TDHS Childcare Modernization Project

Adult and Child Care Provider Portal and Mobile App

User Guide

Publication Date: April 4th, 2024

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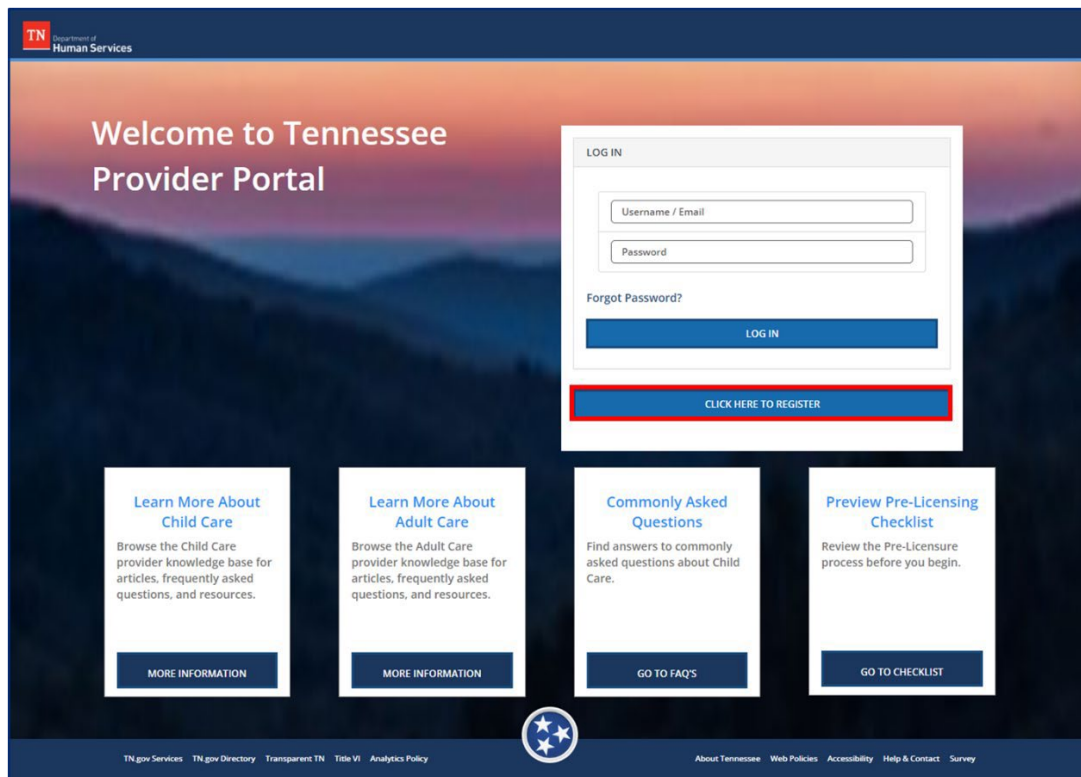
3. Enter all required information into the **Personal Information** fields. You must enter your:

- **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*

❶Email is mandatory.

Phone Number*

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(!$#&@-^*_-+=><)

Confirm Password*

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.

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.
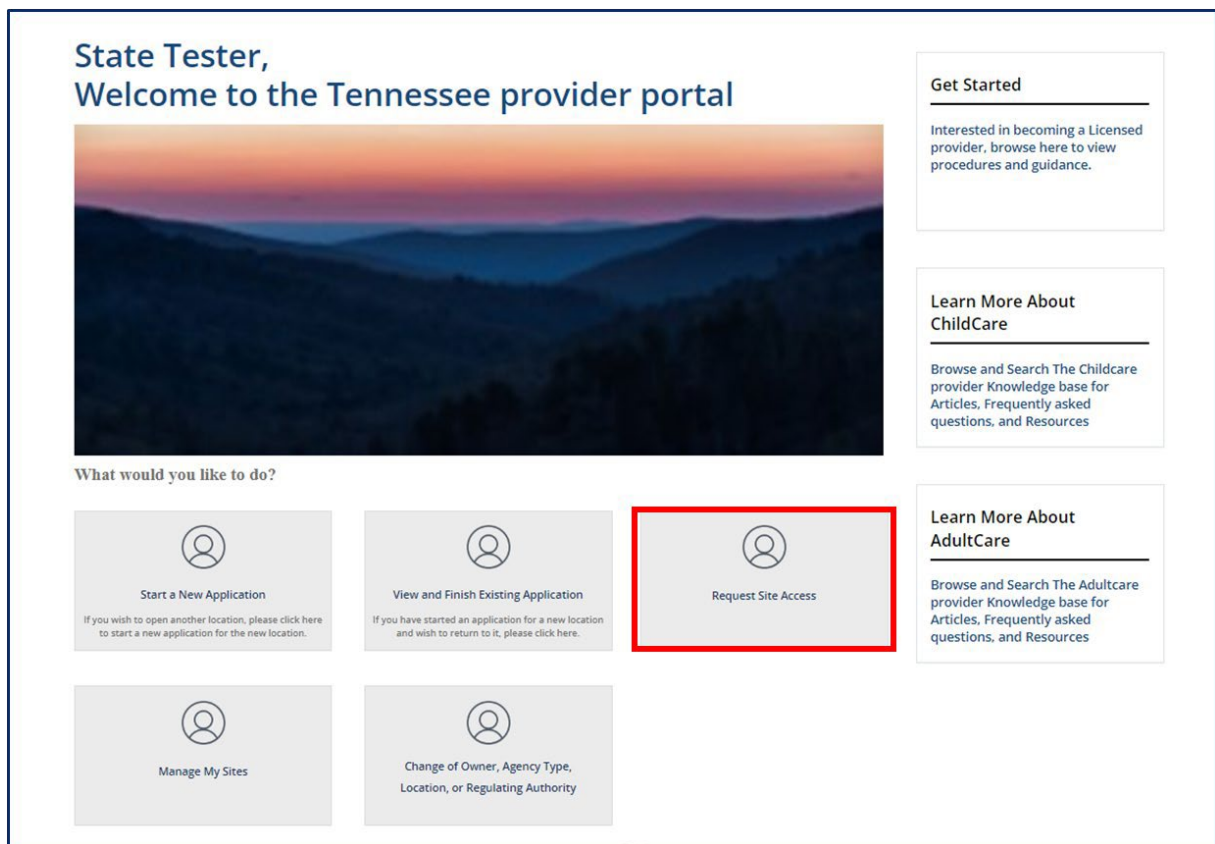
3. Enter your facility's FEIN *(Federal Employer Identification Number)* and FEIN Extension. When entering your FEIN Extension, omit the two leading zeroes, if applicable. Your facility's Primary Contact should be able to provide this to you. Once entered, click **SUBMIT**.
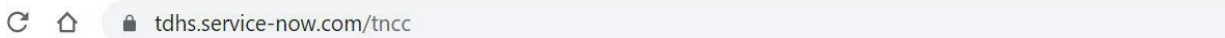
Your facility's Primary Contact will now be able to approve your site access request via their Provider Portal. Once approved, you will be able to manage your Provider site within your Provider Portal account.

