAD0001013	03-28-2023	MNV20000900	03-20-2023

Review the information in the **Visit Addendum**. To acknowledge the addendum, enter your name in the **Declaration and e-Signature** field, then click **Submit**. This will finalize the addendum

Visit Addendum

Visit Addendum

Addendum Number: VAD0001013

Addendum Date: 03-28-2023

Visit: MNV20000900

Addendum Status: Submitted to Provider

Is this due to an Appeal?: Yes

* Appeal Number: APL0000005

* Addendum Description: Provider appealed a violation - indicator was updated to 'Compliant' after reviewing Provider's appeal.

Fields Changed: CI 1.9:First-aid and CPR : Met
Visit Score :94

* Date Provider was Contacted: 03-28-2023

Declaration and e-Signature

By entering my name below, I am hereby attesting that I acknowledge to the changes made on the Visit record.

* Name:

If you have questions, please contact your Licensing Consultant.

SUBMIT

Required information **Name**

6 Managing Enrollments for Child Care Providers

6.1 Accessing the Enrollment Summary Page

To complete key enrollment tasks within the Provider Portal, you will first need to access the **Enrollment and Attendance Management** screen. To access the **Enrollment Summary**, go to the Provider Portal **Dashboard** and select the **Child Enrollments** box.

Enrollment and Attendance Management

- Child Enrollments**
Manage and view enrollments at your Provider Site
- Attendance Management**
Currently Checked In : 0
Manage attendance records
- Authorized Parents/Guardians**
View and Manage Authorized Parents/Guardians
- Vacancy Information**
Vacancy Information for the Provider Facility

You will then be taken to the **Enrollment Summary** screen shown below.

Enrollment Summary

All > Enrollment Status = Enrolled

[Add Private Pay Child](#)

	Child Name	Age	Gender	Eligibility Start Date	Eligibility End Date	Enrollment Start Date	Enrollment End Date	Enrollment Status	Schedule	Program
!	ALLAR, KYNDALL	13 mos	F	07-19-2021		07-19-2021		Enrolled	FT	Certificate Program
!	BURROUGHS, ARIYAH	4 yrs	F	04-01-2021		04-01-2021		Enrolled	FT	Certificate Program
	CHISM, ROBYN	35 mos	F	05-02-2022		05-02-2022		Enrolled	FT	Certificate Program
	Denver, Jane	3 yrs	F			06-22-2022	05-31-2023	Enrolled	FT	Private Pay
!	DUPREE, KINSLEY	3 yrs	F	07-19-2021		07-01-2021		Enrolled	FT	Certificate Program
	ELIG TEST, BABY	7 mos	M	02-01-2022		01-01-2022		Enrolled	FT	Certificate Program
!	LOWE, ZANDER	21 mos	M	01-29-2021		01-29-2021		Enrolled	FT	Certificate Program

< > Rows 1 - 7 of 7

The **Enrollment Summary** screen displays key enrollment details of all the children at a Provider facility, including the child's:

- Name
- Age
- Gender (*M is for Male, F is for Female, U is for Undefined*)
- Eligibility Start Date (*Certificate Program Eligibility StartDate; for Private Pay Children, this field will be blank*)
- Eligibility End Date (*Certificate Program Eligibility End Date; for Private Pay Children, this field will be blank*)
- Enrollment Start Date
- Enrollment End Date
- Enrollment Status (*if they are currently enrolled or if their enrollment was terminated*)
- Schedule (*if they are Full-Time or Part-Time*)
- Program (*if they are in the Certificate Program or Private Pay*)



Provider Tip!

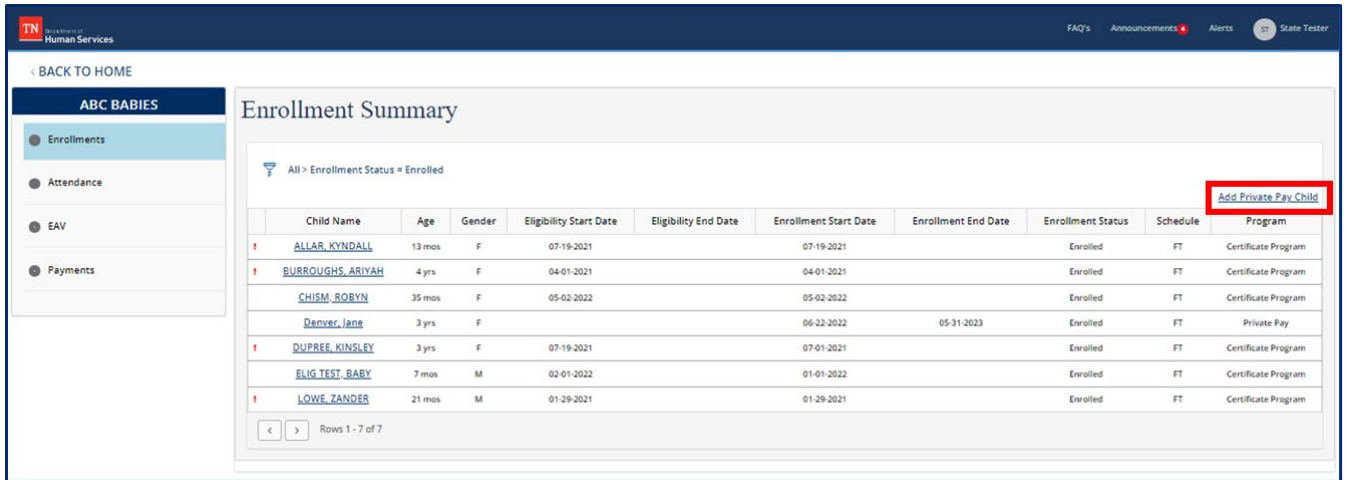
Children not in the Certificate Program, also known as **Private Pay** throughout this User Guide, will need to be added into the system manually. **Children participating in the Certificate Program will automatically be added into the Provider Portal** and listed on the enrollment page of the Provider's facility.

6.2 Add a Private Pay Child

This section details how the enrollment information of Private Pay children can be manually added or edited in the Provider Portal.

To add a Private Pay Child to the system:

1. Select **Add Private Pay Child** from the **Enrollment Summary** screen.



The screenshot displays the 'Enrollment Summary' screen. On the left, there is a sidebar with a 'BACK TO HOME' link and a menu for 'ABC BABIES' containing 'Enrollments', 'Attendance', 'EAV', and 'Payments'. The main content area shows a table of enrolled children. The table has the following columns: Child Name, Age, Gender, Eligibility Start Date, Eligibility End Date, Enrollment Start Date, Enrollment End Date, Enrollment Status, Schedule, and Program. The data rows are as follows:

Child Name	Age	Gender	Eligibility Start Date	Eligibility End Date	Enrollment Start Date	Enrollment End Date	Enrollment Status	Schedule	Program
ALLAN, KYNDALL	13 mos	F	07-19-2021		07-19-2021		Enrolled	FT	Certificate Program
BURROUGHS, ARIYAH	4 yrs	F	04-01-2021		04-01-2021		Enrolled	FT	Certificate Program
CHISM, ROBYN	35 mos	F	05-02-2022		05-02-2022		Enrolled	FT	Certificate Program
Denver, Jane	3 yrs	F			06-22-2022	05-31-2023	Enrolled	FT	Private Pay
DUPREE, KINSLEY	3 yrs	F	07-19-2021		07-01-2021		Enrolled	FT	Certificate Program
ELIG TEST, BABY	7 mos	M	02-01-2022		01-01-2022		Enrolled	FT	Certificate Program
LOWE, ZANDER	21 mos	M	01-29-2021		01-29-2021		Enrolled	FT	Certificate Program

At the bottom of the table, there is a pagination control showing 'Rows 1 - 7 of 7'. A red box highlights the 'Add Private Pay Child' button in the top right corner of the table area.

2. Enter all the necessary information on the **Add Private-Pay Child** pop-up window shown below. Fields with an * next to the description are mandatory. You must enter a child's:

- First Name
- Last Name
- Date of Birth
- Gender *(there are drop-down options for Male, Female, and Undefined)*
- Schedule *(if they are full time or part time)*
- At least one parent's first name, last name, and email address *(This will be used to begin the account creation process for a parent to be able to use the Customer Mobile App)*

Note: The first parent/guardian's information that is entered cannot be changed once added. If this parent/guardian needs to be removed in the future, the child's record will need to be terminated (see [Section 6.5.1](#)) and recreated. The second parent/guardian's information that is added will appear within the list of "Authorized Parent/Guardians" in [Section 6.3](#) and can be edited.

Optionally, you can enter the following information in the fields on the **Add Private-Pay Child** pop-up window:

- Enrollment Start Date *(the first day a child enters care)*
- Enrollment End Date *(The last day the child is scheduled to be enrolled in care. This date cannot be more than one year from the date this record is created. As such, we recommend choosing a standard date each year to use for all children that you expect to remain in care for more than one year.)*
- A second parent's first name, last name, and email *(this will be used to begin the account creation process for this parent to use the Customer Mobile App)*

3. Once complete, click **SAVE** in the pop-up window. A Private Pay child has now been added and their information can be viewed in the **Enrollment Summary**.



Provider Tip!

Before saving any information added for a Private Pay child, review this information carefully, as only the **Enrollment End Date** can be edited in the future by a Provider once saved.

6.3 Add/Remove an Authorized Parent/Guardian/Individual

For an additional authorized parent, guardian, or individual to obtain access to the Customer Mobile Application, they will need to be listed as an authorized parent, guardian, or individual within the Provider Portal.

Children participating in the Certificate Program, whose enrollment details are entered by TDHS, will have designated authorized parents, guardians, or individuals added to the Provider Portal automatically. Children who are Private Pay will have authorized parents, guardians, or individuals designated when added to the system for the first time. If a parent's first name, last name, and email are entered when adding a child to the Provider Portal (*detailed in [Section 6.2](#)*), they will automatically be listed as authorized parents, guardians, or individuals.

If a child has an additional individual that needs to be designated as an authorized parent, guardian, or individual, the individual's information will need to be captured in the Provider Portal. This may be a second parent, a grandparent, a family friend, or another caretaker who will be dropping off or picking up the child from care. There is no limit to the number of authorized parents, guardians, or individuals that can be added per child. Once the authorized parent/guardian/individual's information has been entered into the Provider Portal, the parent will receive information on how to use the **Customer Mobile App** in their e-mail.

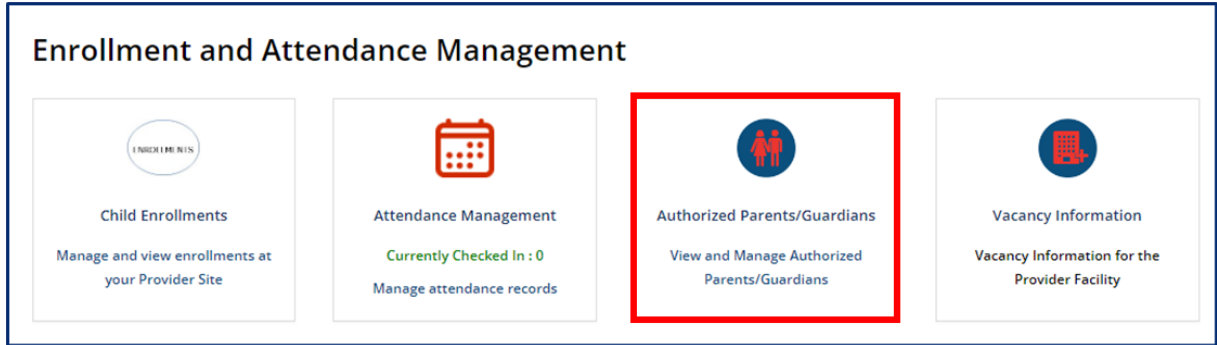


Provider Tip!

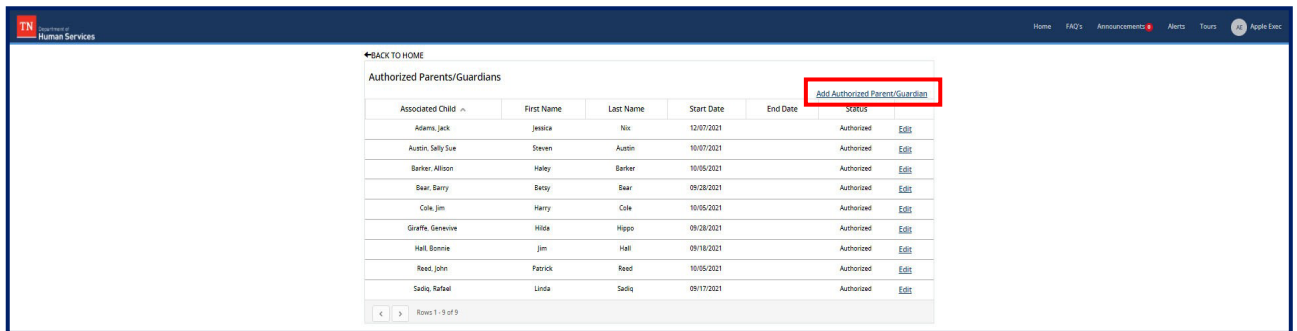
Remember to review policy rules/requirements pertaining to Authorized Parents/Guardians/Individuals on the TDHS website.

To add an Authorized Parent, Guardian, or Individual:

1. To access the **Authorized Parents/Guardians**, go to the Provider Portal **Dashboard** and select the **Authorized Parents/Guardians** box.



2. Select **Add Authorized Parent/Guardian** hyperlink.



- Enter all the necessary information on the Authorized Parents/Guardians pop-up window.
Begin by clicking the drop-down arrow in the Associated Child field and select the child whom you wish to add an authorized parent, guardian, or individual for. Then, add the First Name, Last Name, and Email of the authorized parent, guardian, or individual. Then, click **Save**.

Note: The child's Enrollment ID field will automatically be filled into the table by the system. The Start Date and End Date fields will be updated automatically once the authorized parent, guardian, or individual's record is saved.

- The authorized Parent, Guardian, or Individual will now be displayed in the **Authorized Parents/Guardians** table.

Associated Child ^	First Name	Last Name	Start Date	End Date	Status	
Adams, Jack	Jessica	Nix	12/07/2021		Authorized	Edit
Austin, Sally Sue	Steven	Austin	10/07/2021		Authorized	Edit
Barker, Allison	Haley	Barker	10/05/2021		Authorized	Edit

To remove an authorized parent, guardian, or individual:

1. In the **Authorized Parents/Guardians** screen, select the **Edit** icon of the authorized parent, guardian, or individual you wish to remove.

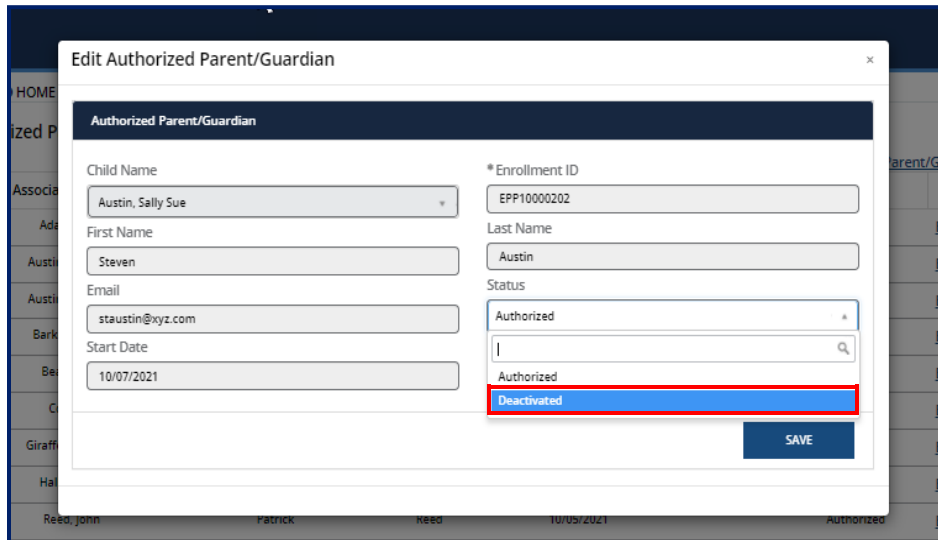


←BACK TO HOME

Authorized Parents/Guardians [Add Authorized Parent/Guardian](#)

Associated Child ^	First Name	Last Name	Start Date	End Date	Status	
Adams, Jack	Jessica	Nix	12/07/2021		Authorized	Edit
Austin, Sally Sue	Steven	Austin	10/07/2021		Authorized	Edit
Barker, Allison	Haley	Barker	10/05/2021		Authorized	Edit
Bear, Barry	Betsy	Bear	09/28/2021		Authorized	Edit

2. In the **Edit Authorized Parent/Guardian** window that appears, select the drop-down listed under **Status** and change the status from **Activated** to **Deactivated**. This individual will no longer be able to use their Mobile App to check in or check out the child listed. Then, click **Save**.



Edit Authorized Parent/Guardian

Authorized Parent/Guardian

Child Name: Austin, Sally Sue *Enrollment ID: EPP10000202

First Name: Steven Last Name: Austin

Email: staustin@xyz.com Status: Authorized

Start Date: 10/07/2021

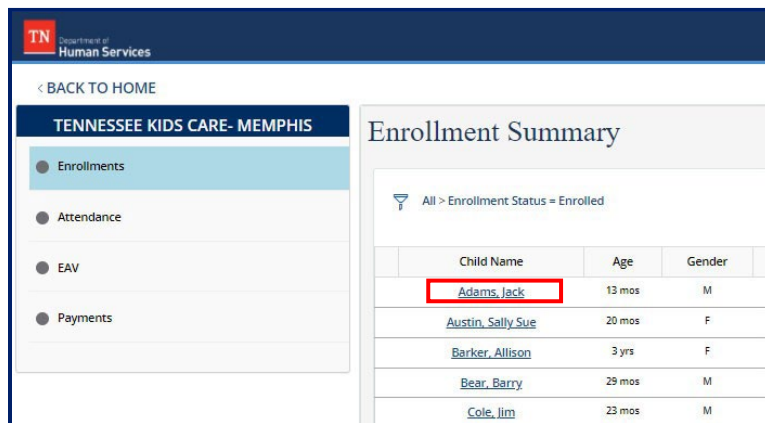
Deactivated

SAVE

6.4 Editing a Child's Enrollment Information

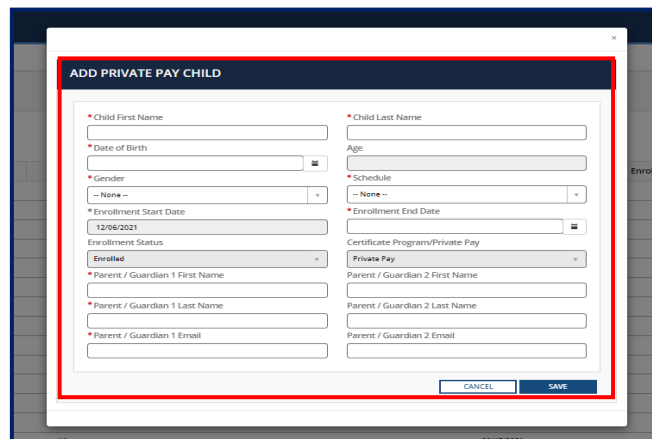
The **Enrollment Summary** screen displays most enrollment details for children at a Provider facility. Some additional information, as well as the ability to edit this information, is available by opening a child's enrollment details pop-up window. To access the pop-up window:

1. From the **Enrollment Summary** screen, locate the desired individual in the **Child Name** column.
2. Click that child's **Name**, which is highlighted in blue.



Child Name	Age	Gender
Adams, Jack	13 mos	M
Austin, Sally Sue	20 mos	F
Barker, Allison	3 yrs	F
Bear, Barry	29 mos	M
Cole, Jim	23 mos	M

3. The pop-up window will then open.



ADD PRIVATE PAY CHILD

* Child First Name * Child Last Name

Date of Birth Age

Gender -- None -- Schedule -- None --

* Enrollment Start Date 12/06/2021 * Enrollment End Date

Enrollment Status Enrolled Certificate Program/Private Pay Private Pay

* Parent / Guardian 1 First Name Parent / Guardian 2 First Name

* Parent / Guardian 1 Last Name Parent / Guardian 2 Last Name

* Parent / Guardian 1 Email Parent / Guardian 2 Email

The information that is shown in the pop-up window, and the ability to edit this information, depends on if the child is a part of the Certificate Program or if they are Private Pay.

