

Completing Your Annual Report

Overview

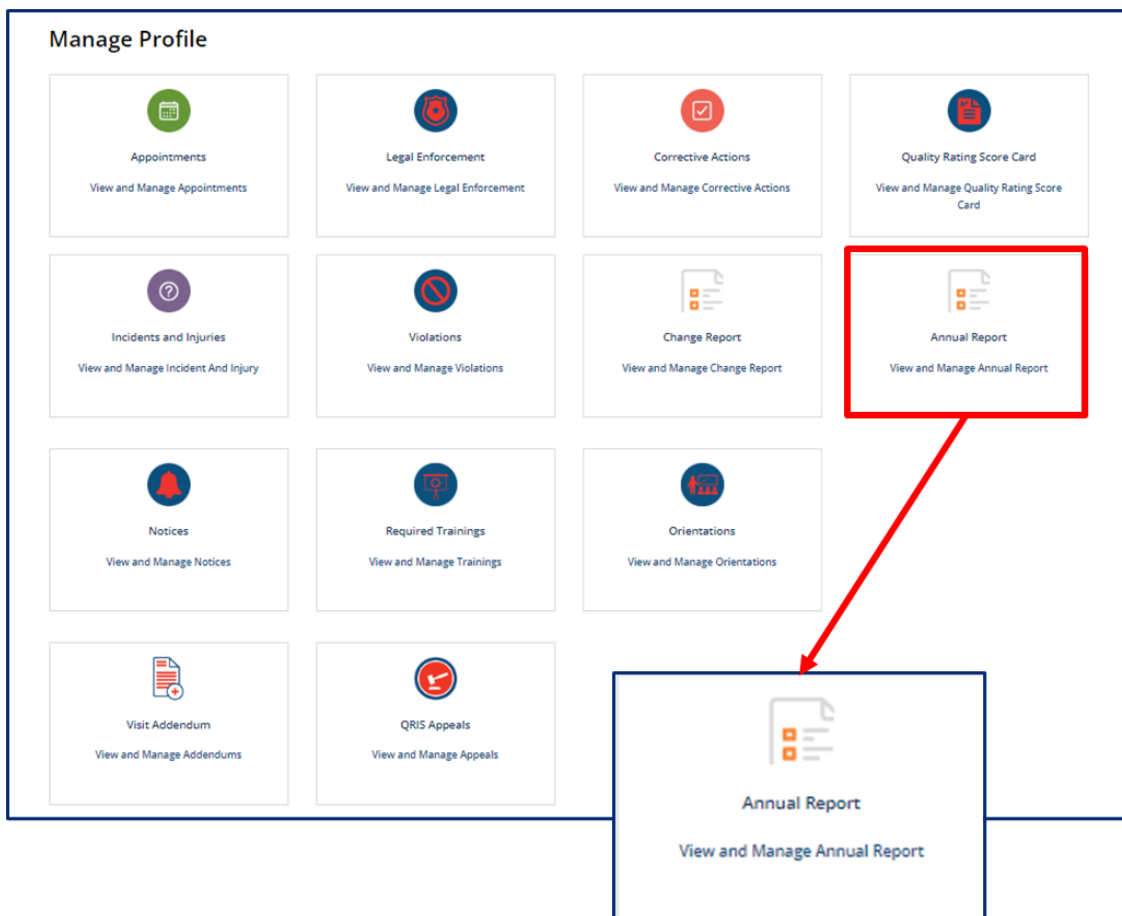
This Quick Reference Guide shows Providers how to complete their annual report in the Provider Portal.

Audience

Child Care and Adult Day Services Providers

Accessing Your Annual Report

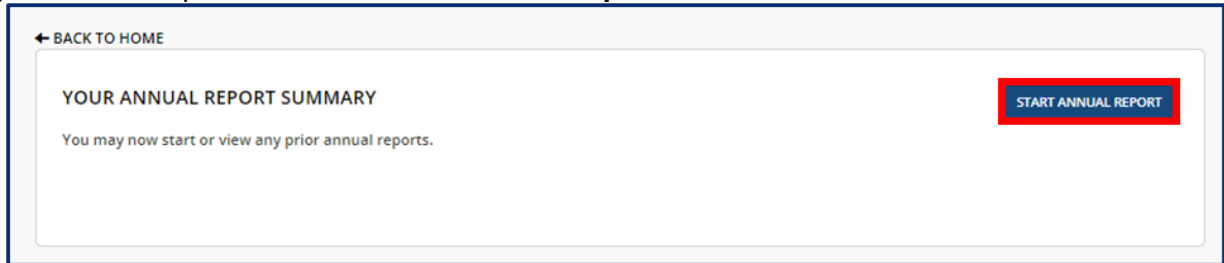
To complete your annual report, begin by accessing your Provider Portal **Dashboard** and selecting the **Annual Report** button under the **Manage Profile** section.



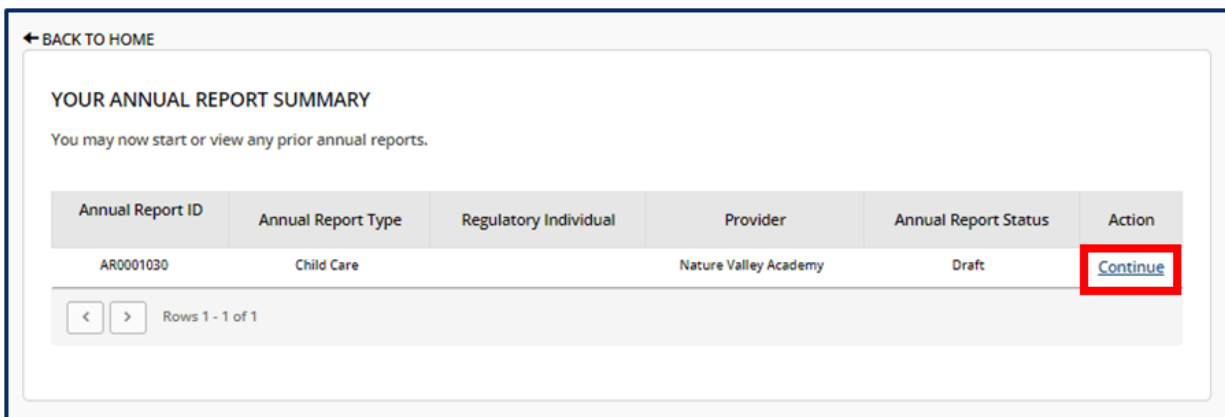
Quick Reference Guide

You will be 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 an annual report that is in progress, select the **Continue** button in the **Action** column.



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 required steps.

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>

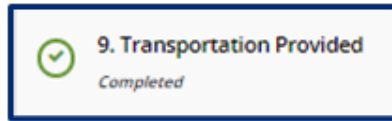
To complete your annual report, complete all of the listed steps. You do not need to complete all sections in one sitting. As long as you save each section as you move along, you may log out of the portal and return to your annual report as you left it.

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.

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.