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.
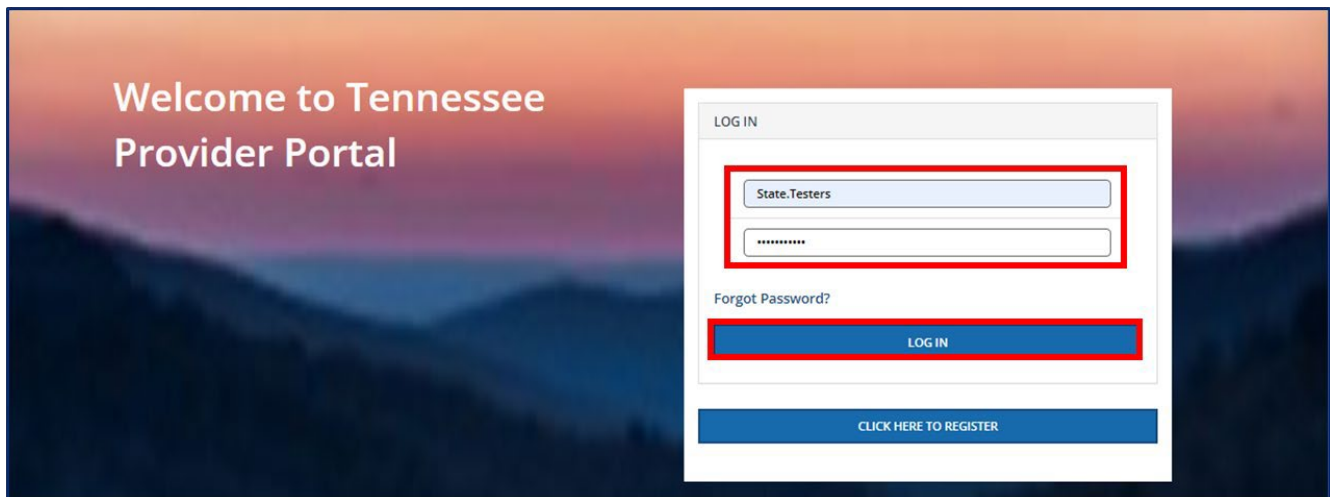
2.2 System Navigation

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.
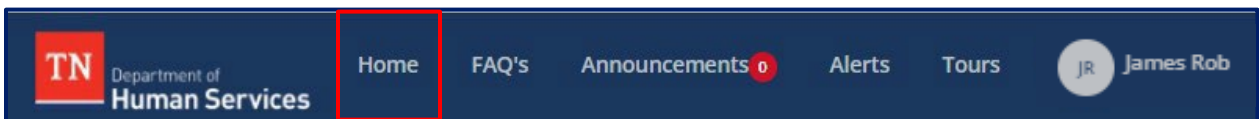
Click **FAQ's** (Frequently Asked Questions) to be directed to a list of typically asked questions that other users have also requested assistance with.
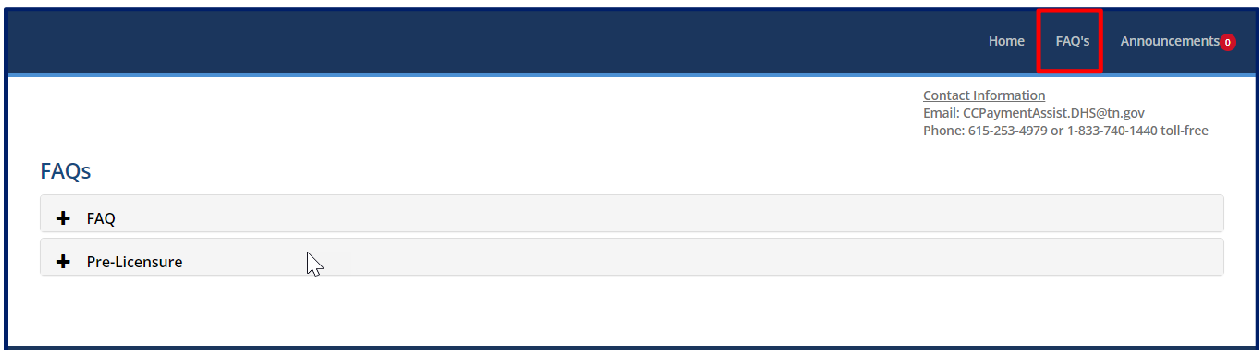
Click **Announcements** to view all Statewide notifications communicated to you from TDHS.