6.4.1 Private Pay Children

The **Child Enrollment Information** pop-up window for a private pay child will display similar information to children in the Certificate Program.

CHILD ENROLLMENT INFORMATION

Child Name	Enrollment ID
Turner, Allison	EPP10000122
Date of Birth	Gender
08/05/2019	F
Age	Schedule
25 mos	FT
Enrollment Start Date	Enrollment End Date
08/29/2021	11/19/2021
Enrollment Status	Certificate Program/Private Pay
Enrolled	Private Pay
Parent / Guardian 1 First Name	Parent / Guardian 2 First Name
Parent / Guardian 1 Last Name	Parent / Guardian 2 Last Name
Parent / Guardian 1 Email	Parent / Guardian 2 Email

SAVE CLOSE

The following information will display when opening a Private Pay Child's information:

- Child Name
- Enrollment ID (*a custom ID generated for each child in the Provider Portal*)
- Date of Birth
- Gender (*M is for Male, F is for Female, U is for Undefined*)
- Age
- Schedule (*if they are Full-Time or Part-Time*)
- Enrollment Start Date
- Enrollment End Date
- Enrollment Status (*if they are currently enrolled or if their enrollment was terminated*)
- Certificate Program/Private Pay (*it will display **Private Pay***)
- Parent / Guardian 1 First Name
- Parent / Guardian 1 Last Name
- Parent / Guardian 1 Email
- Parent / Guardian 2 First Name
- Parent / Guardian 2 Last Name
- Parent / Guardian 2 Email

In the pop-up window above, the only information that can be edited is the child's **Enrollment End Date**. This is shown through the white coloring of this data field. ***As such, it is incredibly important that when adding a Private Pay Child to the Provider Portal (see Section 4.3), that information be entered accurately.***

To close the **Child Enrollment Information** pop-up window for a private pay child, select **Close**.

6.4.2 Children in the Certificate Program

For children in the Certificate Program, all of the information available on the **Enrollment Summary** screen will be listed in the **Child Certificate Information** pop-up window, along with some additional information. None of this information can be edited by a Provider directly. Any changes to the child’s information detailed on the pop-up window will need to be done by contacting the Tennessee Department of Human Services.

CHILD CERTIFICATE INFORMATION

Child Name Pickens, Austin	Enrollment ID 32100006
Date of Birth 09/05/2020	Gender M
Schedule PT	Care Level Infant
Enrollment Status Enrolled	Enrolled Days 4
Enrollment Start Date 06/16/2021	Enrollment End Date 06/17/2022
Eligibility Start Date 06/16/2021	Eligibility End Date 06/17/2022
Weekly Base Rate* \$10.00	Weekly Co-Pay \$10.00
Note	Certificate Program/Private Pay Certificate Program

CLOSE

Note: If you have questions about child care payment assistance, please contact the Child Care Payment Assistance Customer Service Line at 1-833-740-1440 or via email at CCPaymentAssist.DHS@tn.gov.

The **Child Certificate Information** pop-up window displays the following fields:

- Child Name
- Enrollment ID (*a custom ID generated for each child in the Provider Portal*)
- Date of Birth
- Gender (*M is for Male, F is for Female, U is for Undefined*)
- Schedule (*Full-time or Part-Time*)
- Care Level (*this denotes the age group of the child, if listed, such as infant, toddler, etc.*)
- Enrollment Status (*if they are currently enrolled or if their enrollment was terminated*)
- Enrolled Days (*number of days each week a child is scheduled to attend care*)
- Enrollment Start Date
- Enrollment End Date
- Eligibility Start Date
- Eligibility End Date
- Weekly Base Rate
- Weekly Co-Pay
- Note (*any inputted notes on the child*)
- Certificate Program/Private Pay (*it will display **Certificate Program***)

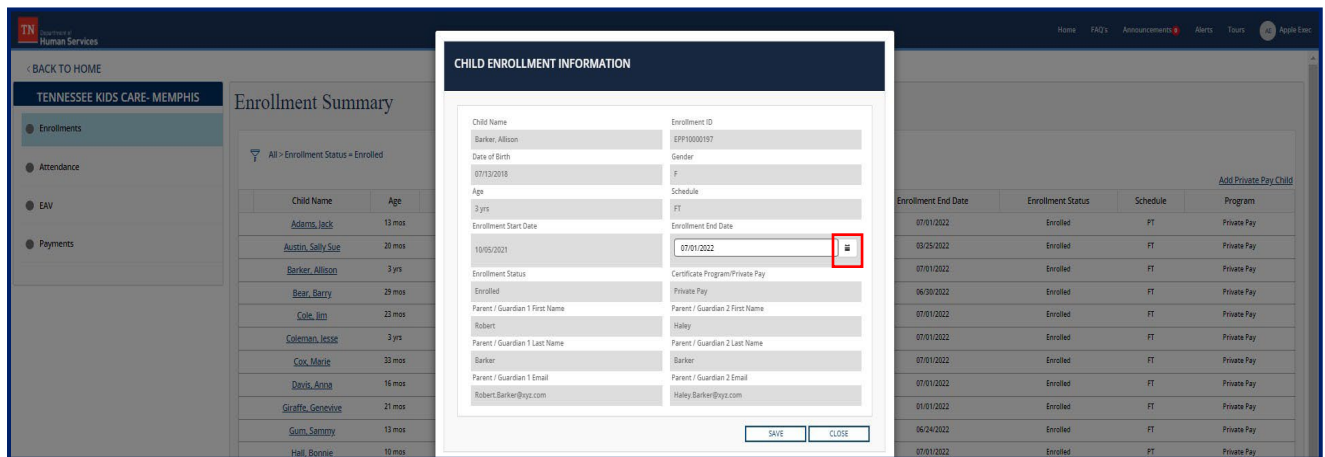
To close the **Child Enrollment Information** pop-up window for a private pay child, select **Close**.

6.5 Terminating a Child’s Enrollment

6.5.1 Private Pay Children

If a Private Pay child is leaving your facility’s care, you will need to take the following steps to terminate their enrollment:

1. Access the **Enrollment Summary** screen (*steps are outlined in Section 6.1*)
2. Click on the **Child Name** that corresponds to the child’s old record. Their enrollment status should be listed as **Private Pay**.
3. The **Child Enrollment Information** pop-up window will open. Here, click the calendar icon next to their **Enrollment End Date**.



4. Use the calendar pop-up window to select the child’s last day attending care.
5. Then, click **Save**.

6.5.2 Children in the Certificate Program

Children participating in the Certificate Program cannot be removed by a Provider directly. Instead, all changes to the information listed within the Provider Portal for children enrolled in the Certificate Program will be made by TDHS.

6.6 Children Transitioning Between the Certificate Program and Private Pay

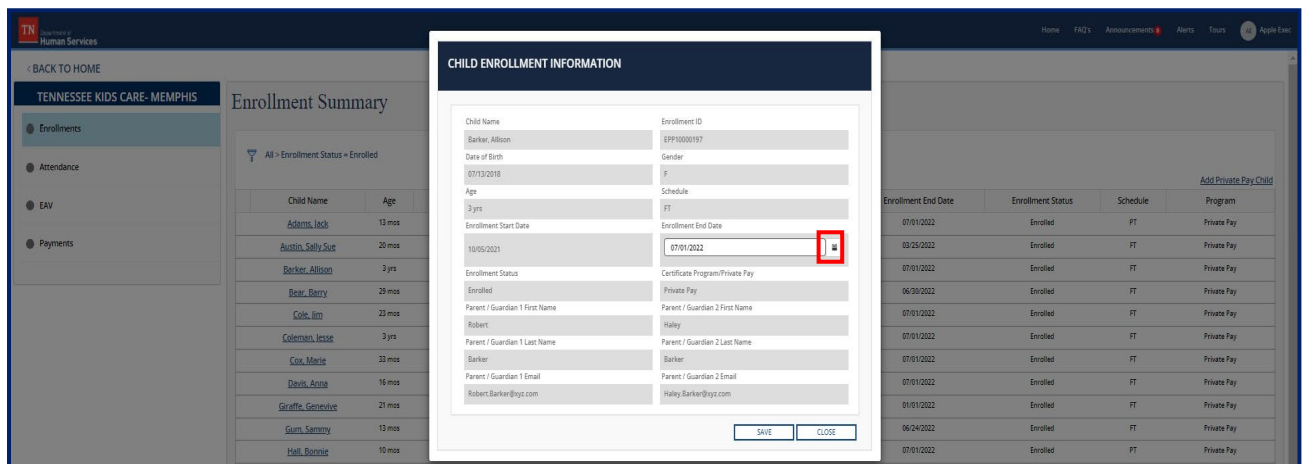
The processes listed below detail the steps a Provider must take if a child in their care will be seeing a change in their program status. This includes children in the Certificate Program who will be leaving the program and remaining enrolled at the same Provider paying for care privately, as well as children who are paying privately for care and will be entering Certificate Program and staying at the same Provider. In both of these circumstances, Providers will need to make key updates to the child's records.

6.6.1 Private Pay Children Transitioning to Certificate Program

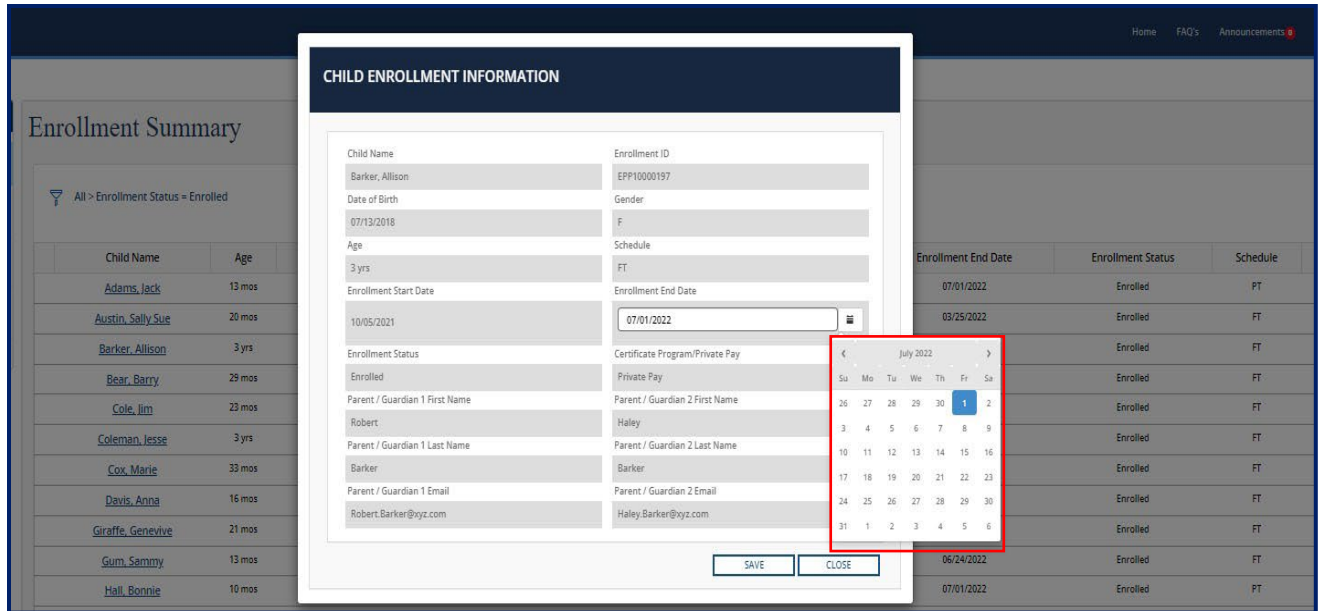
For children transitioning from paying for care privately into the Certificate Program, TDHS will be creating a new enrollment record of the child in the Provider Portal. In this record, TDHS will fill in key enrollment information.

Once a Provider sees this updated child enrollment record on their **Enrollment Summary** screen, they should take the following steps:

1. Access the **Enrollment Summary** screen (*steps are outlined in Section 61*)
2. Click on the **Child Name** that corresponds to the child's old record. Their enrollment status should be listed as **Private Pay**.
3. The **Child Enrollment Information** pop-up window will open. Here, click the calendar icon next to their **Enrollment End Date**.



4. Use the calendar pop-up window to select the child's last day when they were paying for care privately. This date should be before the child's first day within the Certificate Program.
5. Then, click **Save**.



6. Re-add any authorized parents, guardians, and individuals associated with the child and connect them to the new Certificate Program enrollment record (*follow the steps outlined in Section 6.3*).

6.6.2 Children in Certificate Program Transitioning to Private Pay

For children transitioning from the Certificate Program to paying for care privately, TDHS will directly update the child's previous record to mark that they are no longer enrolled in care as a part of the Certificate Program. The Provider will need to make a new record for the child as private pay.

Providers should take the following steps for children transitioning from the Certificate Program to Private Pay:

1. Add the child as private pay (follow the steps outlined in [Section 6.2](#)).
2. Re-add any authorized parents, guardians, and individuals associated with the child and connect them to the new private pay enrollment record (follow the steps outlined in [Section 6.3](#)).

7 Entering Time and Attendance Data for Child Care Providers




Provider Tip!

Remember to review policy rules/requirements pertaining to maintaining attendance records on the TDHS website.

7.1 Accessing the Attendance Summary Screen


To enter and manage time and attendance data within the Provider Portal, you will first need to access the **Enrollment and Attendance Management** screen. To access the **Attendance Summary**, go to the Provider Portal **Dashboard** and select the **Attendance Management** box.

Enrollment and Attendance Management



Child Enrollments


Manage and view enrollments at your Provider Site



Attendance Management


Currently Checked In : 0

Manage attendance records



Authorized Parents/Guardians

View and Manage Authorized Parents/Guardians



Vacancy Information

Vacancy Information for the Provider Facility

You will then be taken to the **Attendance Summary** screen shown below.

TN Department of Human Services

FAQ's Announcements 4 Alerts ST State Test

< BACK TO HOME

ABC BABIES

- Enrollments
- Attendance
- EAV
- Payments

Attendance Summary

There are multiple ways time and attendance can be entered into the Provider Portal.

- **Manual Entry:** Click 'Add Attendance' to enter attendance details for each child.
- **Import Attendance:** Using the Import Attendance feature, Providers can upload an Excel Spreadsheet with their attendance data that will be imported to the Provider Portal for EAV entry.
 1. Download the ServiceNow template as an excel spreadsheet.
 2. Input attendance details into the Excel spreadsheet.
 3. Upload the spreadsheet on Provider Portal.

Note: The template will be auto populated with the certificate children enrollment details. Providers will only need to fill in the details in the following fields before uploading.

- Check-In Time (HH:MM AM/PM)
- Check-Out Time (HH:MM AM/PM)

- **Mobile App:** The mobile app can be used for a parent/guardian to check a child in/out. The app tracks check-in/out details and automatically enters them into the system, eliminating the need for manual entry. This method of attendance tracking requires parents/guardians to consistently bring an electronic device and know their electronic pins.

All [Import Attendance](#) [Add Attendance](#)

Child Name	Age	Gender	Check-In Time	Check-in Individual	Check-In Method	Check-Out Time	Check-Out Individual	Check-Out Method	Schedule	
ALLAR, KYNDALL	13 mos	F	09-30-2022 08:14:27		Provider Portal	09-30-2022 17:01:03		Provider Portal	FT	✎
ALLAR, KYNDALL	13 mos	F	10-28-2022 08:02:29		Provider Portal	10-28-2022 13:02:45		Provider Portal	FT	✎

The **Attendance Summary** screen displays key attendance records of enrolled children, including a child's:

- Name
- Age
- Gender (*M is for Male, F is for Female, U is for Undefined*)
- Check-In Time
- Check-In Individual
- Check-In Method (*QR Code, PIN Code, or Provider Portal if entered or uploaded by the Provider*)
- Check-Out Time
- Check-Out Individual
- Check-Out Method (*QR Code, PIN Code, or Provider Portal if entered or uploaded by the Provider*)
- Schedule (*if they are full-time or part-time*)

7.2 Importing Attendance

If using the Customer Mobile Application and Provider Companion Application to record time and attendance data (detailed in [Sections 11 and 12](#)), that data will automatically appear in the Provider Portal's Attendance Summary.

It is important to note that using the Customer Mobile and Provider Companion Applications to record time and attendance data is entirely optional. For those not using these applications, attendance records can be added to the Provider Portal by uploading data using the template or entering the records manually into the system.

If choosing to use an Excel spreadsheet to upload time and attendance data into the Provider Portal, complete the following steps:

1. On the **Attendance Summary** screen, select the **Import Attendance** hyperlink.

The screenshot shows the 'Attendance Summary' page in the Provider Portal. The sidebar on the left has 'Attendance' selected. The main content area contains instructions for manual entry, import attendance, and mobile app usage. A table at the bottom displays attendance records for 'ALLAR, KYNDALL'. A red box highlights the 'Import Attendance' link in the top right corner of the table area.

Child Name	Age	Gender	Check-In Time	Check-in Individual	Check-In Method	Check-Out Time	Check-Out Individual	Check-Out Method	Schedule
ALLAR, KYNDALL	13 mos	F	09-30-2022 08:14:27		Provider Portal	09-30-2022 17:01:03		Provider Portal	FT
ALLAR, KYNDALL	13 mos	F	10-28-2022 08:02:29		Provider Portal	10-28-2022 13:02:45		Provider Portal	FT

- If this is your first time importing attendance, use the **Start with a new template** box and select the appropriate week for which you would like to submit attendance. Click **Download**. Doing so will download a template you can use to upload data into the Provider Portal. Save this template for future use.

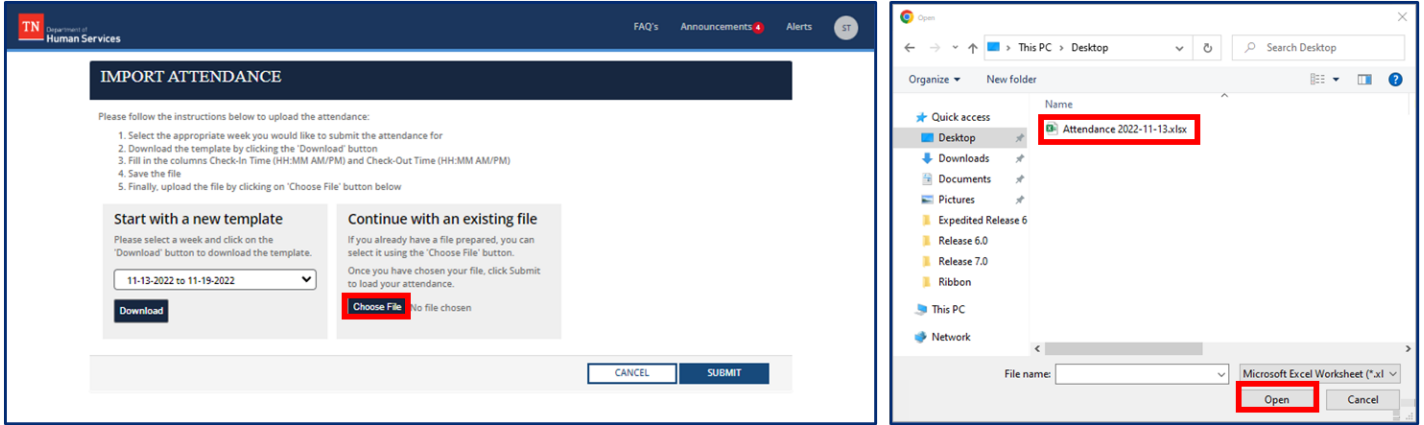
Note: The last six weeks are available to download as a template.

- An Excel file will open. The file will auto-populate the Enrollment ID, Child First Name, and Child Last Name columns. Enter the Check-In Time and Check-Out Time for each child.