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
- FEIN
- Child Care Type
- Provider Physical Address

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

Main Contact Information

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

If this contact information applies to any of the following roles, use the dropdown 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

Main Contact Information

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

* First Name * Phone Number

* Last Name Alternate Phone Number

* Email Address Fax

Please select all additional roles that your information applies to

Same as Provider Physical Address

* Street Address * State

Street Address 2 * Zip

* City

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

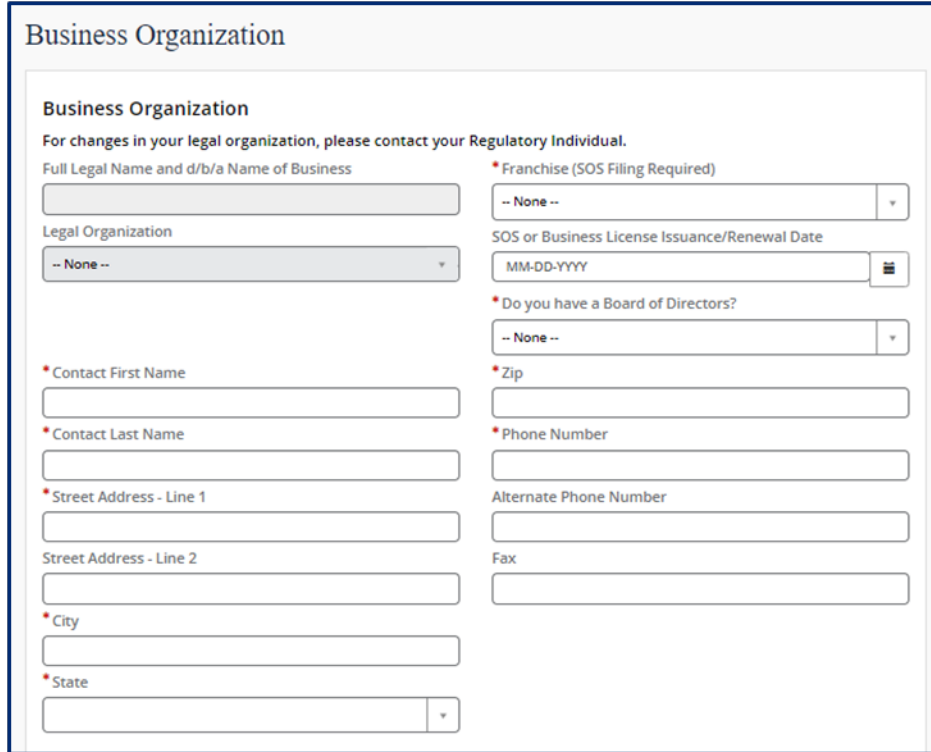
[Save & Exit](#) [VALIDATE MAILING ADDRESS](#) [BACK](#) [SAVE & NEXT](#)

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

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.

Business Organization

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



Business Organization

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

Full Legal Name and d/b/a Name of Business

Legal Organization

* Franchise (SOS Filing Required)

SOS or Business License Issuance/Renewal Date

* Do you have a Board of Directors?

* Contact First Name

* Contact Last Name

* Street Address - Line 1

Street Address - Line 2

* City

* State

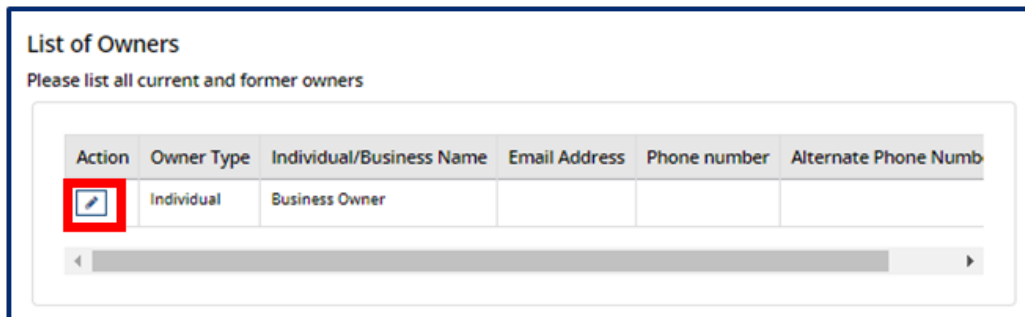
* Zip

* Phone Number

Alternate Phone Number


Fax

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

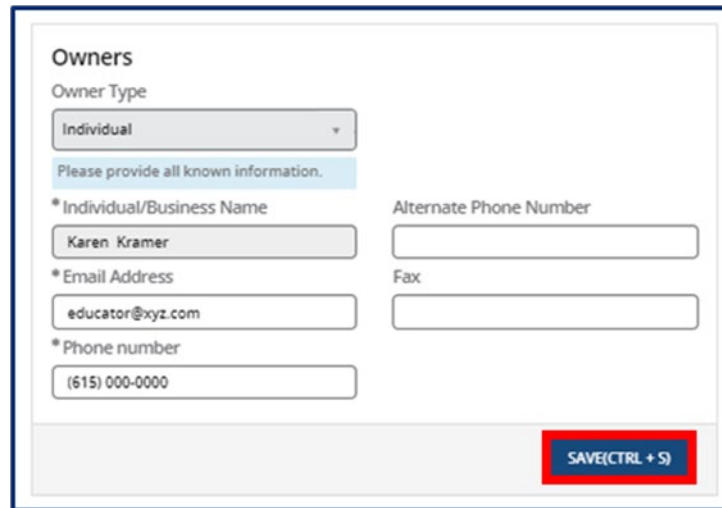


List of Owners

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.

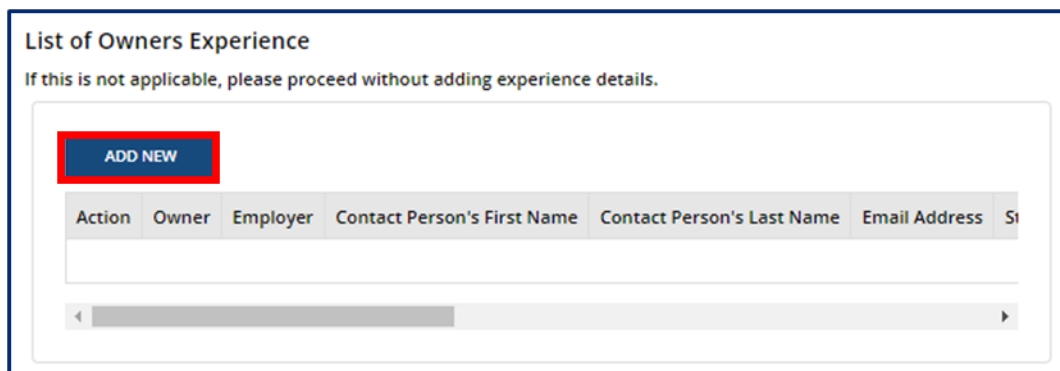
* Individual/Business Name: Karen Kramer
Alternate Phone Number:

* 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	St
<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

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.

Action	Chairman of the Board	Board Member Type	Individual/Business Name	Email Address	Phone
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
-- None --

* Individual/Business Name

* Email Address

* Phone Number

Alternate Phone Number

Fax

SAVE (CTRL + S)

Required information: Board Member Type, Individual/Business 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.

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

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 x ▼

* Street Address
123 hope st

* Zip
00000

Street Address 2

Specialized Education related to Child Care

* City
Faith

Then, add the 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.