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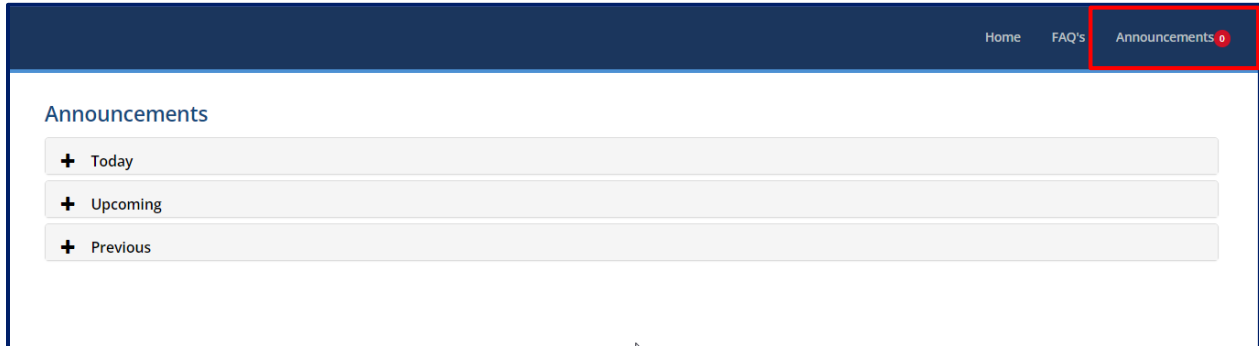
Click **Alerts** to view a list of all notifications communicated from TDHS directly to you.

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.

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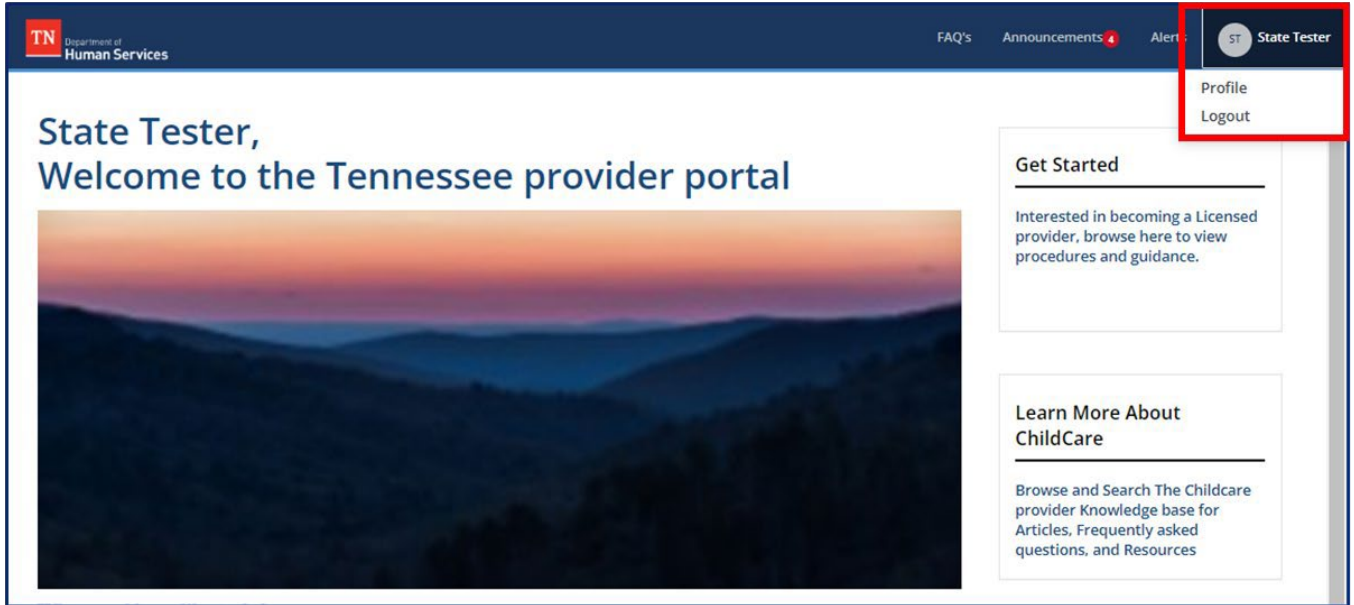
The **Profile** icon allows you to make updates to your user profile. For instance, you can update your security questions by selecting the **Profile** option, or simply select **Logout** to exit the Provider Portal.
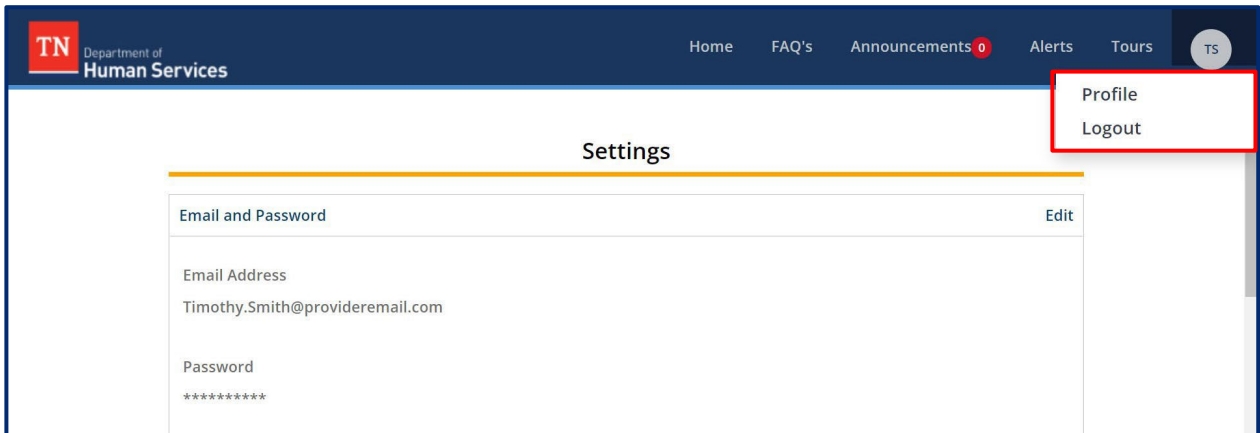
Click **Home** to return to the Provider Portal Home screen.