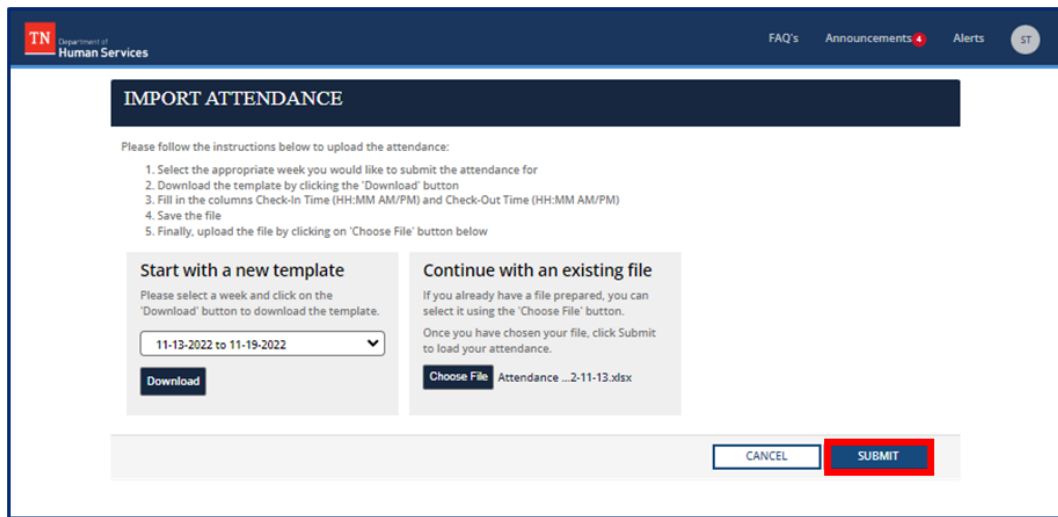
Note: If your agency is closed or a child is absent, do not edit the Check-In Time and Check-Out Time for that day (leave 12:00AM in both columns). This information will automatically transfer to the EAV once the file is uploaded to the Provider Portal.

	A	B	C	D	E	F	G
1					*REQUIRED*		*REQUIRED*
2	Enrollment ID	Child First Name	Child Last Name	Check-In Date (MM/DD/YYYY)	Check-In Time(HH:MM AM/PM)	Check-Out Date (MM/DD/YYYY)	Check-Out Time (HH:MM AM/PM)
3	2517773	KYNDALL	ALLAR	11/13/2022	12:00 AM	11/13/2022	12:00 AM
4	2517773	KYNDALL	ALLAR	11/14/2022	12:00 AM	11/14/2022	12:00 AM
5	2517773	KYNDALL	ALLAR	11/15/2022	12:00 AM	11/15/2022	12:00 AM
6	2517773	KYNDALL	ALLAR	11/16/2022	12:00 AM	11/16/2022	12:00 AM
7	2517773	KYNDALL	ALLAR	11/17/2022	12:00 AM	11/17/2022	12:00 AM
8	2517773	KYNDALL	ALLAR	11/18/2022	12:00 AM	11/18/2022	12:00 AM
9	2517773	KYNDALL	ALLAR	11/19/2022	12:00 AM	11/19/2022	12:00 AM
10	2490112	ARIYAH	BURROUGHS	11/13/2022	12:00 AM	11/13/2022	12:00 AM
11	2490112	ARIYAH	BURROUGHS	11/14/2022	12:00 AM	11/14/2022	12:00 AM
12	2490112	ARIYAH	BURROUGHS	11/15/2022	12:00 AM	11/15/2022	12:00 AM
13	2490112	ARIYAH	BURROUGHS	11/16/2022	12:00 AM	11/16/2022	12:00 AM
14	2490112	ARIYAH	BURROUGHS	11/17/2022	12:00 AM	11/17/2022	12:00 AM
15	2490112	ARIYAH	BURROUGHS	11/18/2022	12:00 AM	11/18/2022	12:00 AM
16	2490112	ARIYAH	BURROUGHS	11/19/2022	12:00 AM	11/19/2022	12:00 AM
17	2525754	ROBYN	CHISM	11/13/2022	12:00 AM	11/13/2022	12:00 AM
18	2525754	ROBYN	CHISM	11/14/2022	12:00 AM	11/14/2022	12:00 AM
19	2525754	ROBYN	CHISM	11/15/2022	12:00 AM	11/15/2022	12:00 AM
20	2525754	ROBYN	CHISM	11/16/2022	12:00 AM	11/16/2022	12:00 AM
21	2525754	ROBYN	CHISM	11/17/2022	12:00 AM	11/17/2022	12:00 AM
22	2525754	ROBYN	CHISM	11/18/2022	12:00 AM	11/18/2022	12:00 AM
23	2525754	ROBYN	CHISM	11/19/2022	12:00 AM	11/19/2022	12:00 AM

4. Save the file and return to the Provider Portal. Click the **Choose File** button. Another pop-up will appear to allow you to select the file you wish to upload.
5. Select the file and click **Open**.

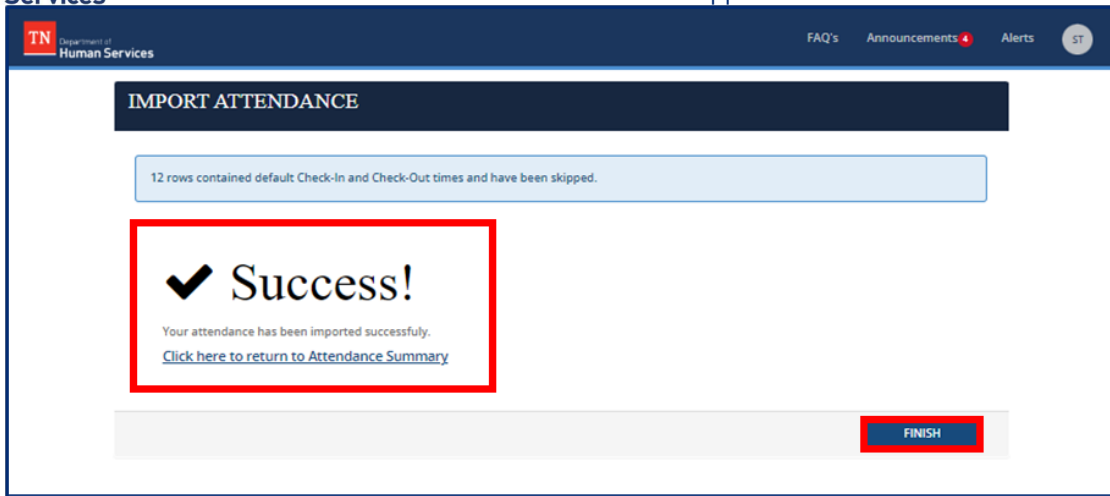


6. Click **Submit** to upload your file.

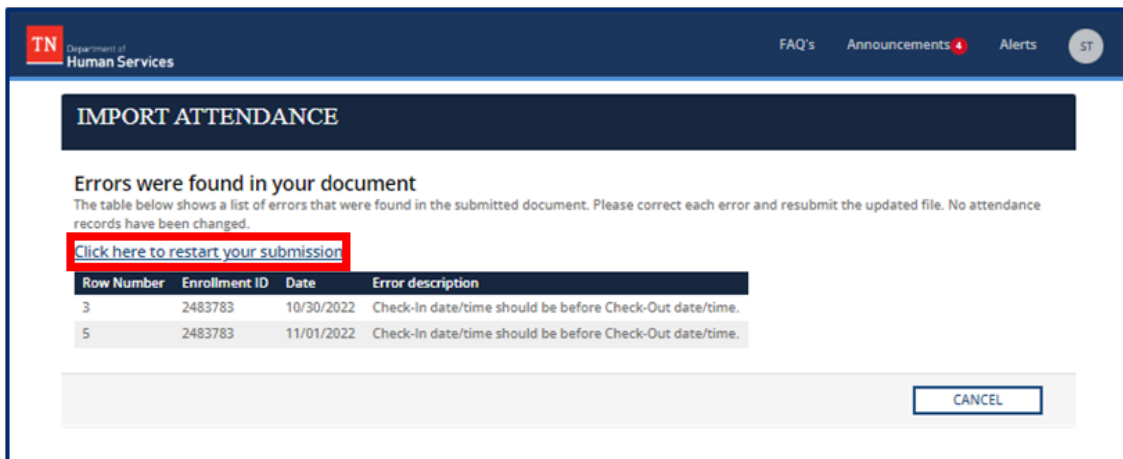


7. If your upload was successful, you will receive message showing your attendance was successfully imported. Click **Finish**.

Note: You may receive a message in a blue banner stating rows have been skipped. These are the rows for which you did not edit the Check-In Time or Check-Out Time (e.g., closed days, absences).



8. If the Excel spreadsheet was not completed properly, you will see a list of messages noting errors that were in your attendance record and where they were in the file. You will need to go back into your Excel file and update any issues based on these errors. When you are ready to re-upload the file, use the **Click here to restart your submission** link.



Potential error messages and their meanings are listed below.

Error Message	Meaning
'Enrollment Id' is not available in the system or inactive for 'Date.' Please remove this row from the file and resubmit.	The Enrollment ID entered does not match an active enrollment for the current Provider. Confirm that the child you are entering attendance for has an active certificate for the dates you entered OR that they have not started a new certificate that contains a new enrollment ID.
For 'Enrollment ID' Check-In date/time should be before Check-Out date/time'	The check-in time is before the check-out time. Update the record in the Check-In Date and Check-in Time columns to ensure it is a date and time that occurs before the Check-out Date and Time.
The attendance period entered cannot be more than 24 hours for 'enrollment ID'. Please correct the attendance for this enrollment and resubmit the file.	The check-in and check-out period is more than 24 hours in duration. If a child attended for more than 24 consecutive hours, create a new attendance record for the time exceeding 24 hours. Otherwise, confirm the date and time was entered correctly.
Check In/Out date must be within the Child's Enrollment period for 'Enrollment Id'. Please correct the attendance for this enrollment and resubmit the file.	The Attended dates you are trying to enter are not within the enrollment period. Confirm that the child you are entering attendance for has an active certificate for the dates you entered OR that they have not started a new certificate that contains a new enrollment ID.
Attendance entered for 'enrollment ID' for 'Date' overlaps with the attendance that already exists in the system. Please correct the attendance for this enrollment and resubmit the file.	The attendance entered for a particular day overlaps with the attendance already entered in the system (E.g., a child can attend the agency before school and after school).
Attendance cannot be a future date.	The check-in date is in the future.
'Field' entered is empty for 'enrollment ID' for 'date'. Please correct the attendance for this enrollment and resubmit the file.	This message will appear if any field in the file is empty.
'Field' entered is invalid for 'enrollment ID' for 'date'. Please correct the attendance for this enrollment and resubmit the file.	This message will appear when any data entered into the sheet is invalid. Confirm that the information entered in the spreadsheet matches the format shown.

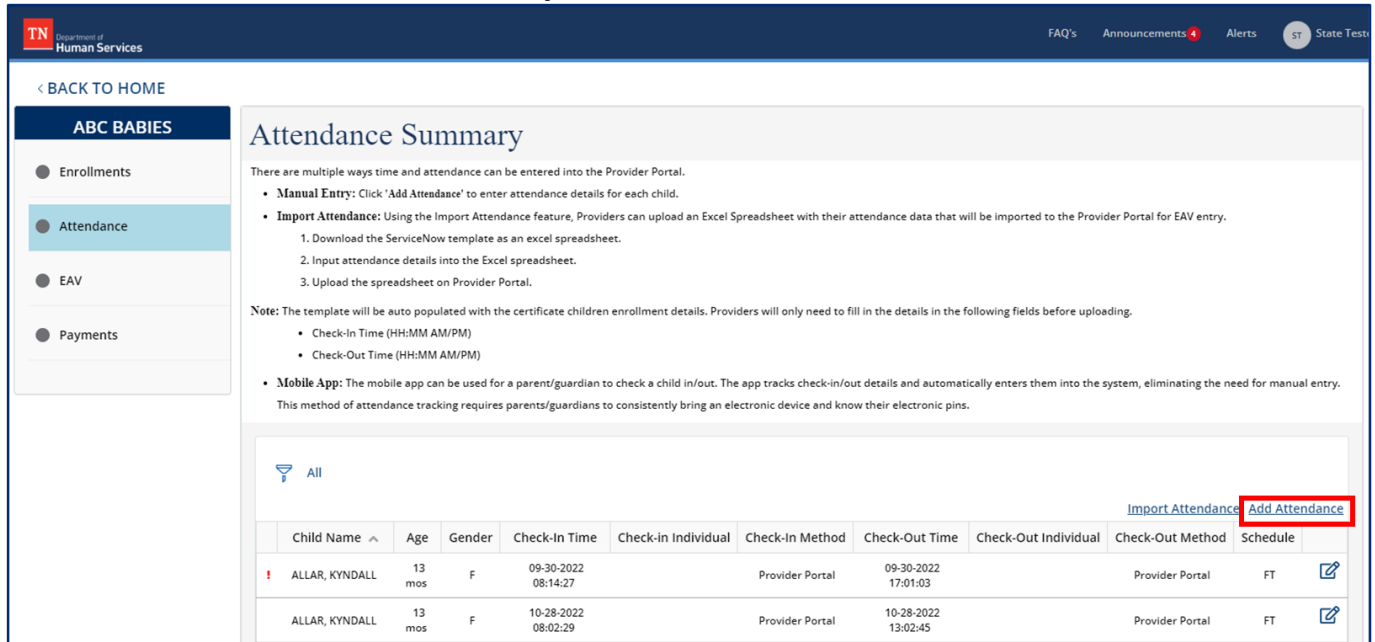
9. Once submitted, your imported attendance data will be added to your **Attendance Summary**.

7.3 Adding Attendance Manually

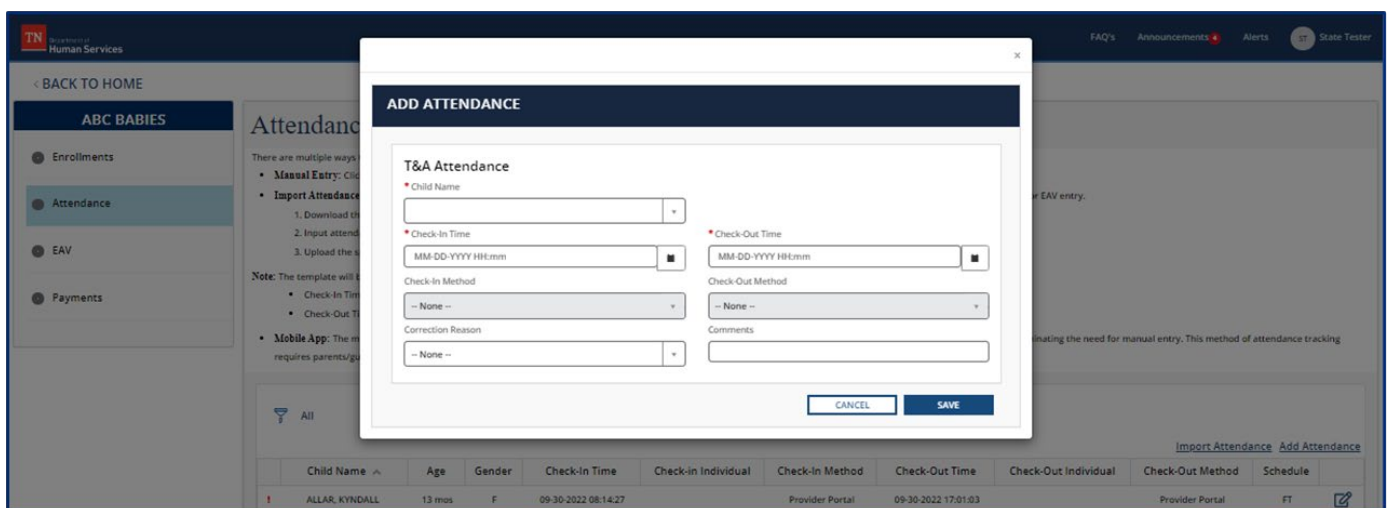
In addition to being able to upload attendance via an Excel spreadsheet, time and attendance data can be entered manually into the system. Records can be entered individually or in groups.

7.3.1 Adding a Single Attendance Record

1. Go to the Attendance Summary screen and select Add Attendance.

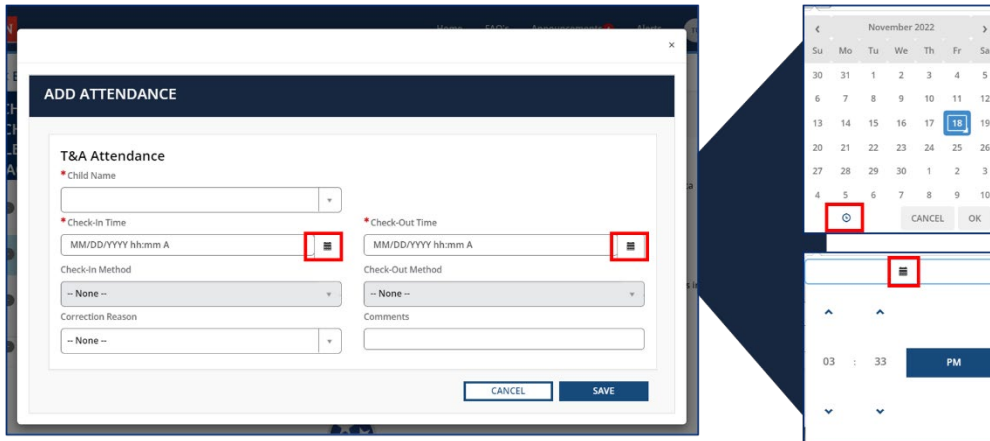


2. Fill out the **Add Attendance** pop-up window that appears.



Please enter the following information into the pop-up window:

- Child Name (select from drop-down)
- Check-In Time (Select the calendar to select the date and then the time icon that will appear under it to select the time.)
- Check-Out Time (Select the calendar to select the date and then the time icon that will appear under it to select the time.)



- Check-In Method (This field will not be able to be selected. Once you save the information, it will automatically enter into the system that the Provider Portal was used to check in the child)
 - Check-Out Method (This field will not be able to be selected. Once you save the information, it will automatically enter into the system that the Provider Portal was used to check out the child)
 - Correction Reason (optionally use the drop-down to select any options that apply)
 - Comments (optionally use this field to add any comments to the attendance record)
3. Once all information is entered, select **Save**.

7.4 Updating Attendance

Once all attendance data is in the system, you can update or edit the data if necessary. To edit the attendance of a child:

1. Return to the **Attendance Summary** screen. Click the **Pencil/Paper Icon** for that specific child.

The screenshot shows the 'Attendance Summary' page. On the left is a sidebar with 'Attendance' selected. The main content area contains instructions for entering attendance data. Below the instructions is a table with columns: Child Name, Age, Gender, Check-In Time, Check-in Individual, Check-In Method, Check-Out Time, Check-Out Individual, Check-Out Method, and Schedule. Two records for 'ALLAR, KYNDALL' are shown. The second record, dated 10-28-2022, has a pencil icon in the 'Schedule' column highlighted with a red box.

Child Name	Age	Gender	Check-In Time	Check-in Individual	Check-In Method	Check-Out Time	Check-Out Individual	Check-Out Method	Schedule
ALLAR, KYNDALL	13 mos	F	09-30-2022 08:14:27		Provider Portal	09-30-2022 17:01:03		Provider Portal	FT
ALLAR, KYNDALL	13 mos	F	10-28-2022 08:02:29		Provider Portal	10-28-2022 13:02:45		Provider Portal	FT

2. The **Edit Attendance** pop-up window will appear showing the attendance record.

The screenshot shows the 'EDIT ATTENDANCE' pop-up window. The form contains the following fields:

- Child Name: ALLAR, KYNDALL
- * Check-In Time: 10-28-2022 08:02:29
- * Check-Out Time: 10-28-2022 13:02:45
- Check-In Method: Provider Portal
- Check-Out Method: Provider Portal
- * Correction Reason: Missed Check-In by Parent/Guardian
- Comments: (empty)

Buttons for 'CANCEL' and 'SAVE' are at the bottom of the form.