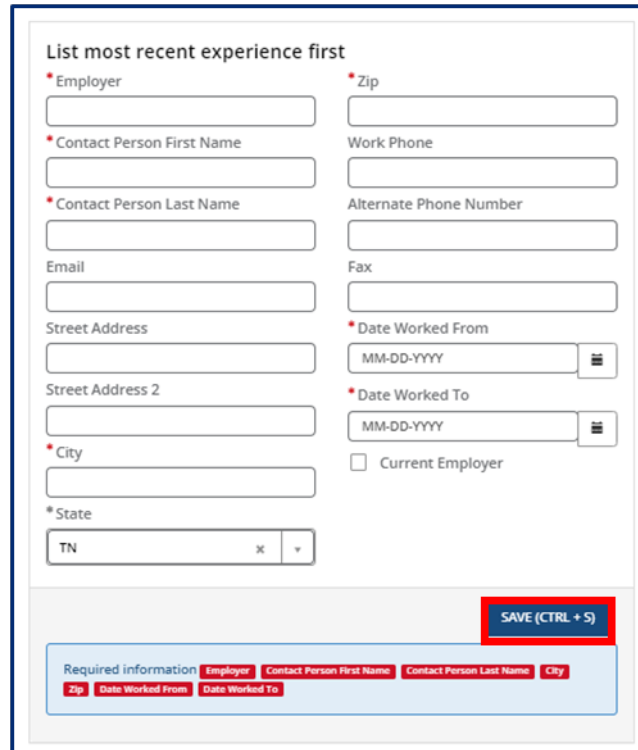
ADD NEW

Action	Employer	Contact Person First Name	Contact Person Last Name	Email

◀ ▶

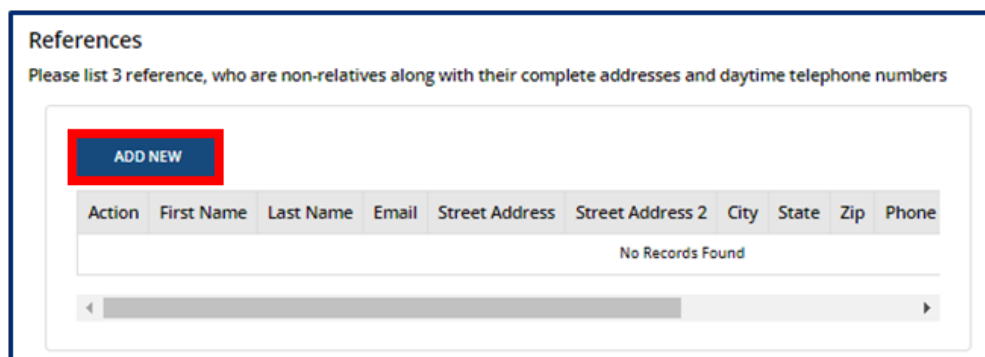
Complete the pop-up window that appears, detailing information on this individual's current or previous employer where they gained experience in working with young children.

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



The form is titled "List most recent experience first". It contains the following fields: Employer, Contact Person First Name, Contact Person Last Name, Email, Street Address, Street Address 2, City, State (dropdown menu), Zip, Work Phone, Alternate Phone Number, Fax, Date Worked From (MM-DD-YYYY), Date Worked To (MM-DD-YYYY), and a checkbox for "Current Employer". A "SAVE (CTRL + S)" button is located at the bottom right. A "Required information" section at the bottom lists: 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 "References" section has the heading "References" and the instruction "Please list 3 reference, who are non-relatives along with their complete addresses and daytime telephone numbers". It features an "ADD NEW" button. Below the button is a table with the following columns: Action, First Name, Last Name, Email, Street Address, Street Address 2, City, State, Zip, and Phone. The table currently displays "No Records Found".

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

References

* First Name	* State
<input type="text"/>	<input type="text"/>
* Last Name	* Zip
<input type="text"/>	<input type="text"/>
* Email	* Phone Number
<input type="text"/>	<input type="text"/>
* Street Address	Alternate Phone Number
<input type="text"/>	<input type="text"/>
Street Address 2	Fax
<input type="text"/>	<input type="text"/>
* City	
<input type="text"/>	

SAVE (CTRL + S)

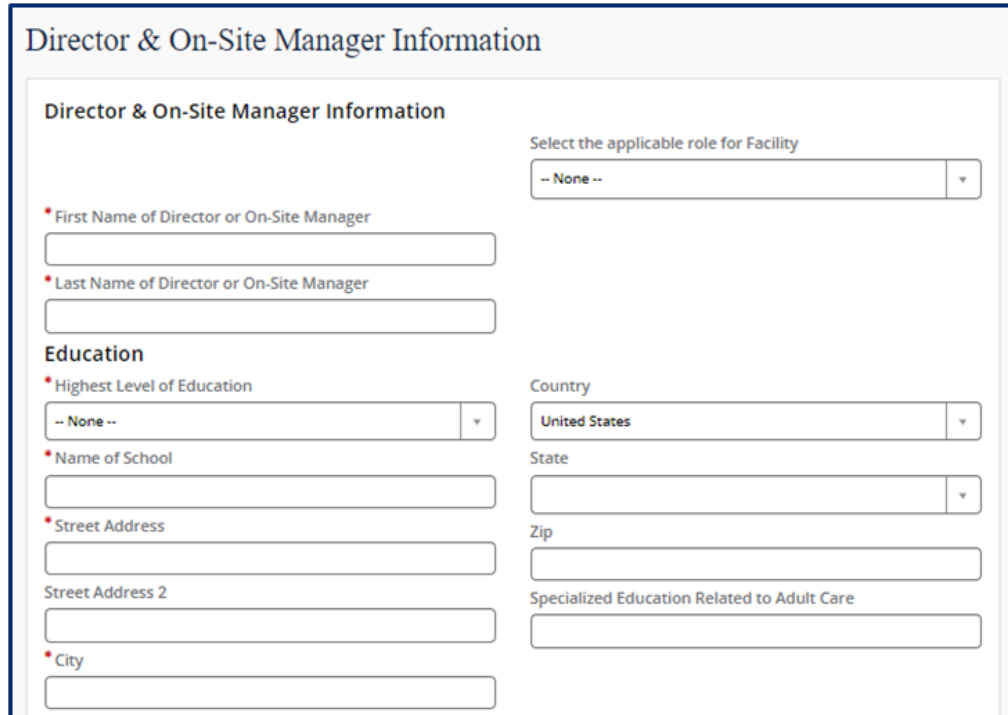
Required information **First Name** **Last Name** **Email** **Street Address** **City** **State** **Zip**
Phone Number

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.

Director & On-Site Manager (ADS Only)

In this section, you must provide information about the director and on-site 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 is divided into two main sections: "Director & On-Site Manager Information" and "Education".

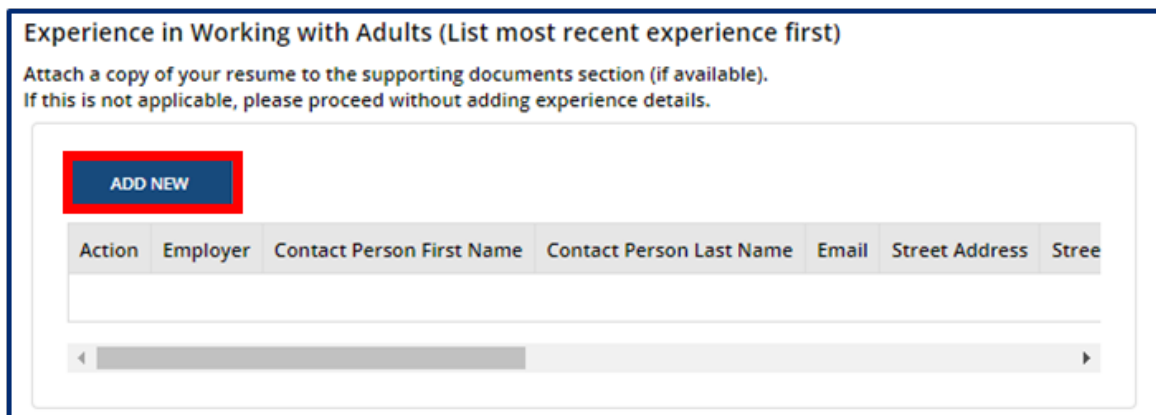
Director & On-Site Manager Information:

- Field: "First Name of Director or On-Site Manager" (text input)
- Field: "Last Name of Director or On-Site Manager" (text input)
- Field: "Select the applicable role for Facility" (dropdown menu, currently showing "-- None --")

Education:

- Field: "Highest Level of Education" (dropdown menu, currently showing "-- None --")
- Field: "Country" (dropdown menu, currently showing "United States")
- Field: "Name of School" (text input)
- Field: "State" (dropdown menu)
- Field: "Street Address" (text input)
- Field: "Zip" (text input)
- Field: "Street Address 2" (text input)
- Field: "Specialized Education Related to Adult Care" (text input)
- Field: "City" (text input)

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 section 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 blue button labeled "ADD NEW" is highlighted with a red box.

Below the button is a table with the following columns: Action, Employer, Contact Person First Name, Contact Person Last Name, Email, Street Address, and Stree (partially visible).

The table is currently empty and has a horizontal scrollbar at the bottom.

Quick Reference Guide

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
<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	* Date Worked From
<input type="text"/>	MM-DD-YYYY <input type="button" value=""/>
Street Address 2	* Date Worked To
<input type="text"/>	MM-DD-YYYY <input type="button" value=""/>
* City	<input type="checkbox"/> Current Employer
<input type="text"/>	
* State	
TN <input type="button" value="x"/> <input type="button" value="v"/>	

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

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

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.

Programs & Services

You can list any specialized programs or enhanced services 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)

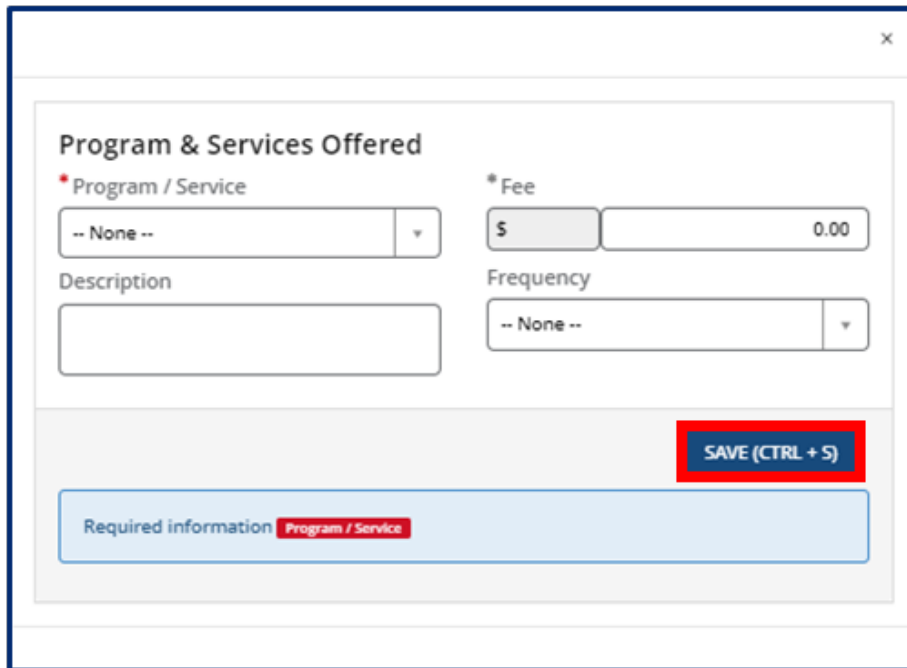
I confirm all information entered in this section is accurate for the submission of this Annual Report

[Save & Exit](#)

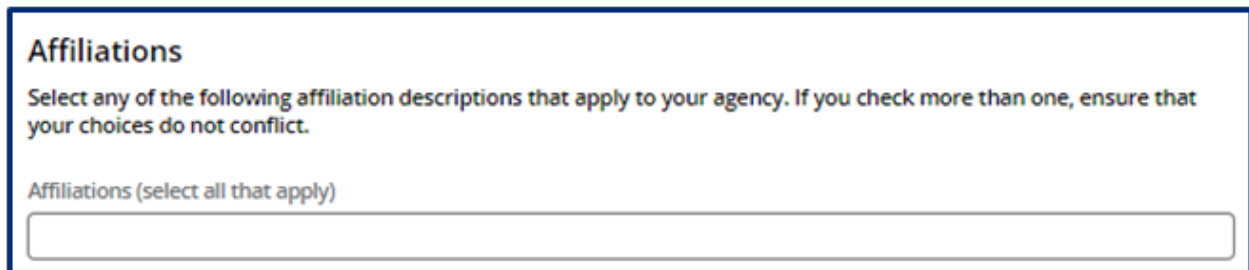
BACK

SAVE & NEXT

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)**.



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.



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.

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:

- Fee Type

Quick Reference Guide

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

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

Provider Fees

<p>* Fee Type <input type="text" value="-- None --"/></p> <p>* Amount <input type="text" value="\$"/> <input type="text" value="0.00"/></p> <p>* Unit Value <input type="text" value="-- None --"/></p> <p>* Child / Family <input type="text" value="-- None --"/></p>	<p>* Start Date <input type="text" value="MM-DD-YYYY"/></p> <p>End Date <input type="text" value="MM-DD-YYYY"/></p> <p>Anniversary Date <input type="text" value="MM-DD-YYYY"/></p>
---	--

Required information Fee Type Unit Value Child / Family 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.

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:

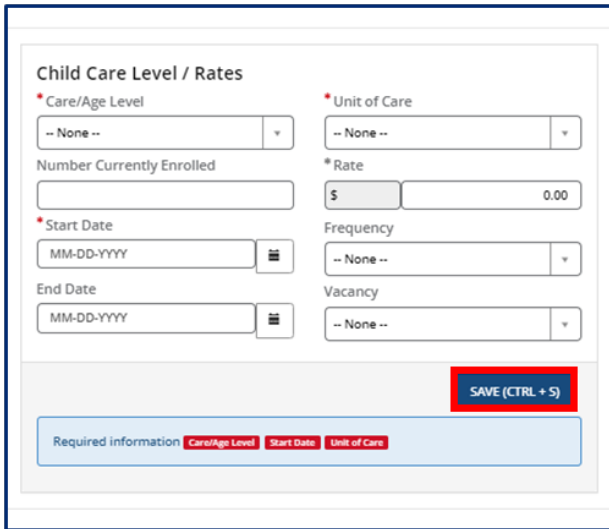
- Infants – 6 weeks to 12 months
- Toddlers – 13 months to 30 months
- 2 Year Olds – 24 months to 35 months
- 3 Year Olds – 36 months to 47 months
- 4 Year Olds – 48 months to 59 months

Quick Reference Guide

- 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

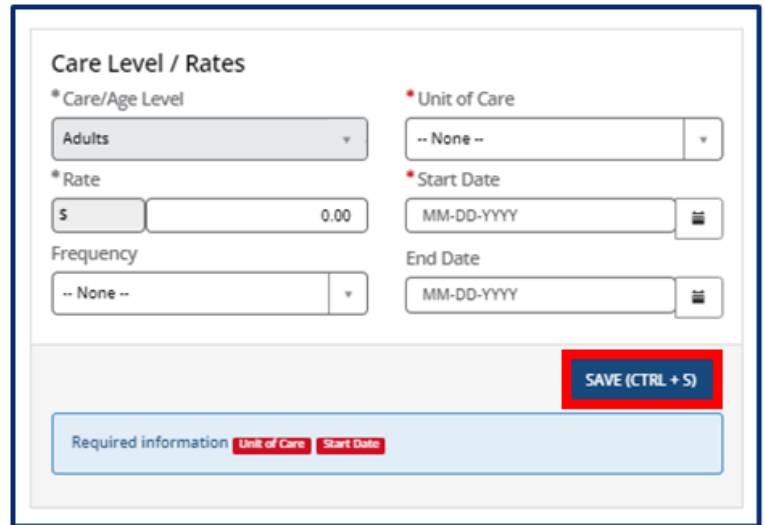
Frequency: -- None --

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

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.