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**.
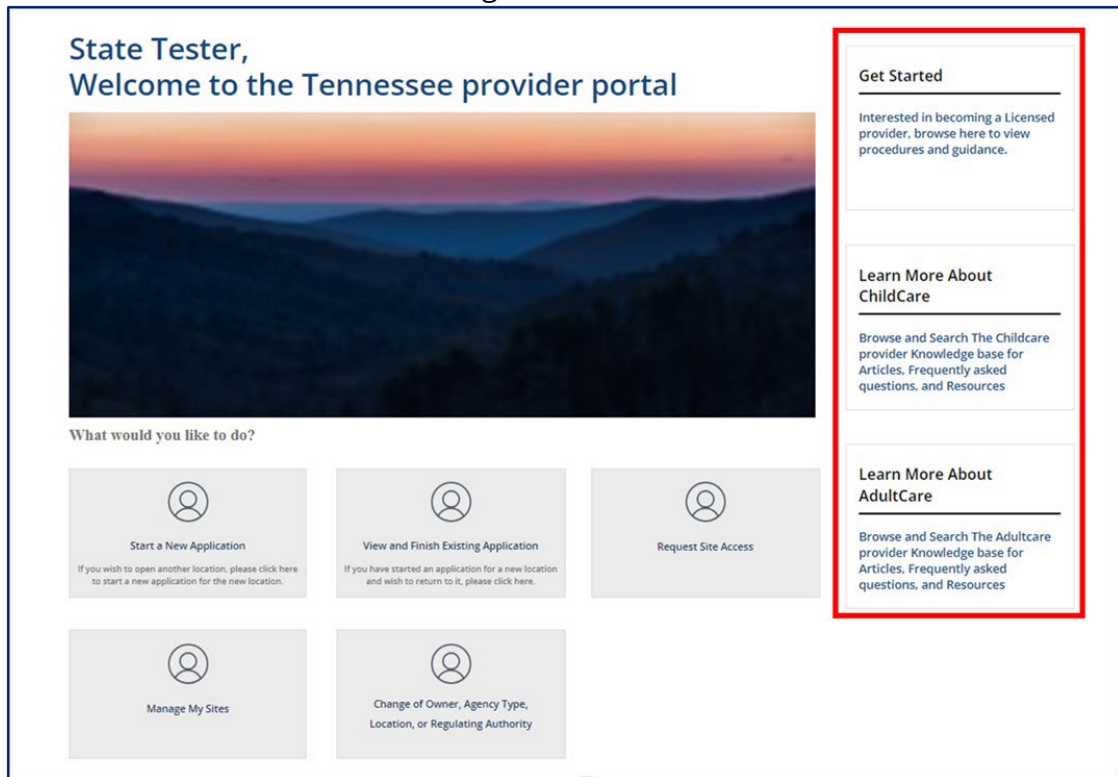
Hover the cursor over the blue hyperlinked text under Learn More About Childcare. The link for the information tile will appear next to your cursor.
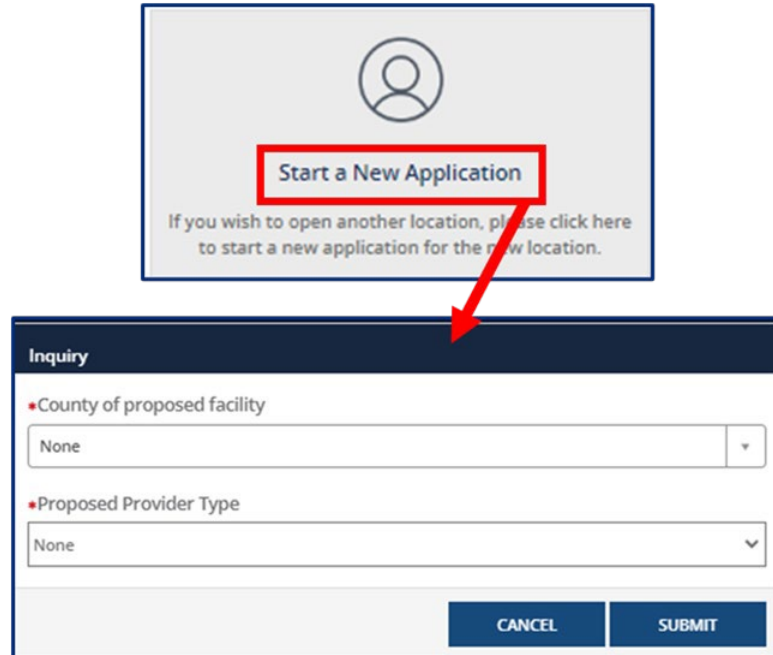
Click the blue hyperlinked text to open the corresponding information tile. The link will automatically bring you to the **TDHS Types of Regulated Child Care page**.
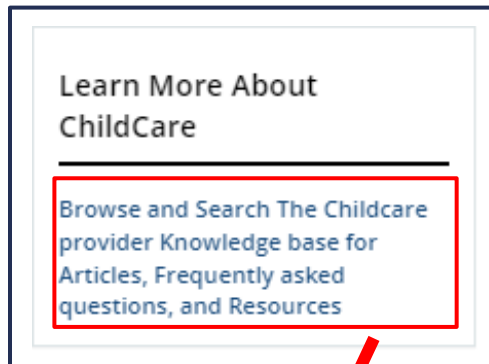
Action Tiles