Fields with a white background can be edited. These include the following fields:

- Check-In Time (select the calendar to select the date and then the time icon that will appear under it to select the time)
- Check-Out Time (select the calendar to select the date and then the time icon that will appear under it to select the time)
- Correction Reason (a reason must be selected from the drop-down)
- Comments (optionally use this field to add any comments to the attendance record)

3. Edit the data as desired, then select **Save**.

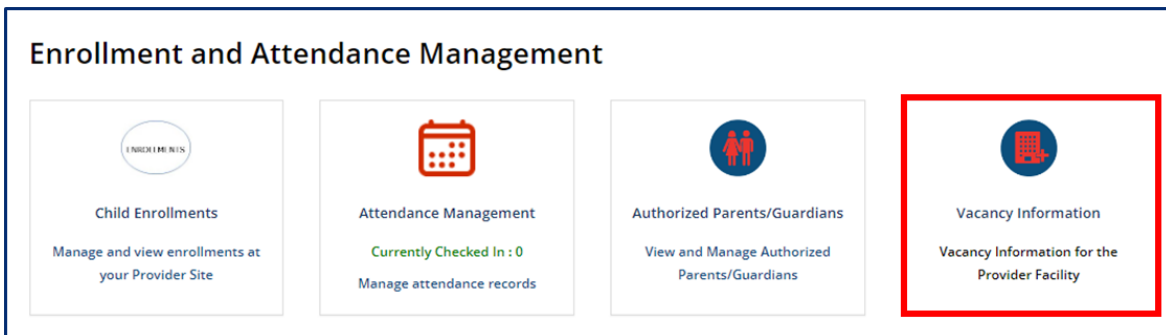
Note: If a child was originally checked in or out using a Parent QR Code or Pin and the attendance data was later updated via the Provider Portal, the listed Check-In or Check-Out method will change to Provider Portal. The original Check-In or Check-Out method will no longer be visible within the system.

8 Vacancy Information

This section provides information on how to update vacancies for Child Care Providers. The Vacancy Information module allows Providers to update vacancy information that will display on the public facing consumer Provider search website, "[Find Child Care](#)". It is important that you complete these steps each time your facility has a new vacancy to ensure the information listed for your facility is accurate.

8.1 Updating Vacancy Information

To report a vacancy, begin by accessing your Provider Portal Dashboard and selecting the Vacancy Information button under the Enrollment and Attendance Management section.



Enter the number of available slots for each age group at your facility. Click **Submit**.

VACANCY INFORMATION

Vacancy numbers are captured to inform parents of agency's availability in each age group.
 Note: Please update only the numbers that relates to openings in your facility.

Provider
 Athena's Preparatory Academy

Infant	Toddler
0	0
Pre-school	School Age(Elementary)
0	0
School Age(Middle School)	School Age(High School)
0	0

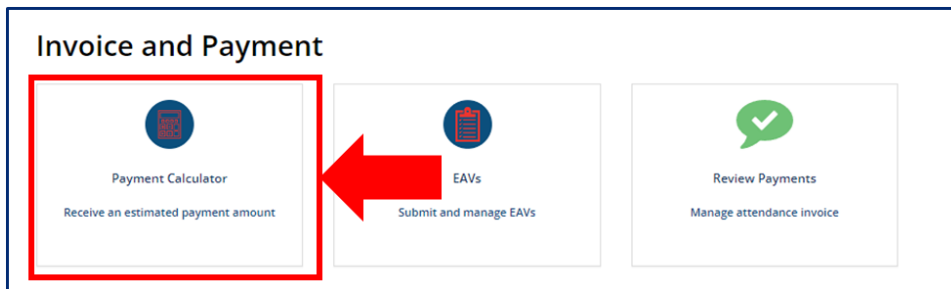
CANCEL SUBMIT

The information recorded on this page will be reported on the public facing consumer Provider search website, "[Find Child Care](#)" for parents and families seeking childcare.

9 Estimating Payments for Child Care Providers

9.1 Using the Payment Calculator

To estimate the amount received through the Child Care Certificate Program, begin by accessing your Provider Portal Dashboard and selecting the Payment Calculator tile under the Invoice and Payment section.



Select your Type of Agency, Quality Rating, and County. Exempt, DOE Providers, and licensed agencies without a rating should select N/A for Quality Rating.

Payment Calculator - Estimate your Payment
 This calculation tool is intended to generate payment estimates and may differ from actual payments received.

•Type of Agency
 [Dropdown menu]

Quality Rating
 [Dropdown menu]

•Enrollment Type
 [Dropdown menu]

•County
 [Dropdown menu]

Eligible for Non-Traditional Bonus (The majority of the child's care is offered between the hours of 6:00pm and 6:00am)
 [Dropdown menu]

Certificate Approved Child Disability
 [Dropdown menu]

•Age Group of Child
 [Dropdown menu]

Parent Co-Pay Amount
 [Text input field]

CALCULATE ESTIMATED PAYMENT **CANCEL**

The Payment Calculator displays the payment for one child enrollment at a time. Select the appropriate responses for the Enrollment Type, Eligible for Non-Traditional Bonus, Certificate Approved Child Disability and Age Group of Child.

Payment Calculator - Estimate your Payment
 This calculation tool is intended to generate payment estimates and may differ from actual payments received.

•Type of Agency
 Child Care Center

Quality Rating
 2

•Enrollment Type
 [Dropdown menu]

•County
 Shelby

Eligible for Non-Traditional Bonus (The majority of the child's care is offered between the hours of 6:00pm and 6:00am)
 [Dropdown menu]

Certificate Approved Child Disability
 [Dropdown menu]

•Age Group of Child
 [Dropdown menu]

Parent Co-Pay Amount
 [Text input field]

CALCULATE ESTIMATED PAYMENT **CANCEL**

Enter the Parent Co-pay Amount if available. You may skip this step if you do not know the Parent Co-Pay Amount.

Payment Calculator - Estimate your Payment
 This calculation tool is intended to generate payment estimates and may differ from actual payments received.

•Type of Agency
 Child Care Center

Quality Rating
 2

•Enrollment Type
 Full Time - 20 or More hours

•County
 Shelby

Eligible for Non-Traditional Bonus (The majority of the child's care is offered between the hours of 6:00pm and 6:00am)
 No

Certificate Approved Child Disability
 No

•Age Group of Child
 Infant - 6 weeks to 13 months

Parent Co-Pay Amount
 [Text input field]

CALCULATE ESTIMATED PAYMENT **CANCEL**

Select Calculate Estimated Payment.

Payment Calculator - Estimate your Payment

This calculation tool is intended to generate payment estimates and may differ from actual payments received.

•Type of Agency
Child Care Center

Quality Rating
2

•Enrollment Type
Full Time - 20 or More hours


•County
Shelby

Eligible for Non-Traditional Bonus (The majority of the child's care is offered between the hours of 6:00pm and 6:00am)
No

Certificate Approved Child Disability
No

•Age Group of Child
Infant - 6 weeks to 13 months

Parent Co-Pay Amount

 **CALCULATE ESTIMATED PAYMENT** CANCEL

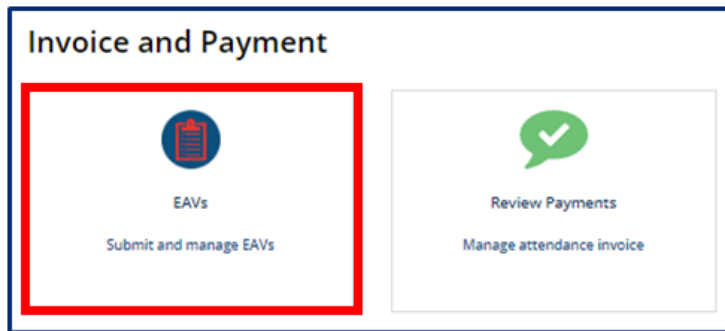
This calculation tool is intended to generate payment estimates and may differ from actual payments received.

10 Submitting Electronic Attendance Verifications (EAVs) for Child Care Providers

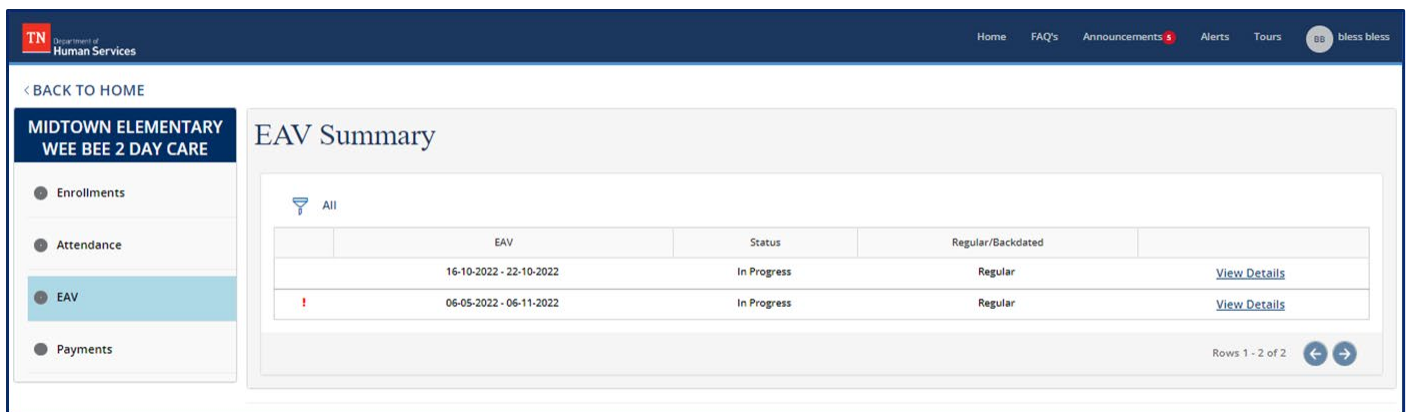
This section provides information on how to manage electronic attendance verifications, or EAVs, within the Provider Portal. This section only applies to Providers participating in the Certificate Program. Each week, these Providers must submit the attendance records of children participating in the Certificate Program. TDHS uses these records to calculate the payments for Providers.

10.1 Accessing the EAV Summary Screen

To submit EAVs within the Provider Portal, you will first need to access the **Invoice and Payment** screen. To access the **EAV Summary**, go to the Provider Portal **Dashboard** and select the **EAVs** box.



You will then be taken to the **EAV Summary** screen shown below.



The **EAV Summary** screen displays key EAV record data, including the following:

- Dates of the EAV
- Status of the EAV (Either In Progress, Submitted, or Returned for Revision)
- If the EAV is regular or backdated (*EAVs will be listed as backdated if submitted late or*



10.2 Reviewing and Updating EAVs

To review and edit the details of an EAV:

1. Select the **View Details** button next to the EAV you wish to review.

The screenshot shows the 'EAV Summary' page. On the left is a sidebar with navigation options: Enrollments, Attendance, EAV (selected), and Payments. The main content area displays a table of EAVs:

EAV	Status	Regular/Backdated	
16-10-2022 - 22-10-2022	In Progress	Regular	View Details
06-05-2022 - 06-11-2022	In Progress	Regular	View Details

At the bottom right of the table, it says 'Rows 1 - 2 of 2' with navigation arrows.

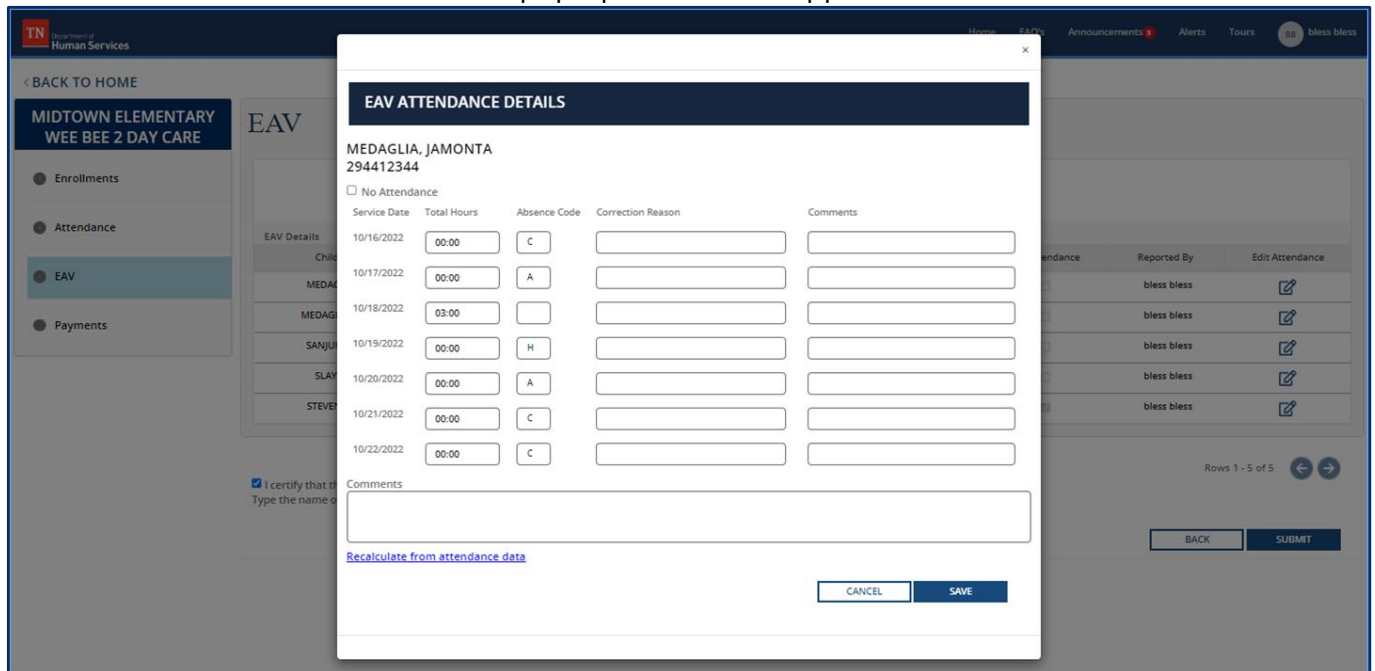
2. Click the **Pencil/Paper Icon** under the **Edit Attendance** column if there are edits that need to be made to the attendance data in the system.

The screenshot shows the 'EAV Details' page for the period 16-10-2022 - 22-10-2022. The table lists attendance for five children:

Child Name	Enrollment ID	Total Hours	Enrolled Days	Attended Days	Absent Days	No Attendance	Reported By	Edit Attendance
MEDAGLIA, BAI'LEY	2464730	10:01	7	2	5	<input type="checkbox"/>	bless bless	
MEDAGLIA, JAMONTA	2464729	03:00	7	1	6	<input type="checkbox"/>	bless bless	
SANJURJO, NERIAH	2428526	03:00	7	1	6	<input type="checkbox"/>	bless bless	
SLAYTON, KHAI	2447675	03:00	7	1	6	<input type="checkbox"/>	bless bless	
STEVENSON, BRICE	2453208	00:00	7	0	7	<input checked="" type="checkbox"/>	bless bless	

At the bottom, there is a certification checkbox: I certify that the information submitted on this EAV is true and accurate. Below it are input fields for 'Type the name of individual submitting this:' (test) and 'Date:' (11/02/2022). At the bottom right are 'BACK' and 'SUBMIT' buttons.

3. The **EAV Attendance Details** pop-up window will appear.



In this pop-up window, you can do the following:

- Edit the total hours a child attended care
- Change their absence code
- Add a correction reason
- Add any comments



Provider Tip!

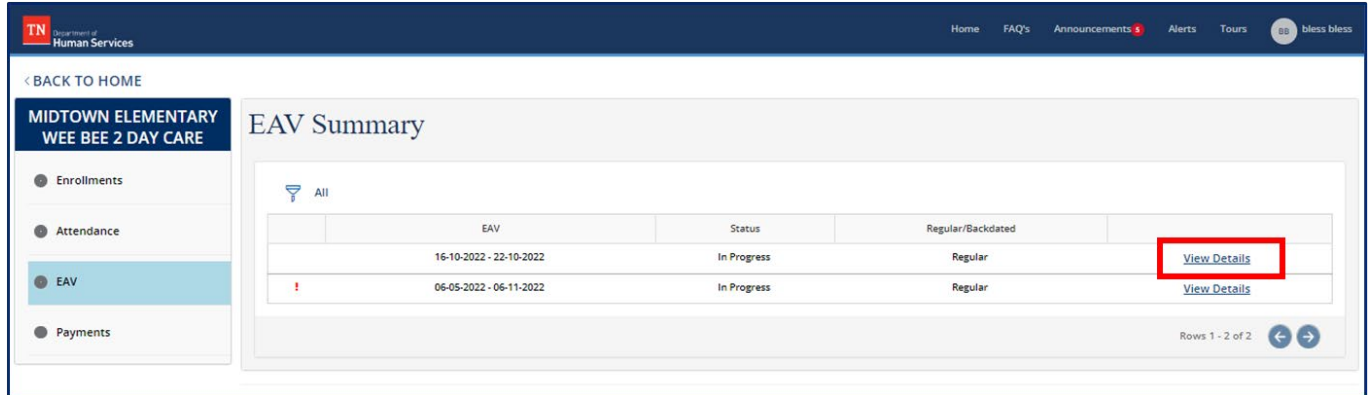
We highly recommend before reviewing and submitting the EAV, review attendance data through the attendance features detailed in Section 7. Any updates made in the **Attendance** tab will appear in the EAV.

4. Once done editing information, select **Save**.

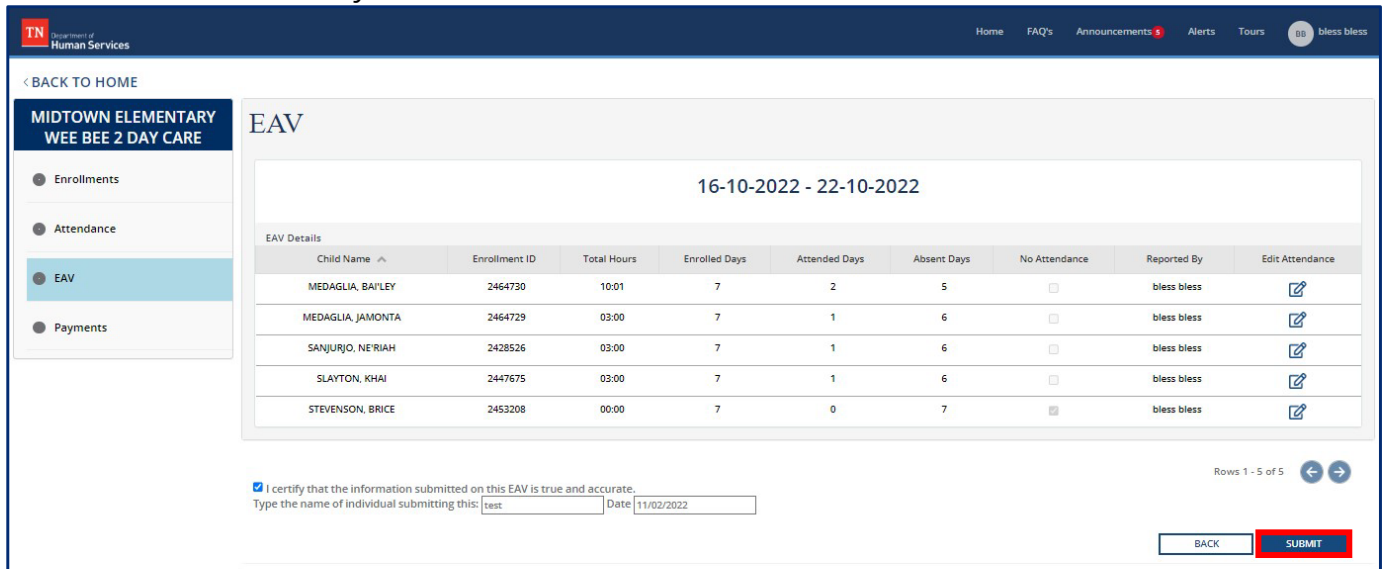
10.3 Submitting EAVs

To submit an EAV:

1. Go to the **EAV Summary** screen.
2. Then, select **View Details** next to the EAV you wish to submit.



3. The following screen will appear. Review the Time and Attendance data listed and edit if necessary.



4. Select the check box to certify the data is accurate.
5. Type your name and the date.
6. Click **Submit**.

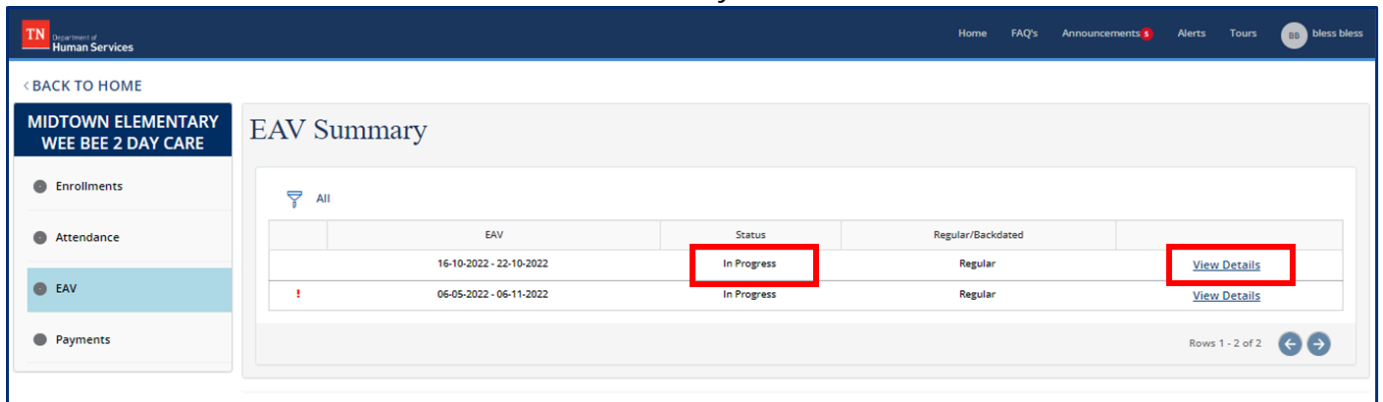
10.4 Tracking EAVs

To track an EAV, access the **EAV Summary** screen. On that screen, you will be able to see the status of all EAVs under the **Status** column. An EAV's status can be listed as one of the following:

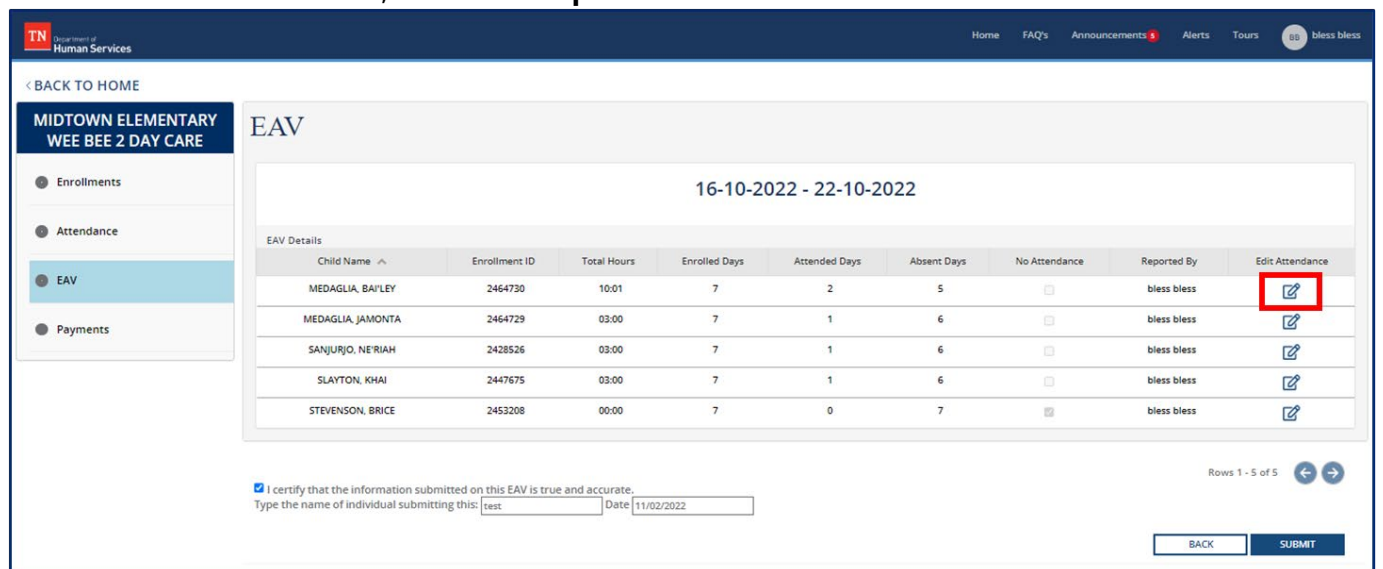
- In Progress (not yet submitted to TDHS)
- Submitted (signed and submitted to TDHS)
- Returned for Revision (the EAV was submitted and reviewed by TDHS, but a mistake must be resolved before payment can be issued)

If an EAV is listed as **Returned for Revision**, the EAV has not been approved. To correct any issues with the EAV:

1. Select the **View Details** button for the EAV you wish to review and edit.



2. You will see a list of all records submitted in the EAV. Each row in the table includes the EAV information for a single child. To identify whether a correction is needed for a child, select the **Paper/Pencil Icon**.



Review the **Comments Box** of the EAV record. If the box is blank, this record did not have any issues flagged. If there is a comment within the box, there was an issue with the record. You will see the reason(s) why the EAV was returned for revision within the box.

Note: Be sure to not erase the comment provided in this text box from TDHS. This way you have a record of the reason(s) an EAV was returned for revision.

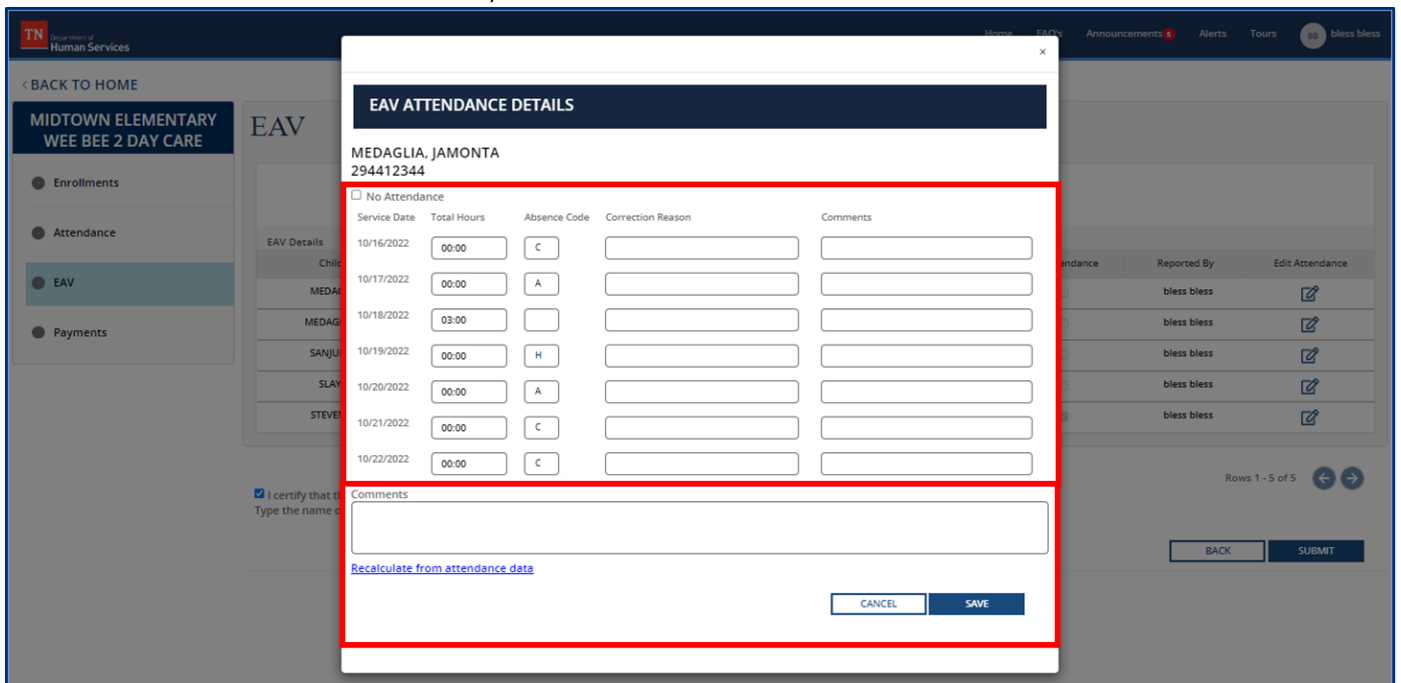
3. Based upon the reason(s) an EAV was returned for revision, make changes to each child's record. There are two ways to make changes:

a. In the **EAV Attendance Details** pop-up window, change the total hours, absence code, or correction reason in their respective fields.

Note: The Absence Code 'C,' Closed, will auto-populate based on your agency's hours of operations. The Absence Code 'H,' Holiday, will auto-populate for State Holidays. The Absence Code 'A,' Absent, will auto-populate if 0 hours were entered for a child on that day.

b. Or, you can make changes through the Attendance functions of the Provider Portal. To better understand these functions, reference the **"Uploading/Updating Attendance Quick Reference Guide."**

4. Once all updates for a child have been made, describe these changes in the **Comments Box**, under the explanation provided by TDHS for why the EAV was returned. Once done, click **Save**.



5. Repeat Steps 2, 3, 4, and 5 for each EAV record within your submission. Every record with a comment in the **Comments Box** requires revision.

6. After you have checked each EAV and all changes are made, select the check box to certify the data is accurate.



7. Type your name and the date.

8. Click **Submit**.

Department of Human Services

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< BACK TO HOME

MIDTOWN ELEMENTARY
WEE BEE 2 DAY CARE

- Enrollments
- Attendance
- EAV**
- Payments

EAV

16-10-2022 - 22-10-2022

Child Name	Enrollment ID	Total Hours	Enrolled Days	Attended Days	Absent Days	No Attendance	Reported By	Edit Attendance
MEDAGLIA, BAILEY	2464730	10:01	7	2	5	<input type="checkbox"/>	bless bless	
MEDAGLIA, JAMONTA	2464729	03:00	7	1	6	<input type="checkbox"/>	bless bless	
SANJURJO, NE'RIAH	2428526	03:00	7	1	6	<input type="checkbox"/>	bless bless	
SLAYTON, KHAI	2447675	03:00	7	1	6	<input type="checkbox"/>	bless bless	
STEVENSON, BRICE	2453208	00:00	7	0	7	<input checked="" type="checkbox"/>	bless bless	

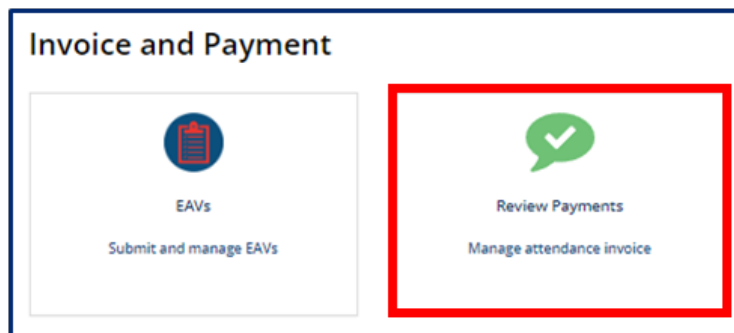
Rows 1 - 5 of 5

I certify that the information submitted on this EAV is true and accurate.
 Type the name of individual submitting this: Date:

11 Tracking Payments for Child Care Providers

11.1 Accessing the Payment Summary Screen

To review payment data within the Provider Portal, you will first need to access the **Invoice and Payment** screen. To access the **Review Payments** screen, go to the Provider Portal **Dashboard** and select the **Review Payments** box.



You will then be taken to the **Payment Summary** screen shown below.

Payment ID	Payment Sent Date	Payment Deposited Date	Payment Status	Payment Amount	EAV Pay Periods	Link to Remittance Notice
129468843	08/31/2021	08/31/2021	Paid	\$1,230.00	10758-10-15-2021-10-21-2021 61885-10-15-2021-10-21-2021	View

Related Links
Annual provider payment report

The **Payment Summary** screen displays key payment details, including:

- Payment ID (a unique identifier assigned to each payment within the Provider Portal)
- Payment Sent Date
- Payment Deposited Date
- Payment Status (if the payment has been issued or paid yet; **Issued** represents that the payment has been approved and is being processed and **Paid** represents that the payment has been sent to the Provider)
- Payment Amount
- EAV Pay Periods (the specific EAVs this payment represents)

- Link to Remittance Notice

To access a payment's remittance notice:

1. Select the **View** button for the payment under the **Link to Remittance Notice** tab. The file will open in your browser.

Payment Summary

Payment ID	Payment Sent Date	Payment Deposited Date	Payment Status	Payment Amount	EAV Pay Periods	Link to Remittance Notice
123456543	08/31/2021	08/31/2021	Paid	\$1,230.00	19758- (08-15-2021 - 08-21-2021) 618883- (07-25-2021 - 07-31-2021)	View

Related Links
Annual provider payment report

2. The remittance notice will open in your browser. A sample remittance notice is shown below.

For Care at Site:
Excellence Academy 3
XXXXX5123 426

Vendor Agency:
Learning edge
V-36022-1

Child SSN	Service Period	Comments/Activity	Provider Rate	Care Level	Days Paid	Gross Payment	Less Fees	Diff Bonus *	Reg Fee	Gross Amount
Three, Test, A 3 ¹ XXX-XX-3278, FF	08/01/2021 - 08/07/2021		\$95.00	PRE	7 FT Days	\$114.00	\$10.00	\$15.60	\$0.00	\$119.60
Six, Test, A 3 ¹ XXX-XX-3278, FF	08/01/2021 - 08/07/2021		\$95.00	PRE	7 FT Days	\$114.00	\$10.00	\$15.60	\$0.00	\$119.60
Three, Test, A 0 ¹ XXX-XX-4532, FF	08/01/2021 - 08/07/2021		\$128.00	INT	7 FT Days	\$153.60	\$10.00	\$21.55	\$0.00	\$165.15
Payment Period Total				2 Children	21 Days	\$381.60	\$30.00	\$52.75	\$0.00	\$404.35

1. Provider is in Desert County
2. Child is on 3rd Shift
3. Child is approved for disability bonus

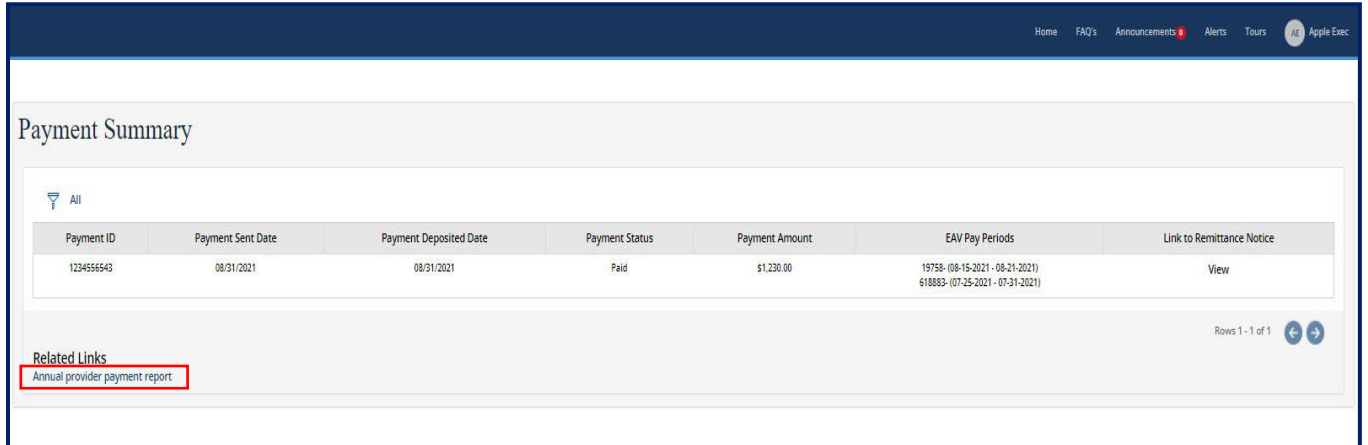
Total Eav Payment Amount:	\$404.35
Reimbursements for Underpayments:	\$0.00
Deduction for Overpayments:	\$0.00
Addition of Manual Payments:	\$0.00
Total Provider Payment:	\$404.35

Sent to Edison On: 08/19/2021

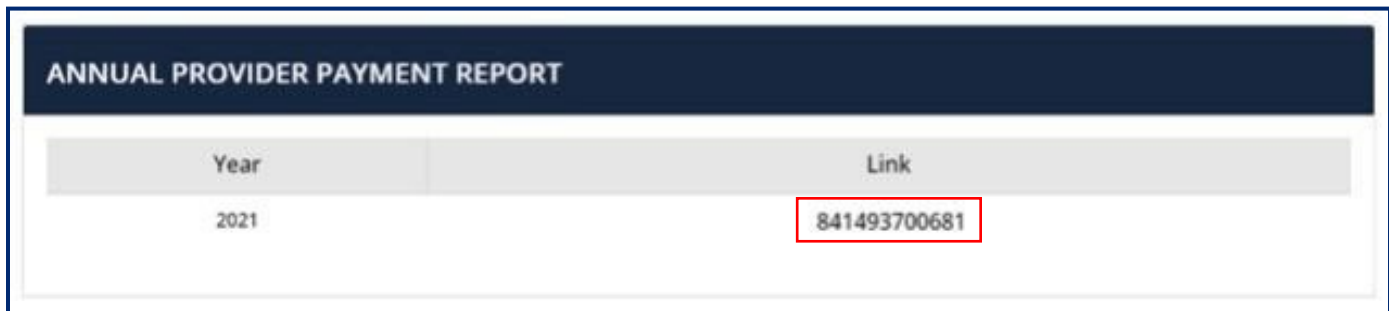
11.2 Downloading an Annual Provider Payment Report

At the end of each calendar year, TDHS publishes an Annual Provider Payment Report with all payments made within that year. To access the report:

1. Click the Annual Provider Payment Report link on the bottom of the screen.



2. The following screen will open. Select the **Link** of the report you wish to access.



- The file will open in your browser. You can see a sample annual provider payment report below.

Annual Summary Report													
Excellence Academy 4						Run Date: 01/01/2022							
685345347-426						From: 01/01/2021		To: 12/31/2021					
Gross Payment:	\$ 619.06												
Manual Payment:	-												
Under Payemnt:	-												
Over Payment:	-												
Total Payment:	\$ 619.06												

Name	Enrollment ID	Payment Type	Date From	Date To	Payment Date	Base Rate	Star Quality Bonus	Family fee	Non-Traditional Care Bonus	Child Care Desert Bonus	Registration Fee	Net Payment Amt	P.O. ID
Potter, Harry	200000651	EAV	06/16/2021	06/19/2021	06/28/2021	\$ 25.92	\$ 4.32	\$ 3.60	\$ 3.34	-	-	\$ 25.96	CC214
Total						\$ 25.92	\$ 4.32	\$ 3.60	\$ 3.34	-	-	\$ 25.66	

Name	Enrollment ID	Payment Type	Date From	Date To	Payment Date	Base Rate	Star Quality Bonus	Family fee	Non-Traditional Care Bonus	Child Care Desert Bonus	Registration Fee	Net Payment Amt	P.O. ID
Eleven, Test	200008251	EAV	03/28/2021	04/03/2021	07/21/2021	\$ 108.00	\$ 18.00	\$ 22.00	\$ 12.90	-	-	\$ 98.90	CC714
	200008251	EAV	06/06/2021	06/12/2021	07/21/2021	\$ 108.00	\$ 18.00	\$ 22.00	\$ 12.90	-	-	\$ 98.90	CC714
Total						\$ 216.00	\$ 36.00	\$ 44.00	\$ 25.80	-	-	\$ 197.80	


Name	Enrollment ID	Payment Type	Date From	Date To	Payment Date	Base Rate	Star Quality Bonus	Family fee	Non-Traditional Care Bonus	Child Care Desert Bonus	Registration Fee	Net Payment Amt	P.O. ID
Eleven, Test	200008151	EAV	03/28/2021	04/03/2021	07/21/2021	\$ 108.00	\$ 18.00	\$ 22.00	\$ 12.90	-	-	\$ 98.90	CC714
	200008151	EAV	06/06/2021	06/12/2021	07/21/2021	\$ 108.00	\$ 18.00	\$ 22.00	\$ 12.90	-	-	\$ 98.90	CC714

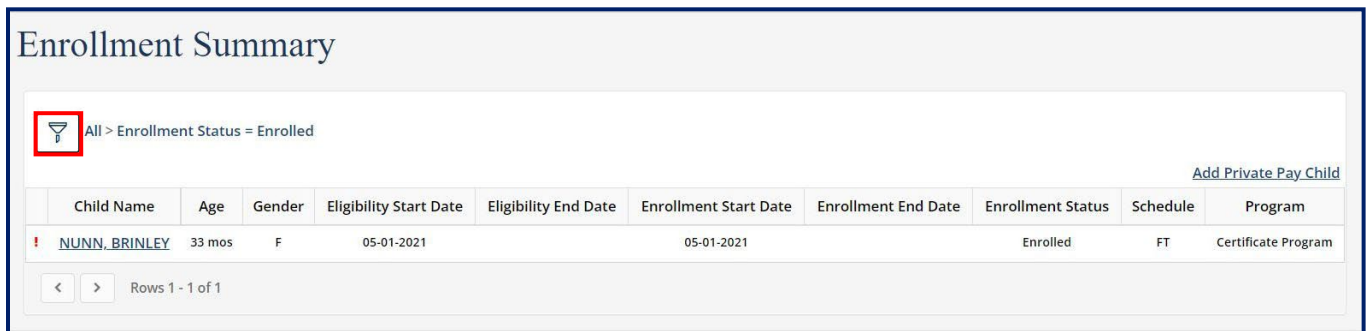
12 Filtering and Sorting Enrollment, Attendance, EAV, and Payment Data

12.1 Setting a Filter

Filters can be placed on data displayed on the **Enrollment Summary, Attendance Summary, EAV Summary, and Payment Summary** screens. In the examples shown below, a filter was created on the **Enrollment Summary** screen.