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

Meals

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 --

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

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

Required information Which of these options describes how meals are provided in your facility? Meals Served (select all that apply) 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.

Transportation Provided

In this section, you must note what transportation you provide. Begin by using the two drop-downs 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

* Transportation provided from facility to home

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.

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 drop-downs.

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](#)

BACK

SAVE & NEXT

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.

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.

<ul style="list-style-type: none"> * Age of Youngest Child <div style="border: 1px solid #ccc; padding: 2px; display: flex; justify-content: space-between; align-items: center;"> -- None -- ▼ </div>	<ul style="list-style-type: none"> * Age of Oldest Child <div style="border: 1px solid #ccc; padding: 2px; display: flex; justify-content: space-between; align-items: center;"> -- None -- ▼ </div>
<ul style="list-style-type: none"> * Unit of Age for Youngest Child <div style="border: 1px solid #ccc; padding: 2px; display: flex; justify-content: space-between; align-items: center;"> -- None -- ▼ </div>	<ul style="list-style-type: none"> * Unit of Age for Oldest Child <div style="border: 1px solid #ccc; padding: 2px; display: flex; justify-content: space-between; align-items: center;"> -- None -- ▼ </div>
<ul style="list-style-type: none"> * How many classrooms do you have? <div style="border: 1px solid #ccc; padding: 2px; display: flex; justify-content: space-between; align-items: center;"> -- None -- ▼ </div>	

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

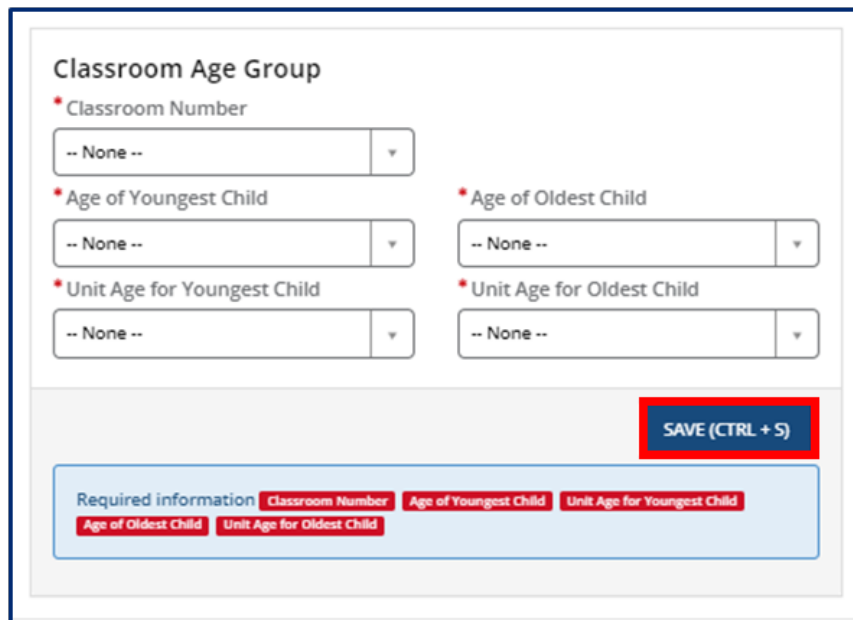


Classroom Age Groups
Provide details for all classrooms and the ages for each.

ADD NEW

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

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 --

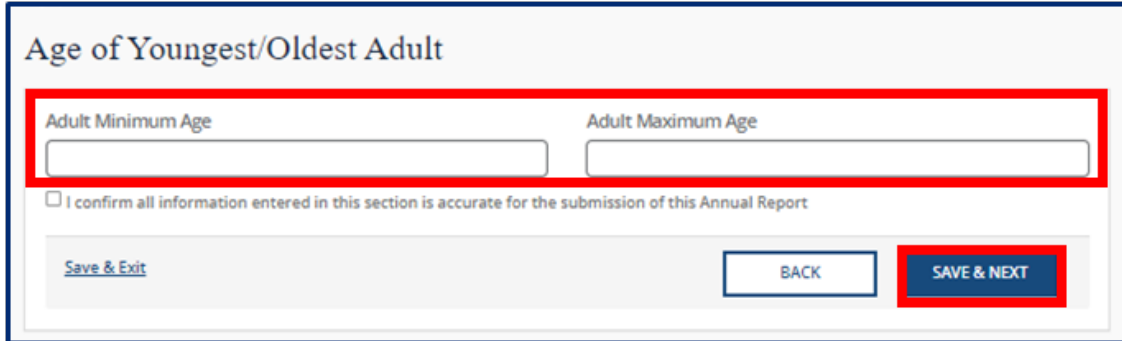
SAVE (CTRL + S)

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.

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

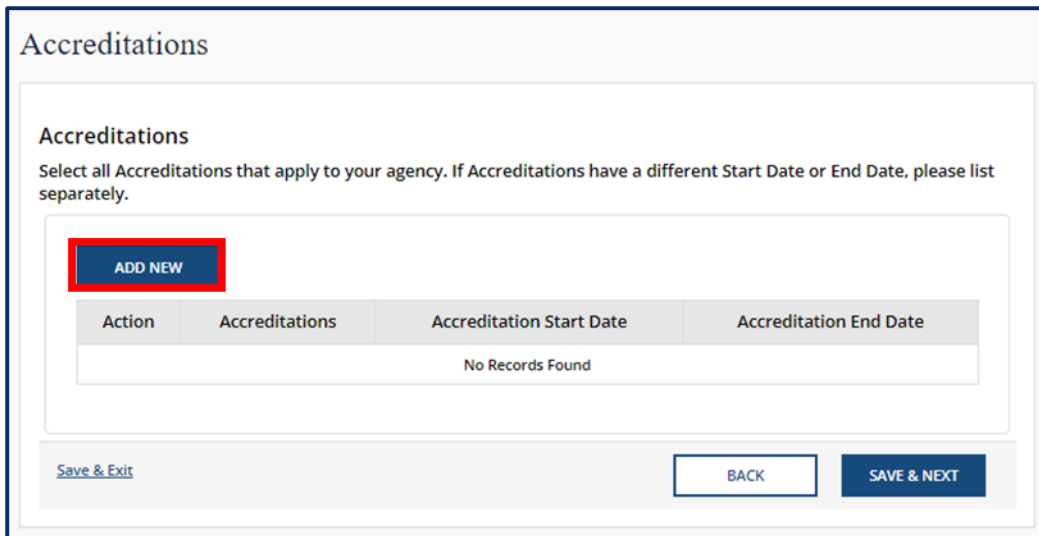
I confirm all information entered in this section is accurate for the submission of this Annual Report

[Save & Exit](#)

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.