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.

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**.

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

- o **County of proposed Child Care Facility**
- o **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.

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

Click **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**.

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.

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

| State |

* Last Name

| Tester |

* Email

| state.tester@gmail.com |

* Prospective Role

| -- None -- ▾ |

Orientation Session Type

| Virtual ▾ |

* Type of Agency

| -- None -- ▾ |

* Proposed County of Agency Location

| ▾ |

* Select an Orientation Session Date/Time

| ▾ |

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.**

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.

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.

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.*

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.

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.**

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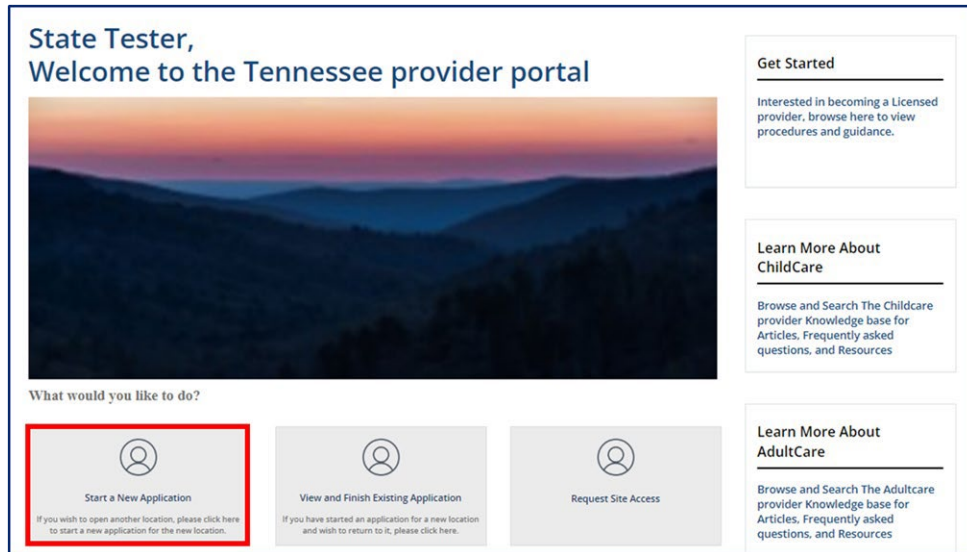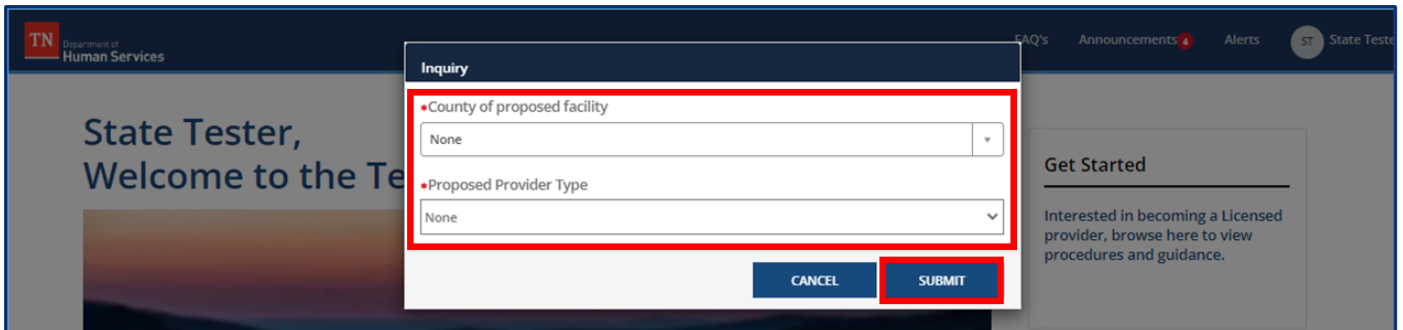
Once Start a New Application is clicked, a pop-up window displays prompting you to select the following:

- o **County of proposed Adult Care Facility**
- o **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.

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

Click **Next**.

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 |
| State | Tester |

| * Email | * Prospective Role |
| state.tester@gmail.com | -- None -- |

| Orientation Session Type | * Type of Agency |
| Virtual | -- None -- |

| * Proposed County of Agency Location | * Select an Orientation Session Date/Time |
| | |

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.**

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.

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.**

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.

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

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

Adult Day Services

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.

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

✓ **2.Business Organization**
Completed
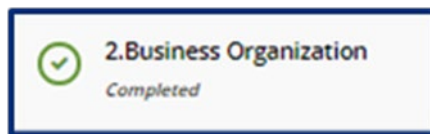
Fill in all the required information in the application. As you finish each step, complete the Checkbox and click Save & Next.