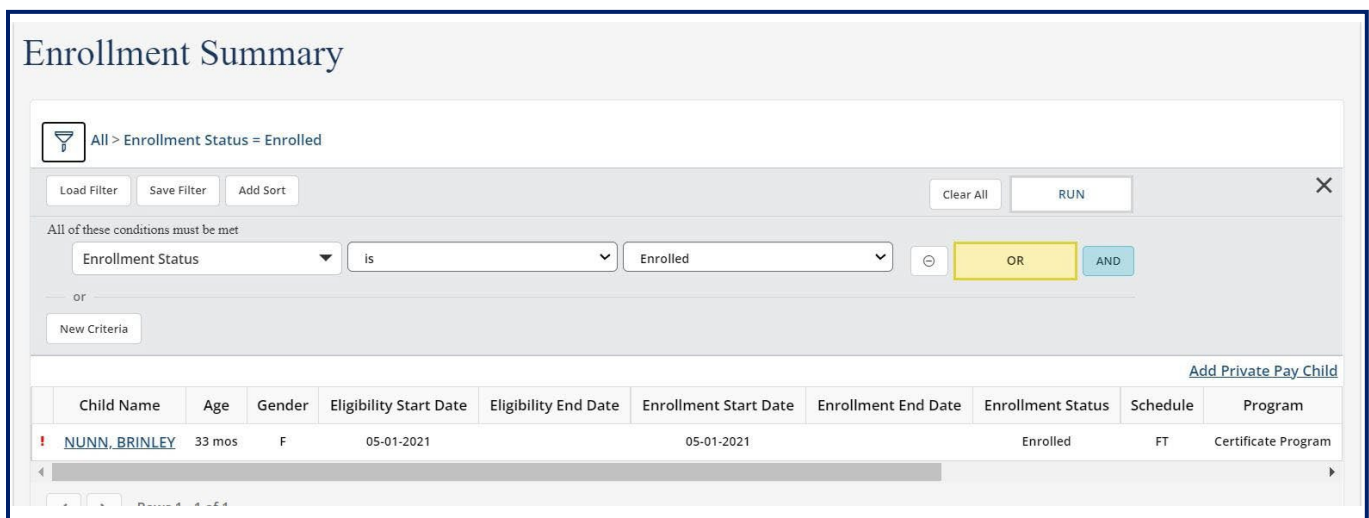
To set a filter:

1. Go to any of the screens listed above (instructions on how to access these pages can be found in [Sections 6.1, 7.1, 8.1, and 9.1](#), respectively)
2. On a given page, click the filter icon 



The screenshot shows the 'Enrollment Summary' interface. At the top left, there is a filter icon (a funnel) next to the text 'All > Enrollment Status = Enrolled'. This icon and text are enclosed in a red rectangular box. Below this, there is a table with columns: Child Name, Age, Gender, Eligibility Start Date, Eligibility End Date, Enrollment Start Date, Enrollment End Date, Enrollment Status, Schedule, and Program. A single row is visible for 'NUNN, BRINLEY' with details: 33 mos, F, 05-01-2021, 05-01-2021, Enrolled, FT, Certificate Program. At the bottom left, there are navigation arrows and the text 'Rows 1 - 1 of 1'. At the top right, there is a link 'Add Private Pay Child'.

3. The following filter options menu will appear.



This screenshot shows the 'Enrollment Summary' interface with the filter options menu open. The filter icon and text 'All > Enrollment Status = Enrolled' are still visible at the top. Below them, a menu is displayed with buttons for 'Load Filter', 'Save Filter', and 'Add Sort'. To the right are 'Clear All' and 'RUN' buttons. The main filter area contains the text 'All of these conditions must be met' followed by a dropdown menu showing 'Enrollment Status', a comparison operator 'is', and another dropdown showing 'Enrolled'. There are also 'OR' and 'AND' buttons. Below this, there is an 'or' separator and a 'New Criteria' button. The table and other UI elements from the previous screenshot are visible in the background.

- Begin by selecting the field you wish to filter by from the left-most drop-down listing. Select a field to filter by.

This represents the criteria that must be met by your filter.

In the example shown below, Enrollment Status is selected as the field to be filtered by.

- Select a condition.

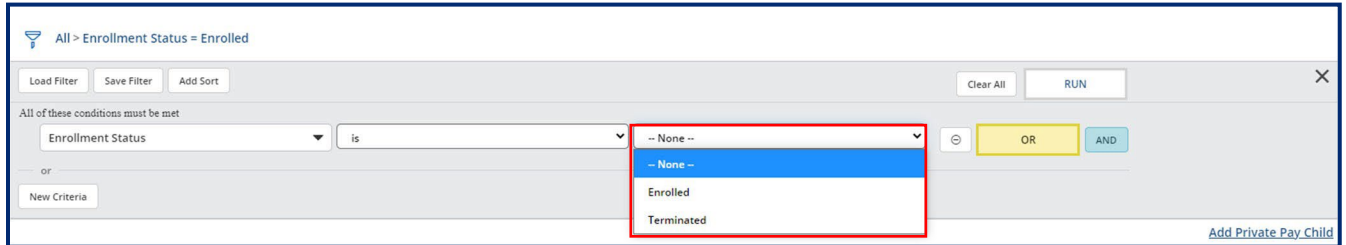
Select a condition from the middle drop-down list to apply to the filtered field.

This field will change depending on the type of field you select to filter by. If you select a quantitative field, such as *Enrollment Start Date*, you will see options such as “before” or “after”. If you select a qualitative field, you will see options such as “is” or “is not”.

In the example below, the condition **Is** was selected. This will mean that the field, which is **Enrollment Status** in this example, must exactly equal the parameter (*explained below*) for data to be included in the filter.

6. Select a parameter.

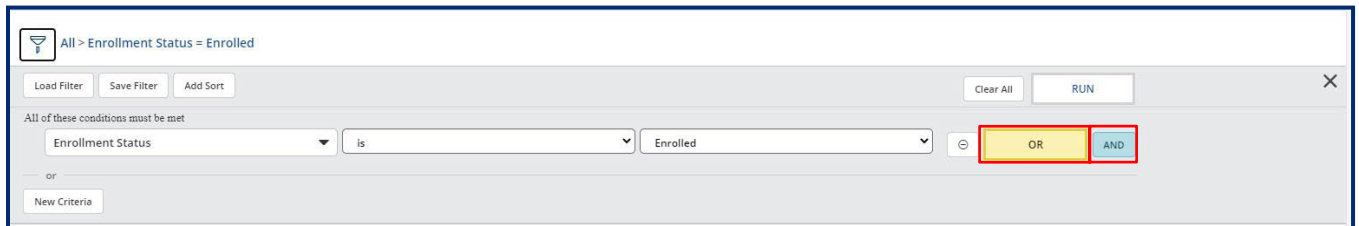
Parameters are specific aspects of a chosen field and will change accordingly. In the below example, the chosen field is **Enrollment Status**, which in the Provider Portal can either be listed as **Enrolled** or **Terminated**.



When the field, condition, and parameters in the example above are taken together, the filter will return a list of children currently enrolled at this Provider Site.

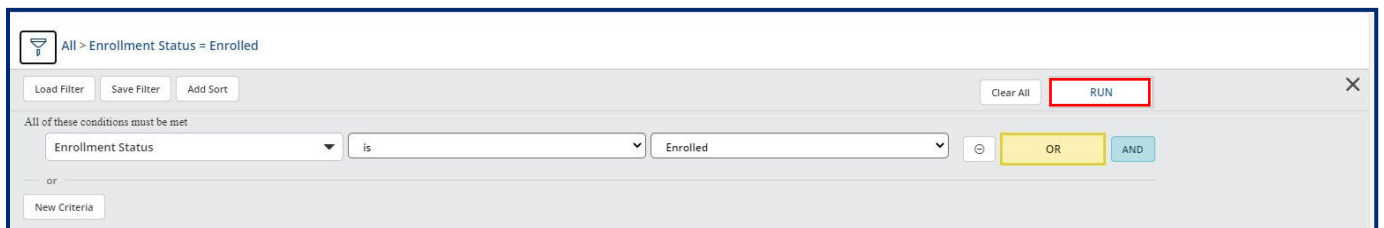
7. Add additional fields, conditions, and parameters if desired.

To add additional requirements to your filter, select the **And** or **Or** buttons. By selecting the **And** button, you will choose another field to be filtered and set another condition and parameter. This filter will need to be met along with the first one you established for a record to appear, meaning if a record does not meet *both* filter requirements, it will not appear once the filter is on. By selecting the **Or** button, you will choose another field to be filtered and set another condition and parameter. This filter can be used as an alternative to the first one you selected, meaning if a record meets *either* filter, it will appear once the filter is on.



8. Run the Filter.

To turn a filter on, click the **Run** button.




Once the filter is on, you will see it noted as is shown in the screenshot below.


🔍 All > Enrollment Status = Enrolled Add Private Pay Child									
Child Name	Age	Gender	Eligibility Start Date <small>▼</small>	Eligibility End Date	Enrollment Start Date	Enrollment End Date	Enrollment Status	Schedule	Program
Coleman, Jesse	3 yrs	M	09/17/2021	07/01/2022	09/17/2021	07/01/2022	Enrolled	FT	Private Pay
Mitchell, Douglas	10 mos	M	09/17/2021	07/01/2022	09/17/2021	07/01/2022	Enrolled	FT	Private Pay
Williams, Teresa	3 yrs	F	09/17/2021	07/01/2022	09/17/2021	07/01/2022	Enrolled	FT	Private Pay
Davis, Anna	13 mos	F	09/17/2021	07/01/2022	09/17/2021	07/01/2022	Enrolled	FT	Private Pay

12.2 Clearing a Filter

To clear a filter, or turn a filter off:

1. Click the filter icon  to open the filter options menu.
2. Click the "Clear All" button. Your filter will no longer be in effect.

Enrollment Summary


All > Enrollment Status = Enrolled

Load Filter Save Filter Add Sort

Clear All RUN

✕

All of these conditions must be met

Enrollment Status

is

Enrolled

⊖

OR

AND

or

New Criteria

[Add Private Pay Child](#)

Child Name	Age	Gender	Eligibility Start Date	Eligibility End Date	Enrollment Start Date	Enrollment End Date	Enrollment Status	Schedule	Program
! NUNN, BRINLEY	33 mos	F	05-01-2021		05-01-2021		Enrolled	FT	Certificate Program

12.3 Saving a Filter

If there is a specific filter you wish to use frequently, you can save that filter to allow for it to easily be put in effect. To save a filter:

1. Create your filter (following the steps outlined in [Section 10.1](#)).
2. Once the filter is completed, select the **Save Filter** button in the filter options menu.

The screenshot shows the 'Enrollment Summary' page. At the top, there is a filter bar with a funnel icon and the text 'All > Enrollment Status = Enrolled'. Below this, there are buttons for 'Load Filter', 'Save Filter' (highlighted with a red box), and 'Add Sort'. To the right are 'Clear All' and 'RUN' buttons. Below the buttons, a section titled 'All of these conditions must be met' contains a dropdown menu for 'Enrollment Status' set to 'Enrolled', followed by 'is' and another dropdown set to 'Enrolled'. There are also 'OR' and 'AND' buttons. Below this is a 'New Criteria' button. At the bottom right of the filter section is a link 'Add Private Pay Child'. Below the filter section is a table with columns: Child Name, Age, Gender, Eligibility Start Date, Eligibility End Date, Enrollment Start Date, Enrollment End Date, Enrollment Status, Schedule, and Program. The first row shows a child named 'NUNN, BRINLEY' with age '33 mos', gender 'F', and enrollment status 'Enrolled'.

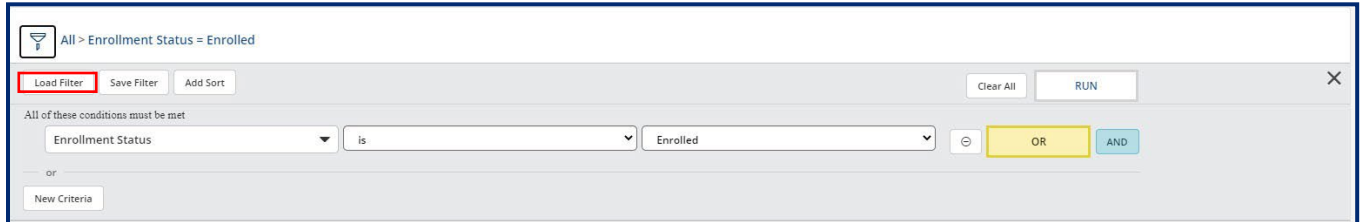
3. Name your filter by typing in the **Filter Name** field.
4. Click **Submit**.

The screenshot shows a 'Save Filter' dialog box. It has a close button (X) in the top right corner. The 'Filter name (required)' field contains the text 'Enrollment Status is Active' and is highlighted with a red box. Below this, the 'query' is shown as 'Enrollment Status = Enrolled'. Under the 'Visibility' section, there are three radio button options: 'Only Me' (which is selected), 'Everyone', and 'Group'. At the bottom right of the dialog box is a blue 'SUBMIT' button.

12.4 Loading a Saved Filter

Once a filter is saved, it can easily be loaded and put into use. To load a filter:

1. Click **Load Filter** on the filter options menu.



2. Click a filter shown in the **Load Filter** window. If there are many filters listed, you can search for your filter using the search bar.



3. You will then see the filter in effect.

Child Name	Age	Gender	Eligibility Start Date	Eligibility End Date	Enrollment Start Date	Enrollment End Date	Enrollment Status	Schedule	Program
Coleman, Jesse	3 yrs	M	09/17/2021	07/01/2022	09/17/2021	07/01/2022	Enrolled	FT	Private Pay
Mitchell, Douglas	10 mos	M	09/17/2021	07/01/2022	09/17/2021	07/01/2022	Enrolled	FT	Private Pay
Williams, Teresa	3 yrs	F	09/17/2021	07/01/2022	09/17/2021	07/01/2022	Enrolled	FT	Private Pay
Davis, Anna	13 mos	F	09/17/2021	07/01/2022	09/17/2021	07/01/2022	Enrolled	FT	Private Pay

12.5 Sorting

In addition to being able to filter data, you can also sort data displayed within the **Enrollment Summary, Attendance Summary, EAV Summary, and Payment Summary** screens.

11.5.1 Simple Sort

To simply sort data within the Provider Portal, simply click on the name of the field you wish to sort by. You will see an arrow appear that notes whether the field is being sorted in ascending or descending order. Click the name of the field again to switch the order of the sort.


In the example below, the **Enrollment Summary** screen is being sorted by children's names in alphabetical order.

The screenshot shows the 'Enrollment Summary' interface. At the top, there is a filter bar with the text 'All > Enrollment Status = Enrolled'. Below this are buttons for 'Load Filter', 'Save Filter', and 'Add Sort'. A filter condition is set to 'Enrollment Status is Enrolled'. There are also 'Clear All' and 'RUN' buttons. Below the filter bar is a table with the following data:


Child Name	Age	Gender	Eligibility Start Date	Eligibility End Date	Enrollment Start Date	Enrollment End Date	Enrollment Status	Schedule	Program
Adams, Jack	13 mos	M			09/17/2021	07/01/2022	Enrolled	FT	Private Pay
Austin, Sally Sue	20 mos	F			10/07/2021	03/25/2022	Enrolled	FT	Private Pay
Barker, Allison	3 yrs	F			10/05/2021	07/01/2022	Enrolled	FT	Private Pay
Bear, Barry	29 mos	M			09/28/2021	06/30/2022	Enrolled	FT	Private Pay
Cole, Iim	23 mos	M			10/05/2021	07/01/2022	Enrolled	FT	Private Pay

11.5.2 Advanced Sort

To sort data with multiple variables:


1. Select the filter icon 

Enrollment Summary

 All [Add Private Pay Child](#)

Child Name	Age	Gender	Eligibility Start Date	Eligibility End Date	Enrollment Start Date	Enrollment End Date	Enrollment Status	Schedule	Program
Adams, Jack	11 mos	M	09/17/2021	07/01/2022	09/17/2021	07/01/2022	Enrolled	PT	Private Pay
Coleman, Jesse	3 yrs	M	09/17/2021	07/01/2022	09/17/2021	07/01/2022	Enrolled	FT	Private Pay
Cox, Marie	31 mos	F	09/17/2021	07/01/2022	09/17/2021	07/01/2022	Enrolled	FT	Private Pay
Davis, Anna	13 mos	F	09/17/2021	07/01/2022	09/17/2021	07/01/2022	Enrolled	FT	Private Pay

2. Select the **Add Sort** button

 All > Enrollment Status = Enrolled

✕

All of these conditions must be met

Enrollment Status Enrolled

or

3. Choose your primary sorting field
4. Choose if you wish for the data to be sorted in ascending or descending order
5. Choose additional sorting fields by clicking the plus sign. When finished, click **Save**.