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.

Action	Accreditations	Accreditation Start Date	Accreditation End Date
No Records Found			

[Save & Exit](#)

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
<div style="border: 2px solid red; padding: 2px; display: inline-block;"> ✎ ✕ </div>	American Montessori Society (AMS) - QRIS	01-01-2023	

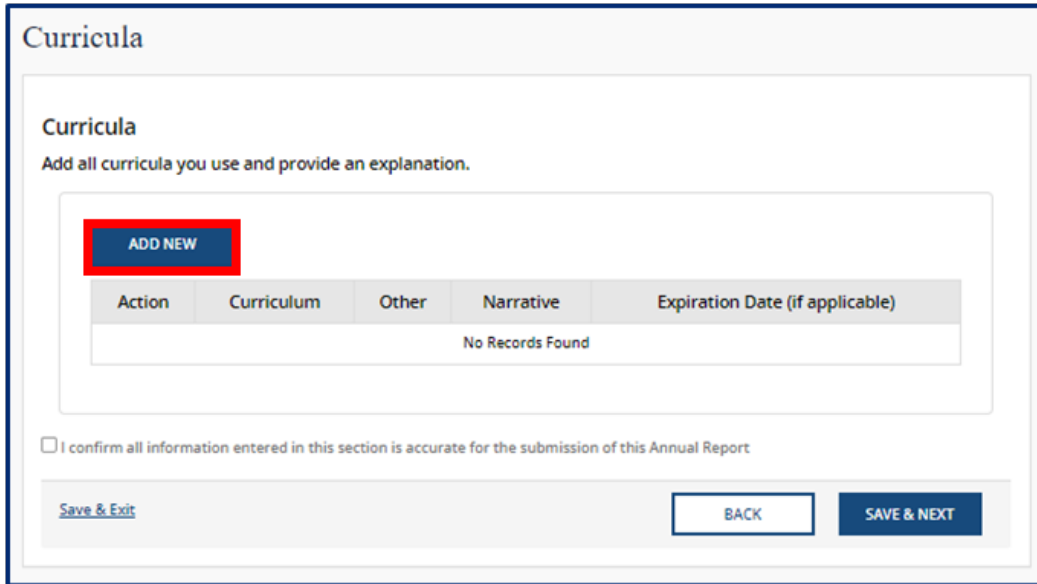
[Save & Exit](#)

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.

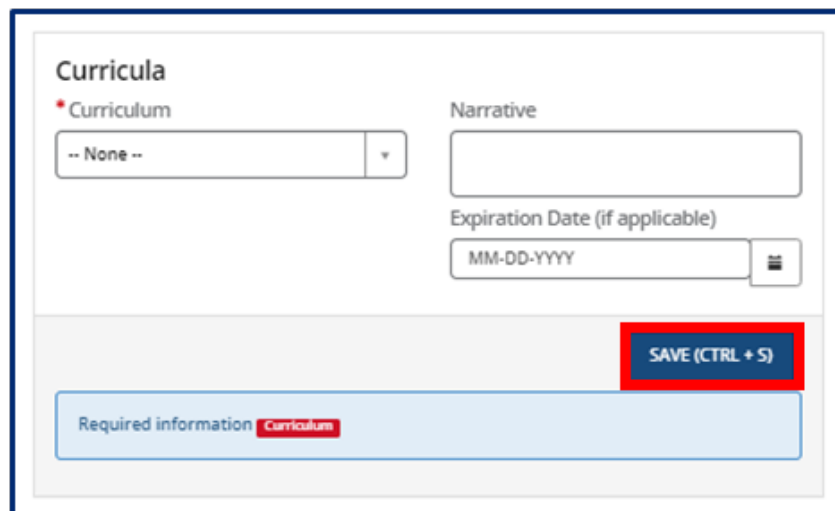
Curricula (Child Care Only)

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



The screenshot shows the 'Curricula' management interface. At the top, there is a title 'Curricula' and a sub-header 'Curricula' with the instruction 'Add all curricula you use and provide an explanation.' Below this is a table with columns: 'Action', 'Curriculum', 'Other', 'Narrative', and 'Expiration Date (if applicable)'. The table currently displays 'No Records Found'. A red box highlights the 'ADD NEW' button above the table. Below the table is a checkbox labeled 'I confirm all information entered in this section is accurate for the submission of this Annual Report'. At the bottom, 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)**.

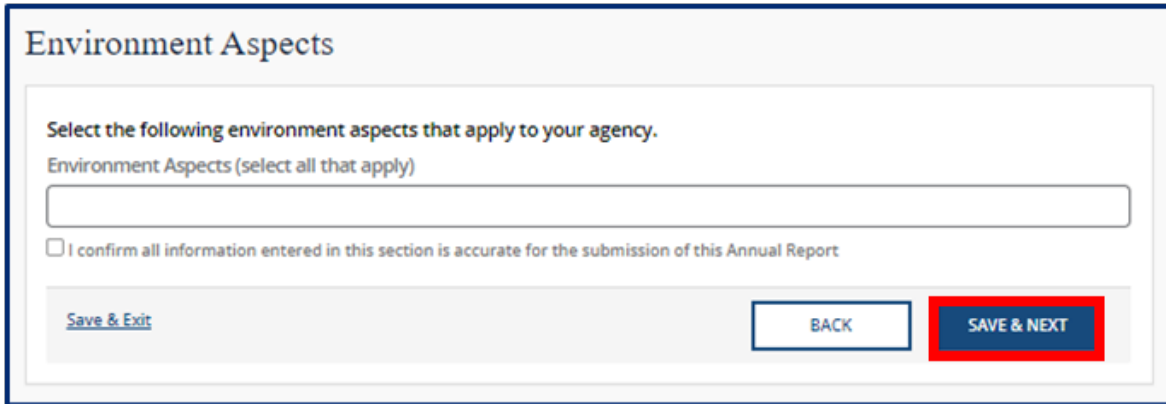


The screenshot shows the 'Curricula' pop-up form. It has a title 'Curricula' and a sub-header '*Curriculum'. There is a dropdown menu for 'Curriculum' with '-- None --' selected. To the right is a text field for 'Narrative'. Below that is a date field for 'Expiration Date (if applicable)' with the format 'MM-DD-YYYY'. A red box highlights the 'SAVE (CTRL + S)' button. At the bottom, there is a blue bar with the text '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.

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.”