Household Information

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

No ▾

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

Save & Exit   BACK   SAVE & NEXT

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

81%

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 Phone Number

*Main Contact Last Name

Main Contact Alternate Phone Number

*Main Contact Email Address

Main Contact Fax

*Please select all roles that your information applies to

*Name of Agency

*Provider Email Address

*Proposed Open Date

02-14-2023

*Phone Number

*Provider Type

Child Care

Alternate Phone Number

*Child Care Type

Child Care Center

Fax

*FEIN

Provider Mailing Address
☐ Same as Provider Physical Address
*Street Address

*State

Street Address 2

*ZIP

*City

☐ 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

[   ]

* Legal Organization

[-- None --   ▾]

* FEIN

[   ]

* Contact First Name

[   ]

* Contact Last Name

[   ]

* Street Address - Line 1

[   ]

Street Address - Line 2

[   ]

* City

[   ]

* State

[▾]

* Franchise (SOS Filing Required)

[-- None --   ▾]

SOS or Business License Issuance/Renewal Date

[MM-DD-YYYY   📅]

* Do you have a Board of Directors?

[-- None --   ▾]

* ZIP

[   ]

* Phone Number

[   ]

Alternate Phone Number

[   ]

Fax

[   ]

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*)

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.

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

Household Information

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

-- None -- ▾

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

Save & Exit   BACK   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.

Programs & Services

Program and Services

* Do you have admission requirements and enrollment procedures?

-- None -- ▾

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

-- None -- ▾

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

-- None -- ▾

* Is the facility wheel chair accessible?

-- None -- ▾

* Does your agency provide transportation?

-- None -- ▾

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

I have read and understand the following:

☐ Section 504 of the Rehabilitation Act of 1973
Rule Citation 1240-04-01-.05 (9) (h)

☐ 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.

Programs & Services Offered

ADD NEW

Action	Program / Service	Other	Description	Fee	Frequency
		No Records Found			

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

Save & Exit   BACK   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

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

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.

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**

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.

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.
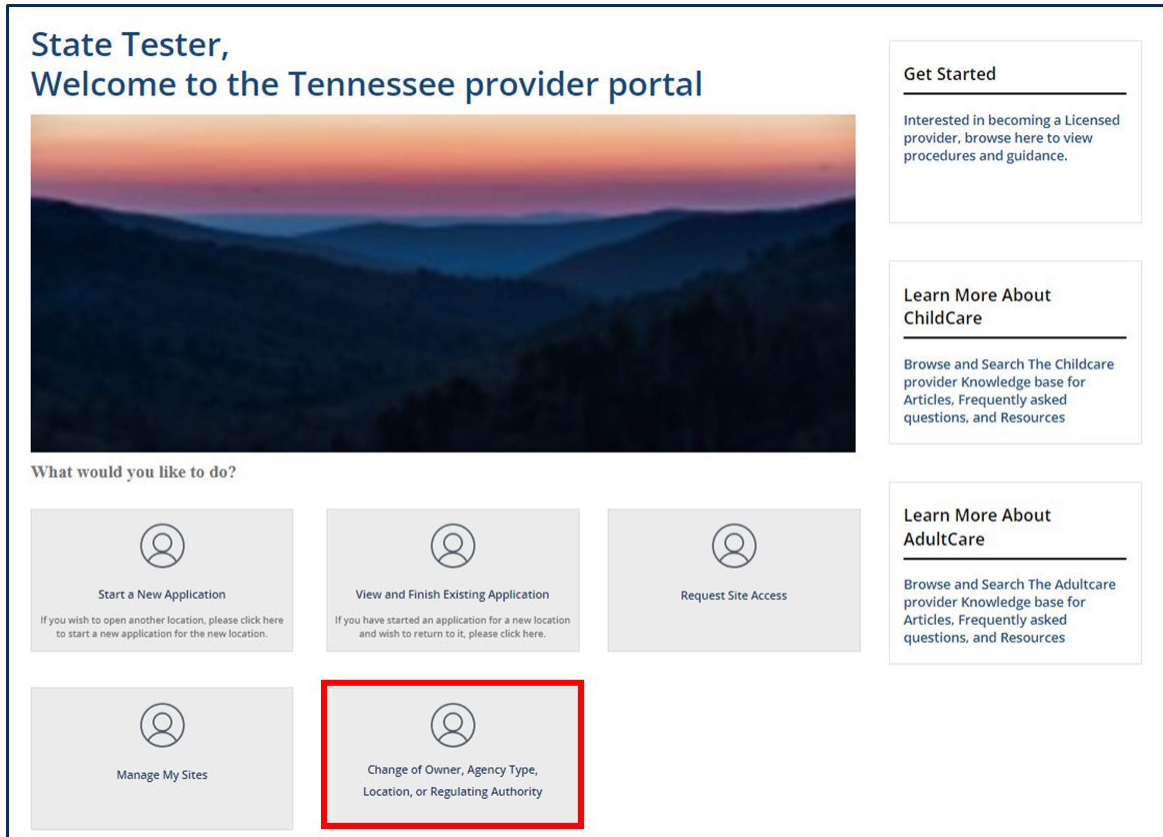
Click the **Start New** button.

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.

FAQ's   Announcements **5**   Alerts   Tours   ST   State Te

← BACK TO HOME

BIG MAMAS HOUSE INFINITE HEART CHILDCARE

Address : 3000 HAWKINS LANE, HUNTINGDON, TN, Co.
Davidson, 38344, +17313582818

Contact Number : 7313582818   Email ID :

Enrollment and Attendance Management

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

Invoice and Payment

EAVs	**Review Payments**
Submit and manage EAVs	Manage attendance invoice

Manage Profile

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

TN.gov Services   TN.gov Directory   Transparent TN   Title VI   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**.