Add Sort ✕

Sorting Order

1

13 Child Care Provider Companion App Overview

13.1 Application Login

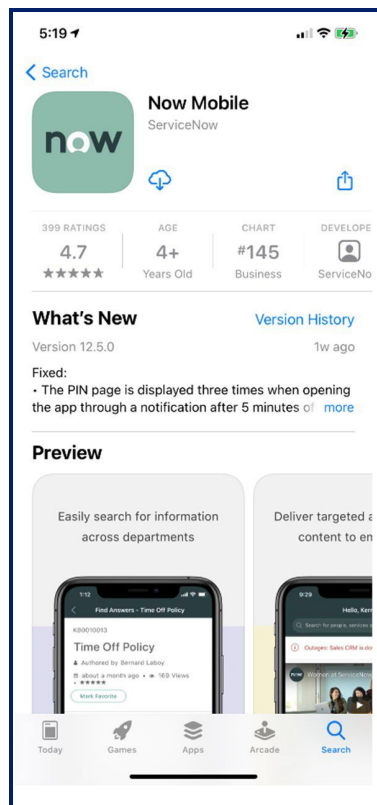
To log into the Provider Companion Application, follow these steps:

1. Download the **NowMobile** application. This app can be downloaded from the Apple App Store or Google Play Store. The application can be downloaded through the following links:

Apple App Store: <https://apps.apple.com/us/app/now-mobile/id1469616608>

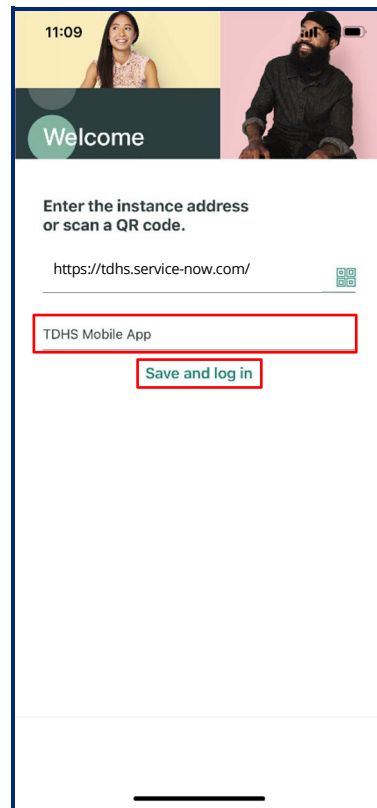
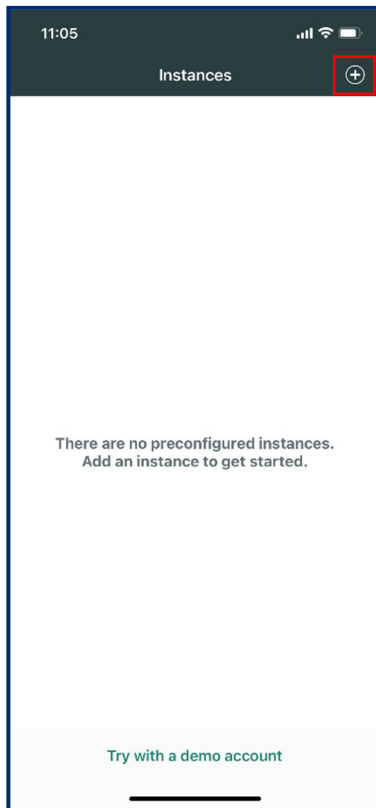
Google Play Store:

https://play.google.com/store/apps/details?id=com.servicenow.requestor&hl=en_US&gl=US

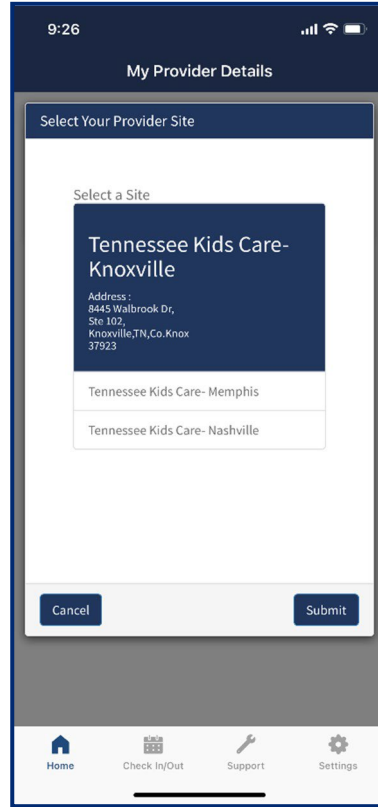
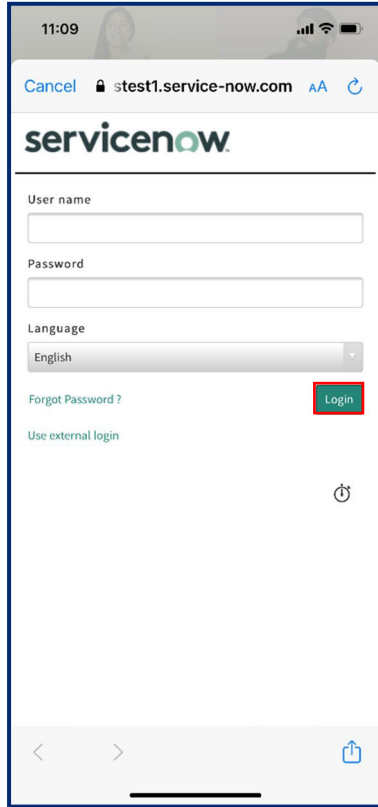


2. Once the application has been downloaded, open the application.
3. Once the application opens, click the plus sign to begin logging into your account. When logging in for the first time, the **Welcome** screen shown in the step below may automatically appear.
4. On the **Welcome** screen, in the top field, enter the following link: <https://tdhs.servicenow.com>

5. If desired, create a mobile app nickname. Then, select **Save and log in**. For example, you can have this app listed as the “TDHS Mobile App” within **NowMobile**.



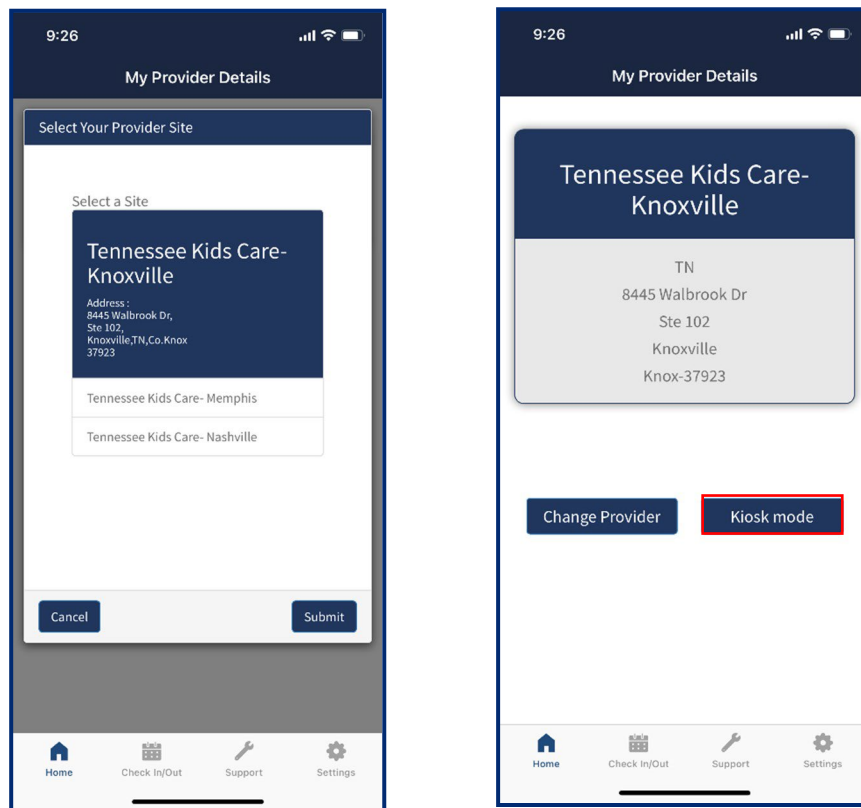
- 6. Enter your log-in credentials. Then, select **Login**.
- 7. You are now logged into the mobile application and will see a list of your Provider facilities appear.



13.2 Application Navigation and Kiosk Mode

1. Upon first logging into the app, you will see a list of all facilities you manage. Begin by selecting the facility you wish to check in/out children to. Then, click **Submit**.
2. You will then be taken to the **Home** screen of the app. Upon logging in, you will see an option to enter **Kiosk Mode**. To utilize the Check In/Out features of the app, the app must be in Kiosk Mode. To enter Kiosk Mode, select the **Kiosk Mode** button. If not in Kiosk Mode, you will only be able to access the app's **Support** and **Settings** tabs.

Note: to exit Kiosk Mode, you will need to log out of the app and log back in.



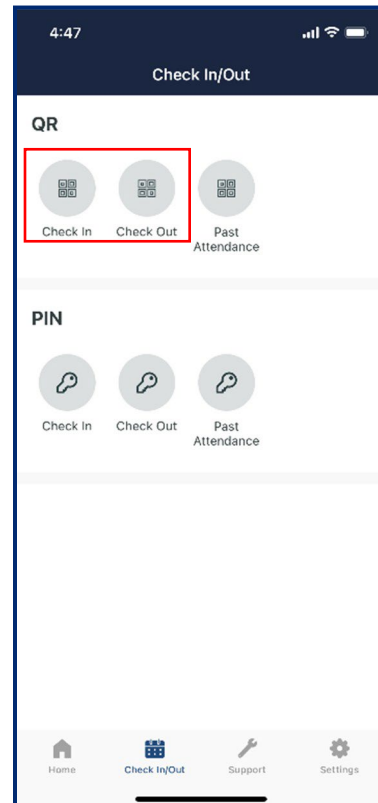
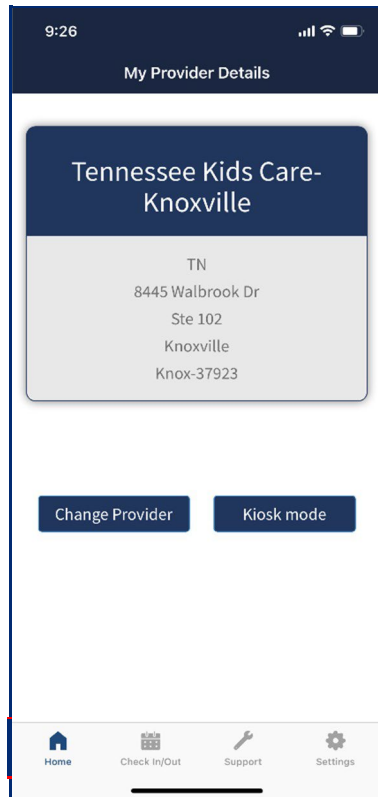
You can use the icons at the bottom of the screen to navigate through the app's four main screens.

- **Home**
- **Check In/Out**
- **Support**
- **Settings**

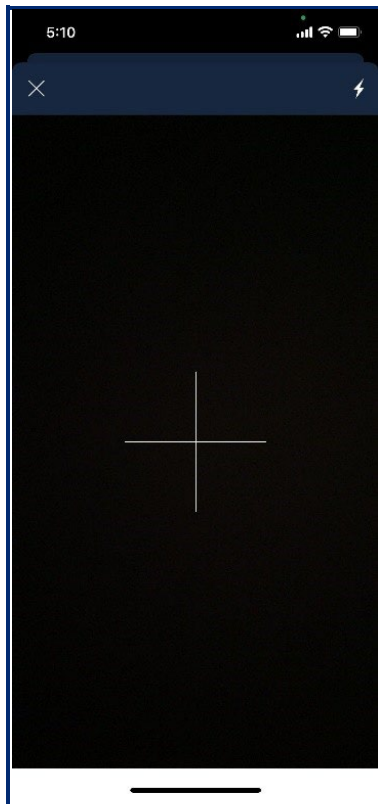
13.3 Check-In/Out Using a QR Code

To check-in/out a child using a QR Code:

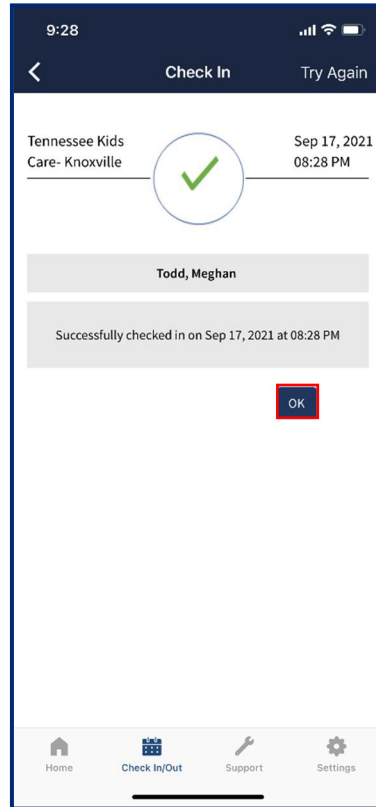
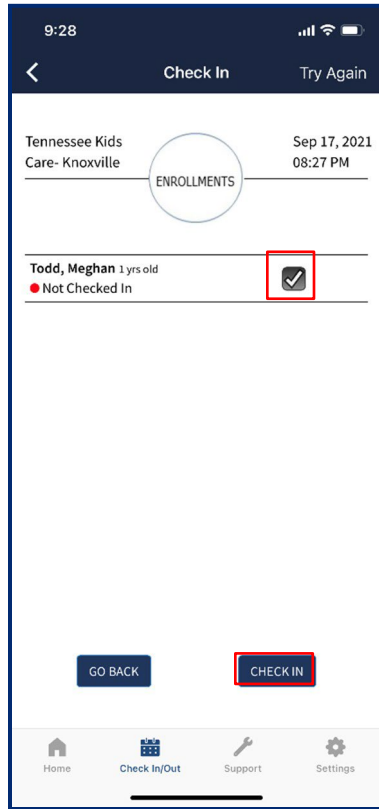
1. On any page, click the **Check In/Out** button.
2. To check-in/out a child using the QR Code method, select either the **Check In** or **Check Out** buttons listed under the **QR** section. Your device's camera will open. Ask an authorized parent/guardian/individual to open the QR Code within their Mobile Application.



3. Align the plus sign of this camera with the QR Code shown on the device of an authorized parent, guardian, or individual. The Companion Application will quickly register the child as checked-in or out and mark it within the system.
4. Once the QR Code has been scanned, a list of the active enrolled children associated with that authorized parent, guardian, or individual will appear. To finalize the check-in and out process, select the desired child(ren) you wish to check-in by clicking in the check box next to the child's information. Then, click **Check In**.



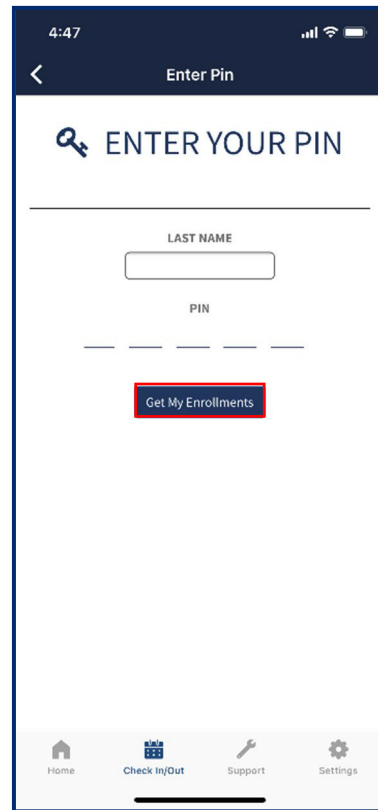
1. You will then see a confirmation screen appear noting that the child has been checked in. To return to the main **Check In/Out** screen, select **OK**.



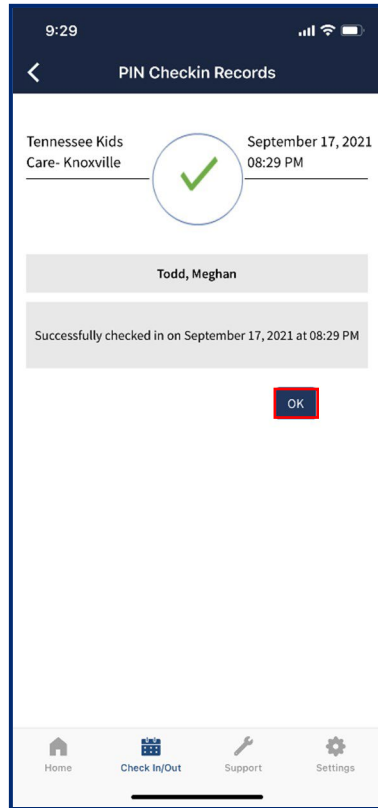
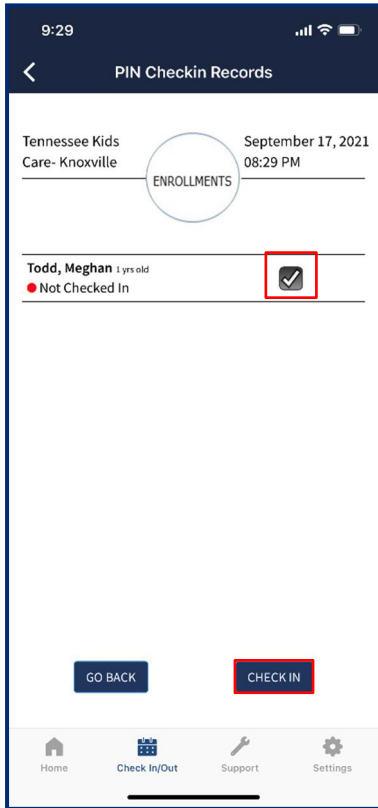
13.4 Check-In/Out Using a PIN Code

To check-in/out a child using the PIN Code method:

1. Click either the **Check In** or **Check Out** buttons listed under the PIN Section.
2. Allow an authorized parent/guardian/individual to type in their child's last name and their PIN code. Once this information is entered by the authorized parent/guardian/individual, click the **Get My Enrollments** button.



- 3. You will see a list of all enrolled children an authorized parent, guardian, or individual can check-in. Select the child(ren) you wish to check in or out by clicking the check box next to their name. Then, click **Check In**.
- 4. You will see a confirmation screen appear noting that the child has been checked in. To return to the main Check In/Out screen, select **OK**.



13.5 Entering Past Attendance

To enter a child’s past attendance using the Provider Companion Application:

1. Select one of the two past attendance options on the Check In/Out screen: the QR Code Past Attendance function or the PIN Code Past Attendance function.

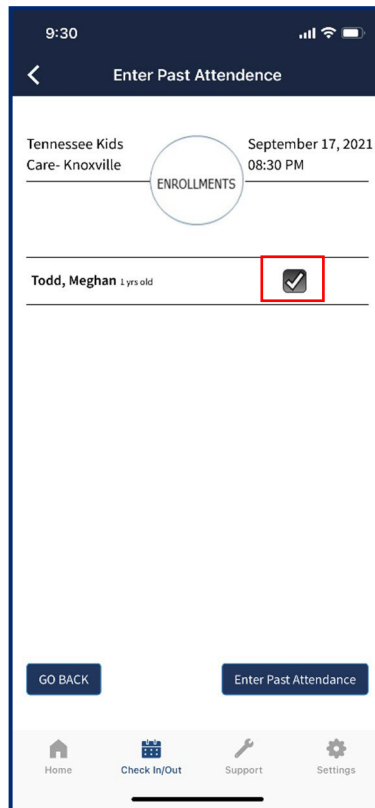
If you wish to use the QR Code function, scan the QR Code and follow the same process as described in the “Check-In/Out Using a QR Code” section.

If you use the PIN Code function, you will have an authorized parent/guardian/individual enter the child’s last name and PIN code following the same process as described in the “Check-In/Out Using a PIN Code” section.

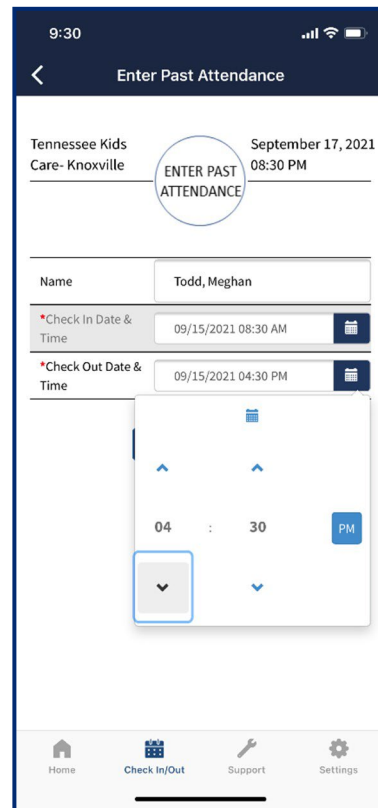
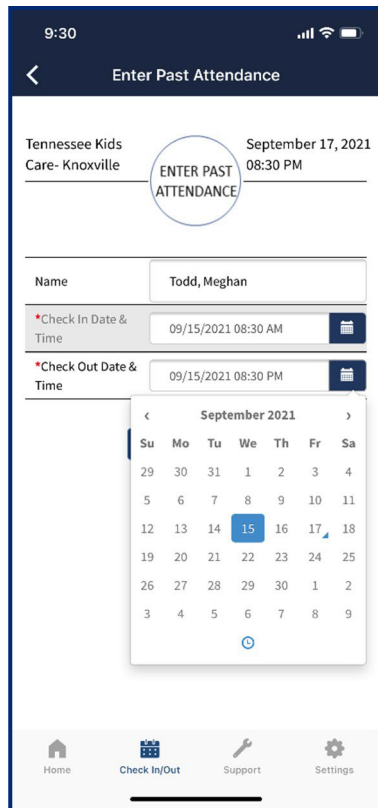
Note: To enter past attendance in the Provider Companion Application, an authorized parent/guardian/individual must be present. To enter past attendance without the presence of a parent/authorized guardian, use the Provider Portal to add an attendance record (detailed in [Section 7.3](#)).