The screenshot shows a web form titled "Environment Aspects". The form contains the following elements:

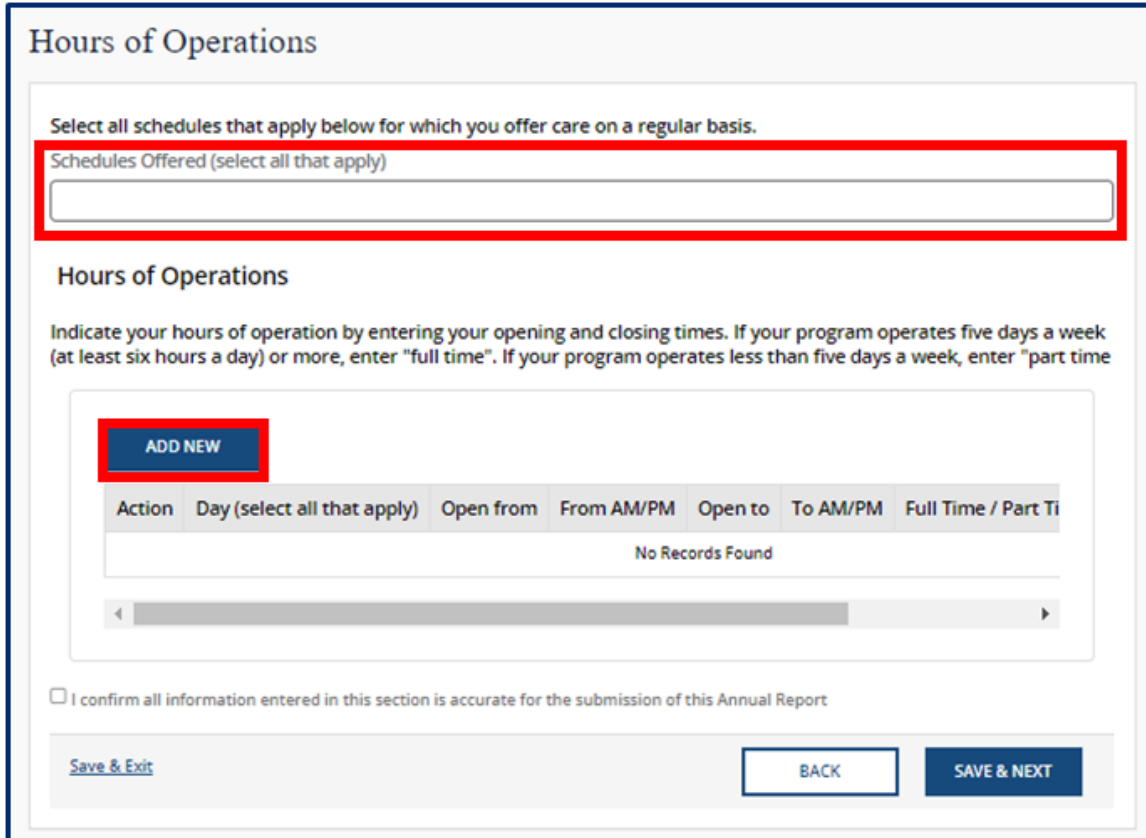
- A heading: "Environment Aspects"
- A prompt: "Select the following environment aspects that apply to your agency."
- A label: "Environment Aspects (select all that apply)"
- A text input field for selecting aspects.
- A checkbox with the text: "I confirm all information entered in this section is accurate for the submission of this Annual Report"
- Three buttons at the bottom: "Save & Exit" (a link), "BACK", and "SAVE & NEXT" (highlighted with a red border).

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.

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 schedule comments

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

The screenshot shows a form titled "Hours of Operation". It contains several fields: "Day (select all that apply)" with a text input, "Full Time / Part Time" with a dropdown menu showing "-- None --", "Open from" with a text input, "Schedule Comments" with a text input, "From AM/PM" with a dropdown menu showing "-- None --", "Open to" with a text input, and "To AM/PM" with a dropdown menu showing "-- None --". A red box highlights a "SAVE (CTRL + S)" button. Below the form, a blue box contains the text "Required information" followed by red boxes around the labels "Day (select all that apply)", "Open from", "From AM/PM", "Open to", and "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.

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.

The screenshot shows a form titled "Household Information". A red box highlights a dropdown menu with the question "Does the Agency operate in an occupied residence of the applicant?" and the option "-- None --". Below this, there is a checkbox labeled "I confirm all information entered in this section is accurate for the submission of this Annual Report". At the bottom, there are three buttons: "Save & Exit", "BACK", and "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

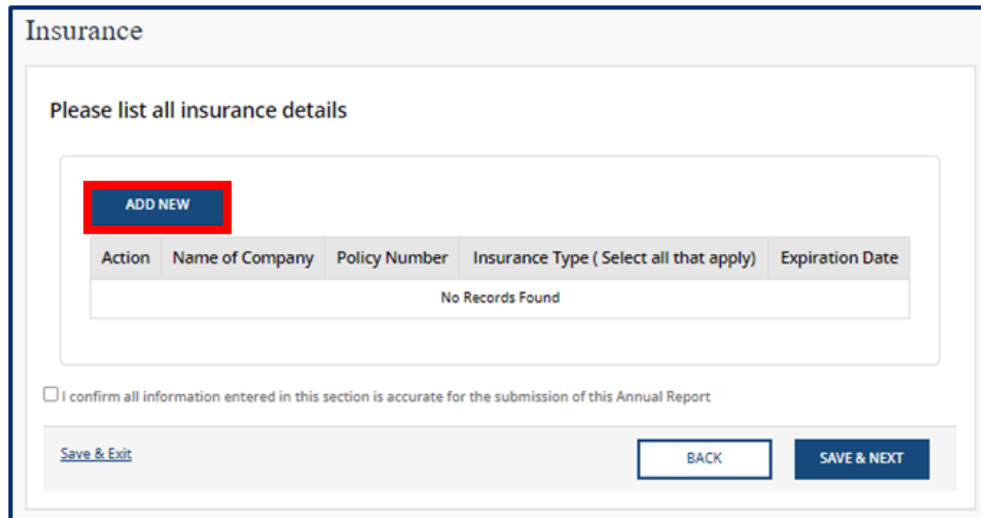
SAVE (CTRL + S)

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

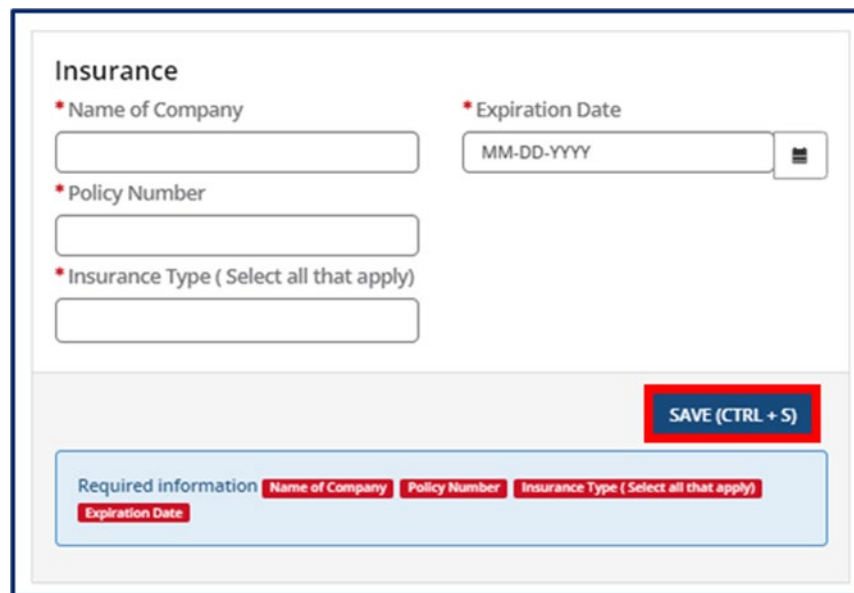
Once you complete filling out this section, use the checkbox to confirm all information entered in this section is accurate. Click the **Save & Next** button to proceed to the next section.

Insurance

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



Fill out the **Insurance** pop-up window. Once complete, select **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.

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 payment, 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

* Has Payment been Submitted?