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

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.
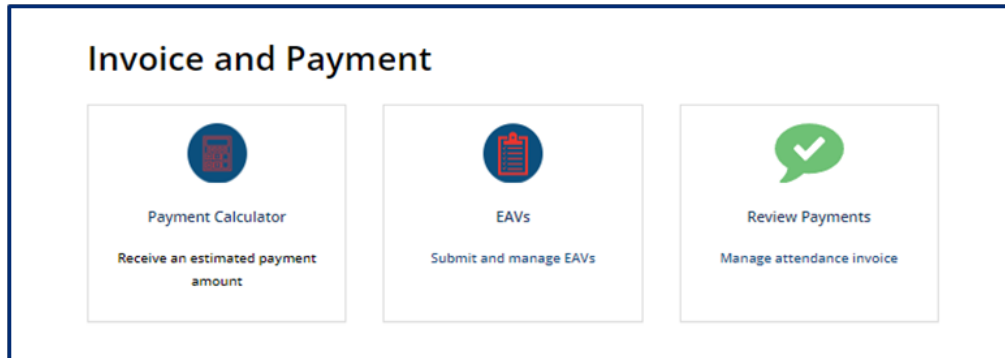
What can these action tiles do?

- **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, Legal Enforcement, Corrective Actions, Annual Report, Incidents and Injuries, Violations, Change Report, Staff, Notices, Required Trainings, Orientations, Quality Rating Score Card, Visit Addendums** and **Appeals**.
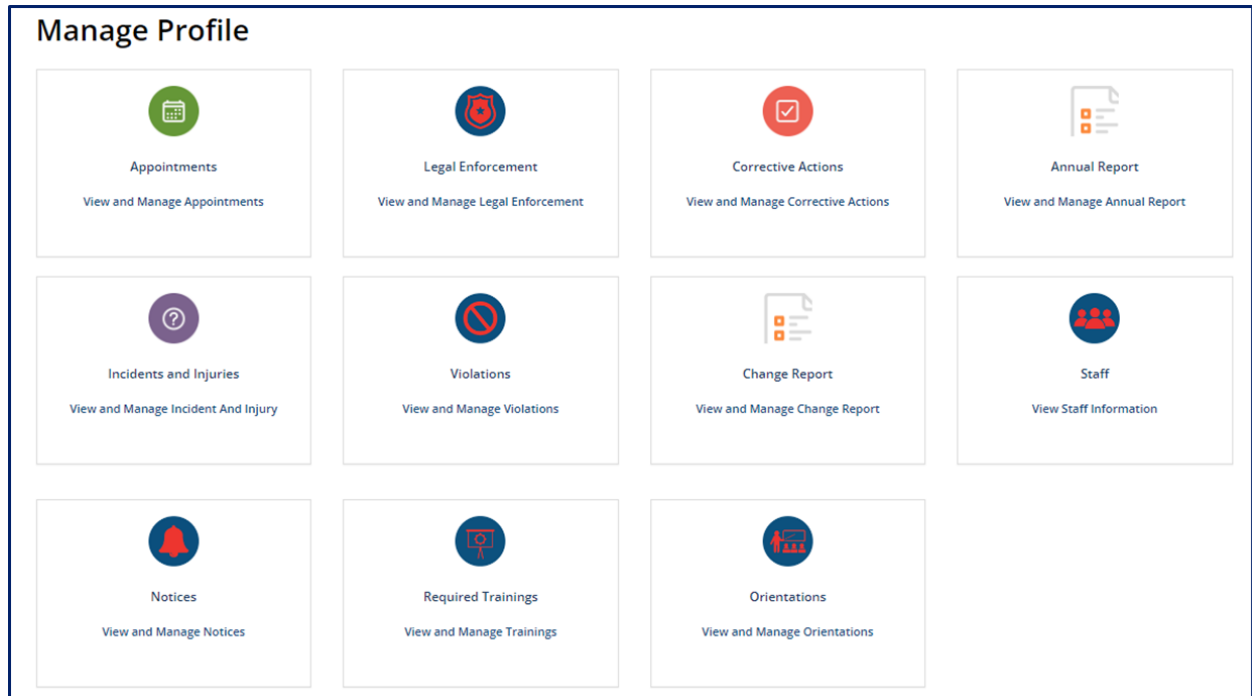
What can these action tiles do?
- **Appointments:** This will allow the provider to review and confirm appointments scheduler with their regulatory individual.
- **Legal Enforcement:** This will allow the provider to view legal documentation that has been filed by their Regulatory Individual and Legal staff.
- **Corrective Actions:** This will allow the provider to review and acknowledge Corrective Actions Plans.
- **Annual Report:** This will allow the provider to edit and submit their Annual Licensing Report to their regulatory individual.
- **Incidents and Injuries:** This will allow the provider to report an Incident or Injury that occurred at the provider site.