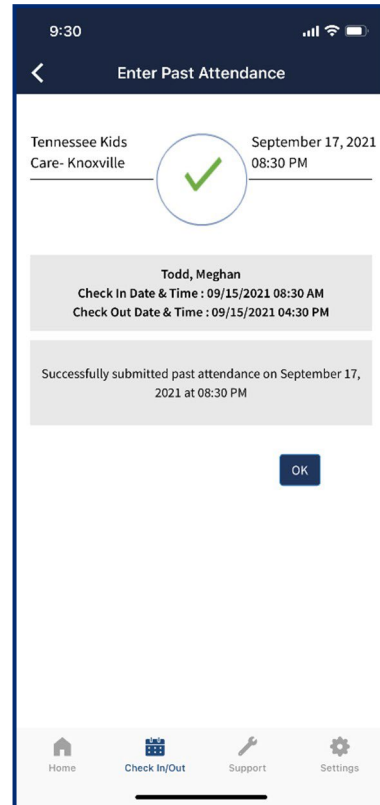
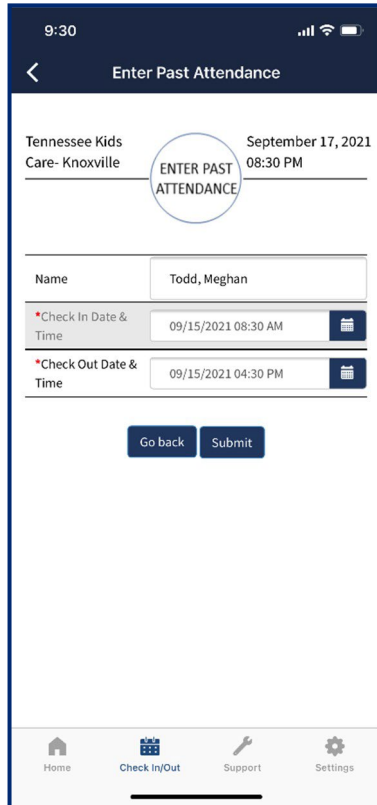
2. Click the **check box** next to the child's name and click the **Enter Past Attendance** button in the bottom-right part of the Application.



3. Click the **Calendar Icon** to open a calendar pop-up window. Then, select the **Check-In Date** and **Check-Out Date**.
4. In the calendar, select the **Clock Icon**. This will allow you to access the time pop-up window.
5. Adjust the time. Once finished, click any area outside of the date/time window to close the time pop-up window.



6. Review the date/time for accuracy and then hit the **Submit** button, as shown on the screen on the right. The child’s attendance record has been updated.
7. You will then see a confirmation screen appear noting that the child’s past attendance has been added. To return to the main **Check In/Out** screen, select **OK**.



13.6 Application Support

To access the application support screen:

1. Click Support.
2. You will see an option to view the App Tutorial appear. The App Tutorial is a video that highlights the basic functionality of the Provider Companion Application.



Provider Tip!

Additional support resources are available online within the Provider Portal.

14 Child Care Customer Mobile App Overview

14.1 Application Login

To log into the Customer Mobile Application, follow these steps:

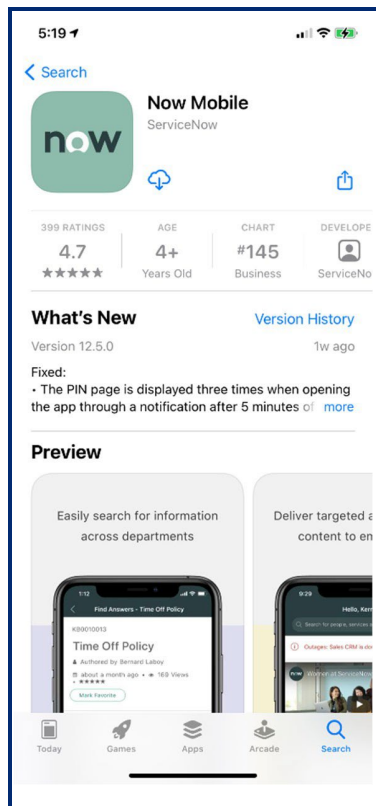
1. Download the **NowMobile** application. This app can be downloaded from the Apple App Store or Google Play Store. The application can be downloaded through the following links:

Apple App Store: <https://apps.apple.com/us/app/now-mobile/id1469616608>

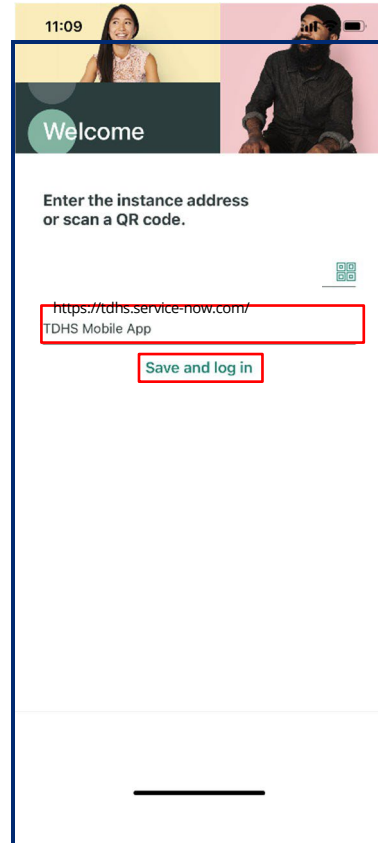
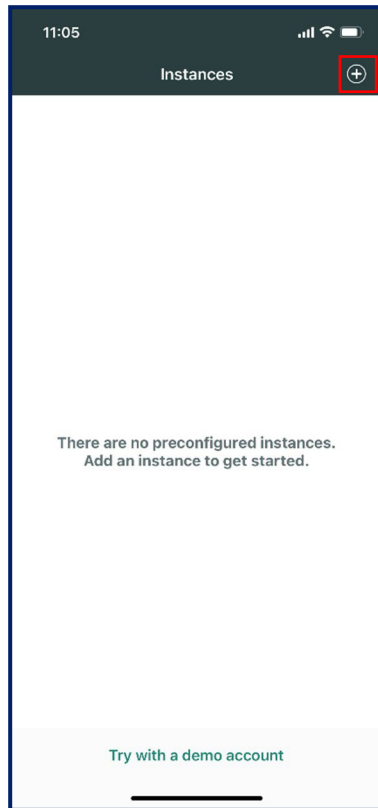
Google Play Store:

https://play.google.com/store/apps/details?id=com.servicenow.requestor&hl=en_US&gl=US

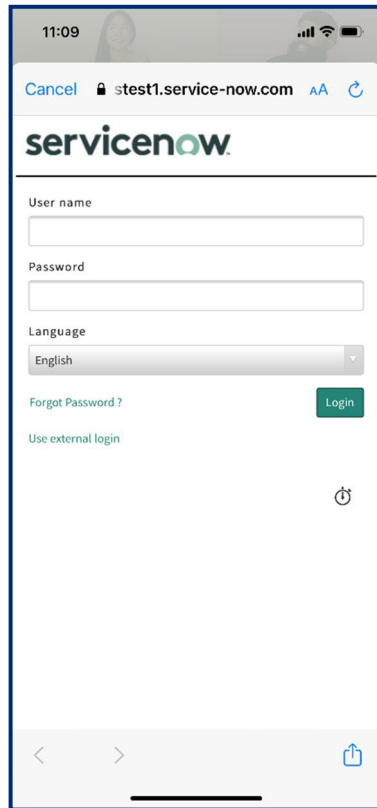
2. Once the application has been downloaded, open the application.



3. Once the application opens, click the plus sign to begin logging into your account. When logging in for the first time, the **Welcome** screen shown in the step below may automatically appear.
4. Once the **plus sign** is selected, in the top field, enter the following text: <https://tdhs.service-now.com>
5. If desired, create a mobile app nickname. Then, select **Save and log in**. For example, you can have this app listed as the "TDHS Mobile App" within **NowMobile**.



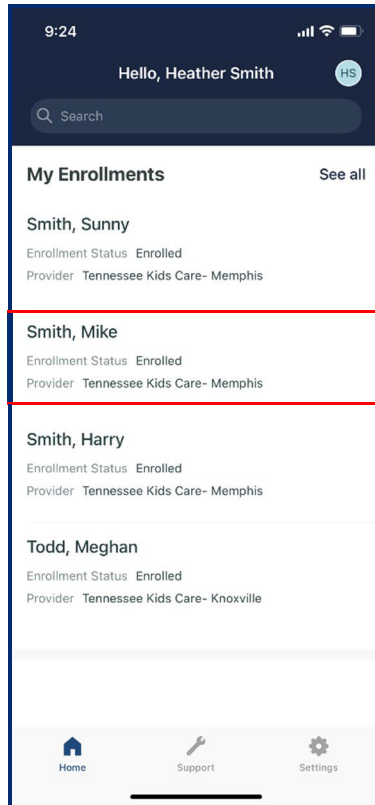
6. Enter log-in credentials. Then, select **Login**.
7. Upon logging into the mobile application, users can view their name, profile icon, and enrolled children.



14.2 Child Profile/Options

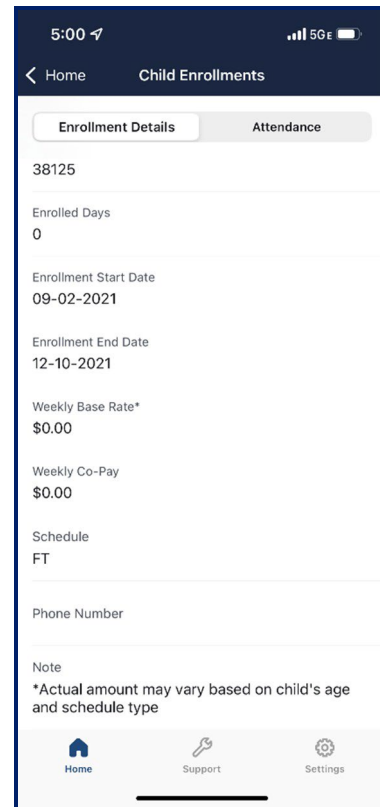
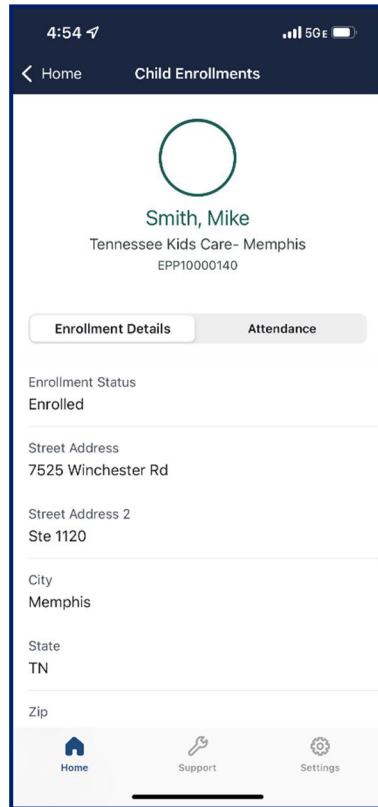
To open a Child's Profile:

1. Click on the **name** of the child.



2. On the **Child Enrollments** screen, you can view the following information:

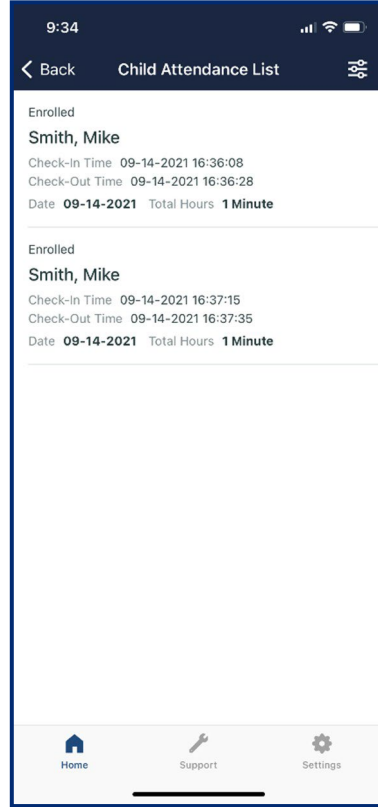
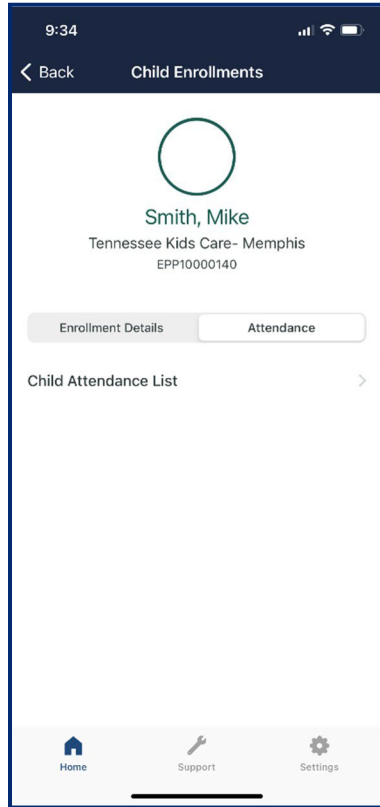
- Enrollment Status
- Provider Address
- Enrolled Days
- Enrollment start and end dates
- If participating in the Certificate Program, weekly co-pays and base rates will appear
- Schedule (if a child is attending care full-time or part-time)
- Contact Phone Number



3. To view attendance details, select **Attendance**. Then, click **Child Attendance List** to

open a list of past attendance records

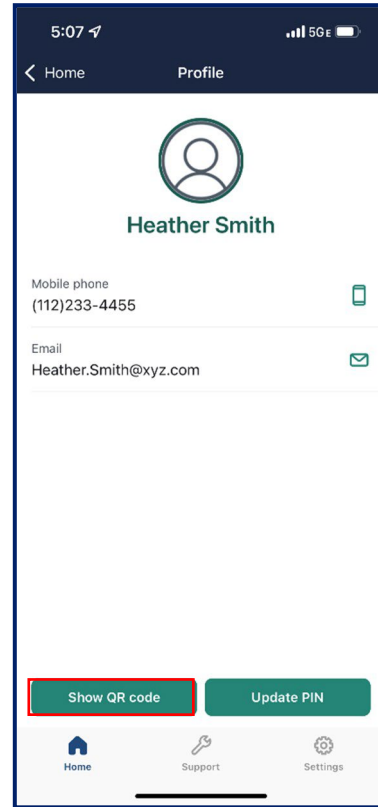
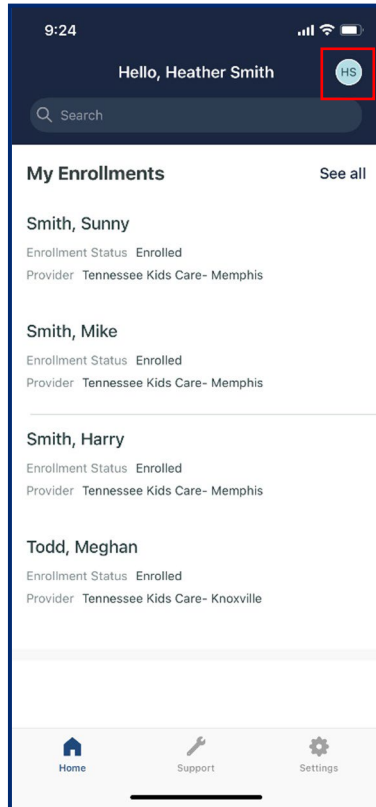
- 4. Upon selecting this option, the **Child Attendance List** screen will appear. It displays a child's recent attendance details.



14.3 Check-In/Out Using a QR Code

Regardless of where you are in the app, to check-in a child using a QR Code:

1. Access the app home screen by clicking the **Home** button in the bottom left corner of the app.
2. Click your **Profile Icon** in the top-right-hand corner of the application.
3. Click **Show QR Code**.



4. Following your Provider's instructions, use your QR Code to check in your child.

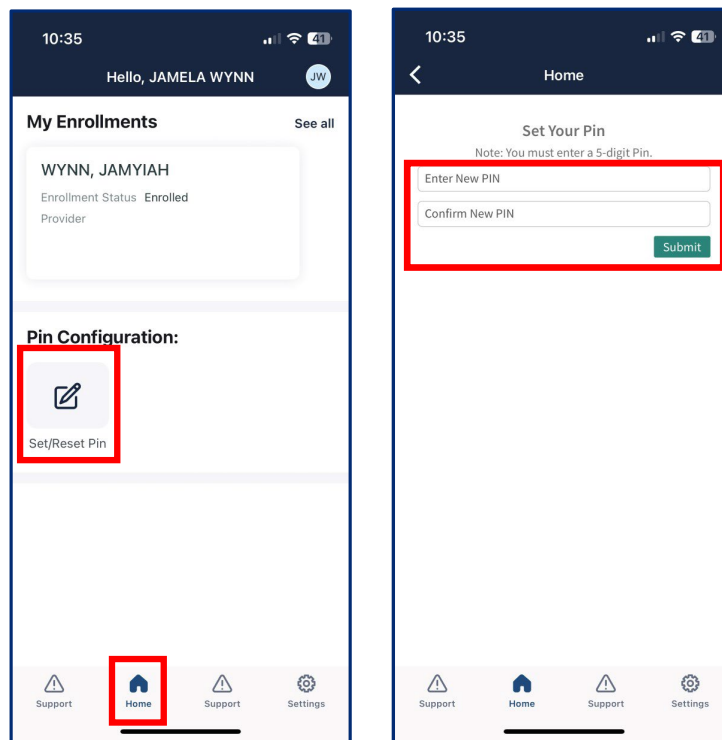


14.4 Setting/Updating/Using a PIN Code

To set a PIN Code:

1. Log in to the Now Mobile App. If you have not yet downloaded and set-up your app, refer to the 'Download the Now Mobile App' section in this guide for assistance.
2. Select **Home**
3. Select **Set/Reset Pin**
4. Select the *Enter New Pin* field and type your new PIN number. Re-enter your PIN in the *Confirm New Pin* box. Select **Submit**.

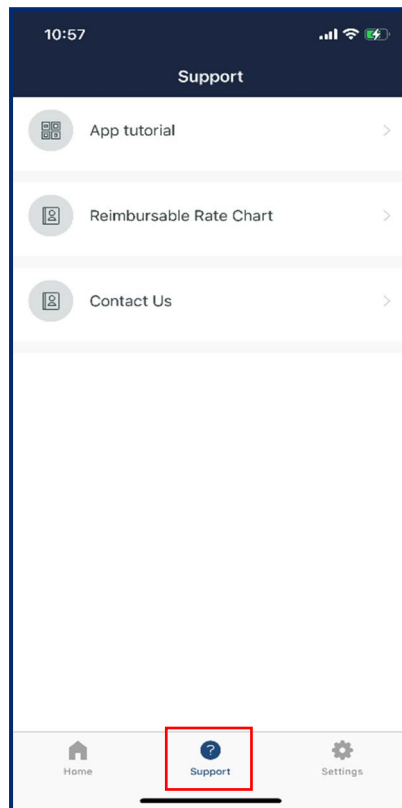
Note: Your PIN number must be 5 numeric digits. Members of the same household can not have the same PIN.



14.5 Application Support








To access application support:

1. Select the **Support** button.
2. Upon doing so, you will see three options appear:
 - A link to view the **App Tutorial** (*this video highlights basic functionality of the Customer Mobile Application*)
 - A link to view TDHS' **Reimbursable Rate Chart** (*this page shows the tuition reimbursement rates offered to children in the Certificate Program*)
 - A link to **Contact Us** (*this page will highlight how to reach out to the Tennessee Department of Human Services to find an office, report a licensing violation, report fraud, or start another customer inquiry*)



15 Appendix

15.1 Provider Portal Buttons and Icons Repository

Button	Description
	Provider Tips, Helpful Links
	Mandatory Field
	Filter
	Page Navigation
	Calendar
	Minimize
	Edit
	Alert - Hover over this symbol to view an alert
	Upload
	Plus Sign
	QR Code
	Clock
	PIN
	Email
	Profile Icon

15.2 Provider Portal Terminology Details

Terminology	Description
Customer Mobile App	The mobile app that will be used by customers to check in or out a child from a Child Care Provider.
Pin Code	The unique five (5) digit code set by an authorized parent, guardian, or individual in the customer mobile app to check in or out a child from a Child Care Provider.
Provider Companion App	The mobile app that will be used by Child Care Providers to check in or out a child from their facility.
QR Code	The unique barcode assigned to an authorized parent, guardian, or individual that can be scanned from the customer mobile app to check in or out a child from a Child Care Provider.