-- None --

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](#)

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

[Save & Exit](#)

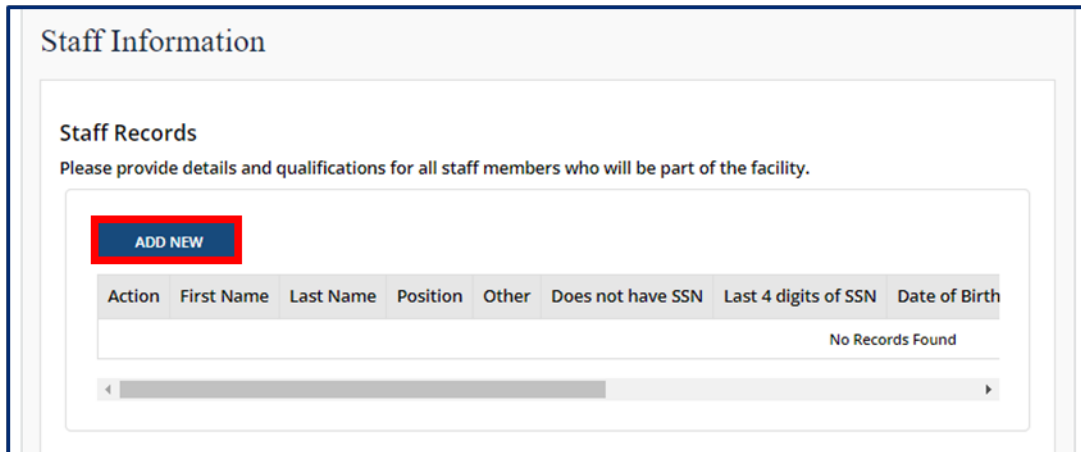
BACK

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.

Staff Information

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



Staff Information

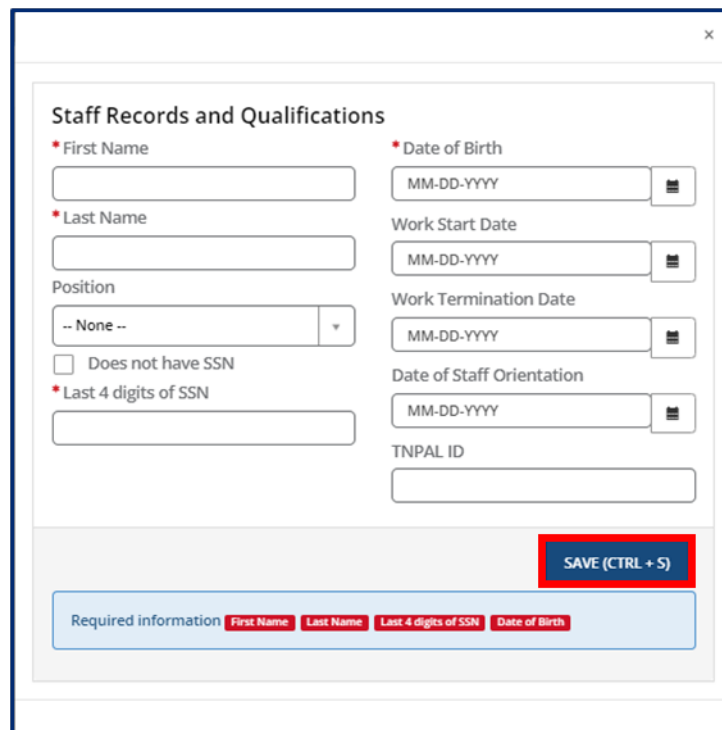
Staff Records
Please provide details and qualifications for all staff members who will be part of the facility.

ADD NEW

Action	First Name	Last Name	Position	Other	Does not have SSN	Last 4 digits of SSN	Date of Birth
No Records Found							

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



Staff Records and Qualifications

* First Name

* Last Name

Position

Does not have SSN

* Last 4 digits of SSN

* Date of Birth

Work Start Date

Work Termination Date

Date of Staff Orientation

TNPAL ID



SAVE (CTRL + S)

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

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	E
 	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.

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.

Select Document Type

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

Select Document Type

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

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 checked="" type="checkbox"/>	1	Staff schedule.docx	Staffing Patterns (Staff Schi

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.

Declaration & 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

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 Role Enter Your Name

Adult Day Services

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

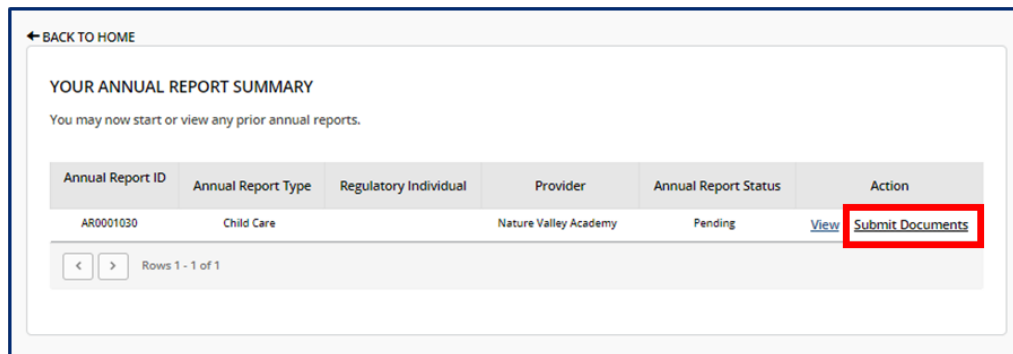
* Enter Your Name

Required information Role Enter Your Name

Submission

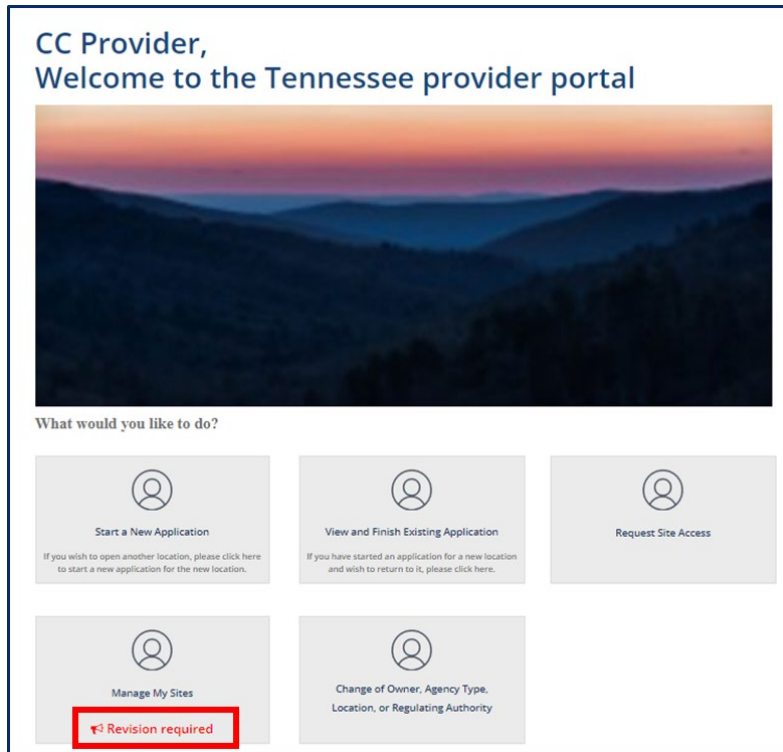
Upon submission of your Annual Report, you will be taken to **Your Annual Report Summary**.

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.



Revision Required

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



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.