- **Violations:** Contains the documentation gathered and reported by the Regulatory Individual for violations against the agency.
- **Change Report:** This will allow the provider to view and update documentation required by the state.
- **Staff:** This will allow the provider to review the staff records populated from BacTrak.
- **Notices:** This will allow the Provider to view documentation of notices.
- **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.
- **Quality Rating Score Card:** This will allow the provider access quality rating score reports.
- **Visit Addendums:** This will allow the provider to view and acknowledge addendums added to a visit record.
- **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.
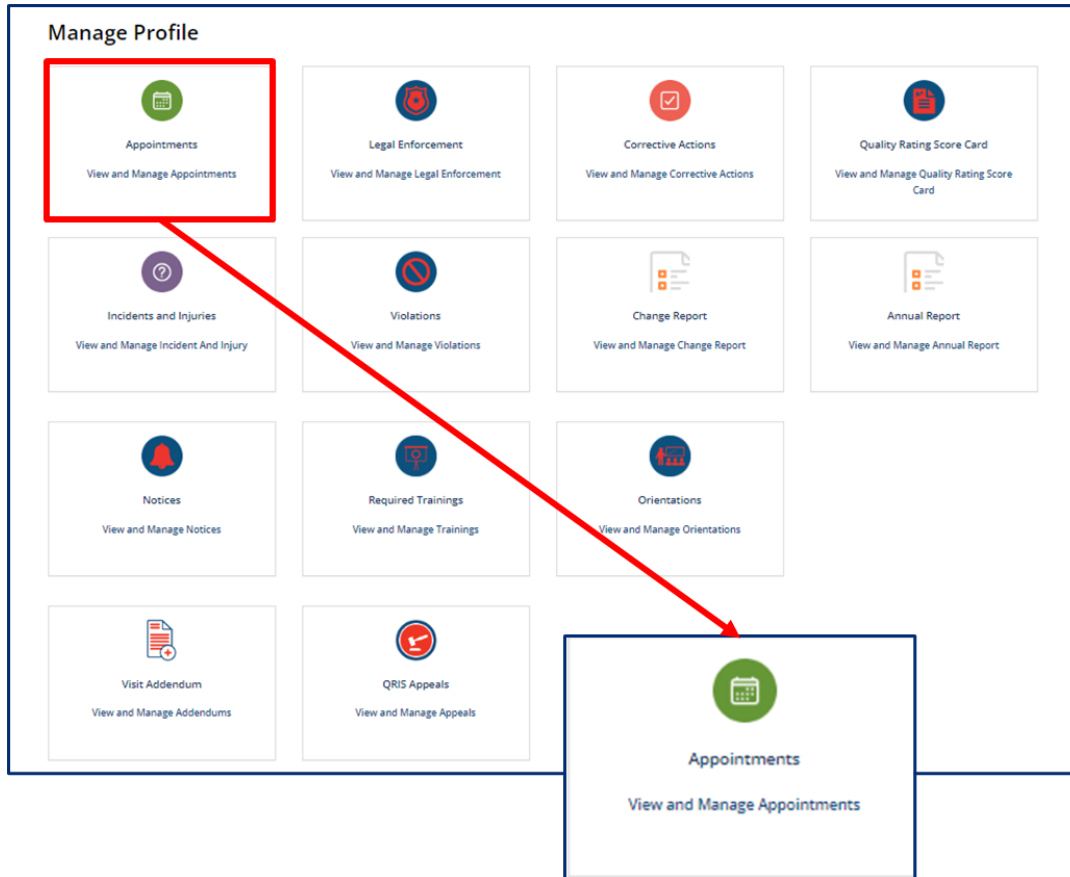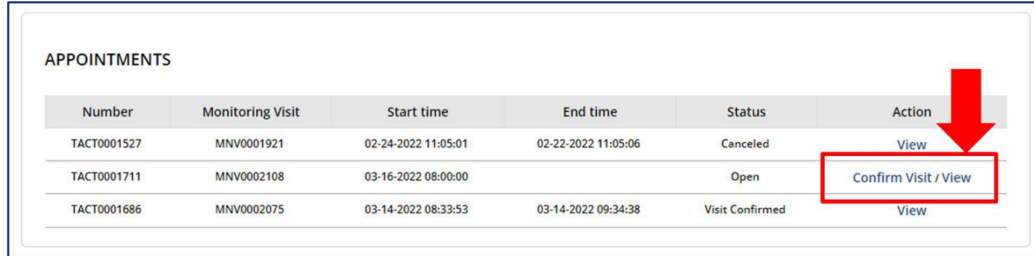
Doing so will navigate you to the **Appointments** summary screen.
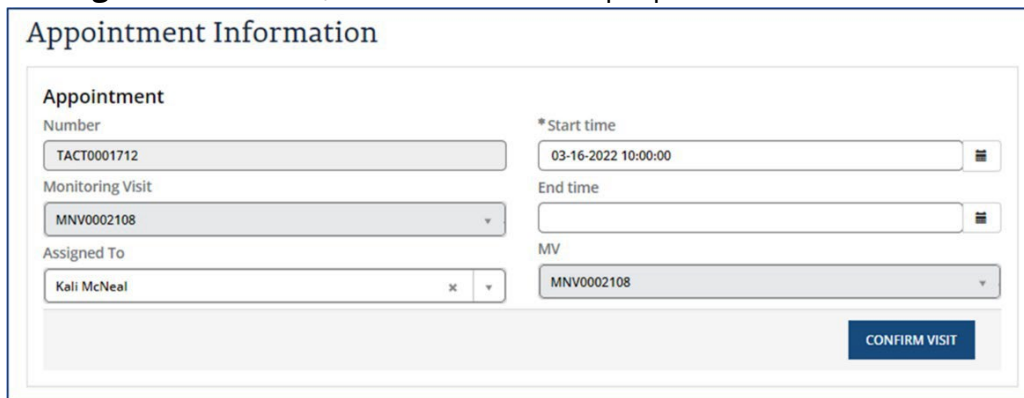
5.1.1 Confirming Appointment

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.

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**.

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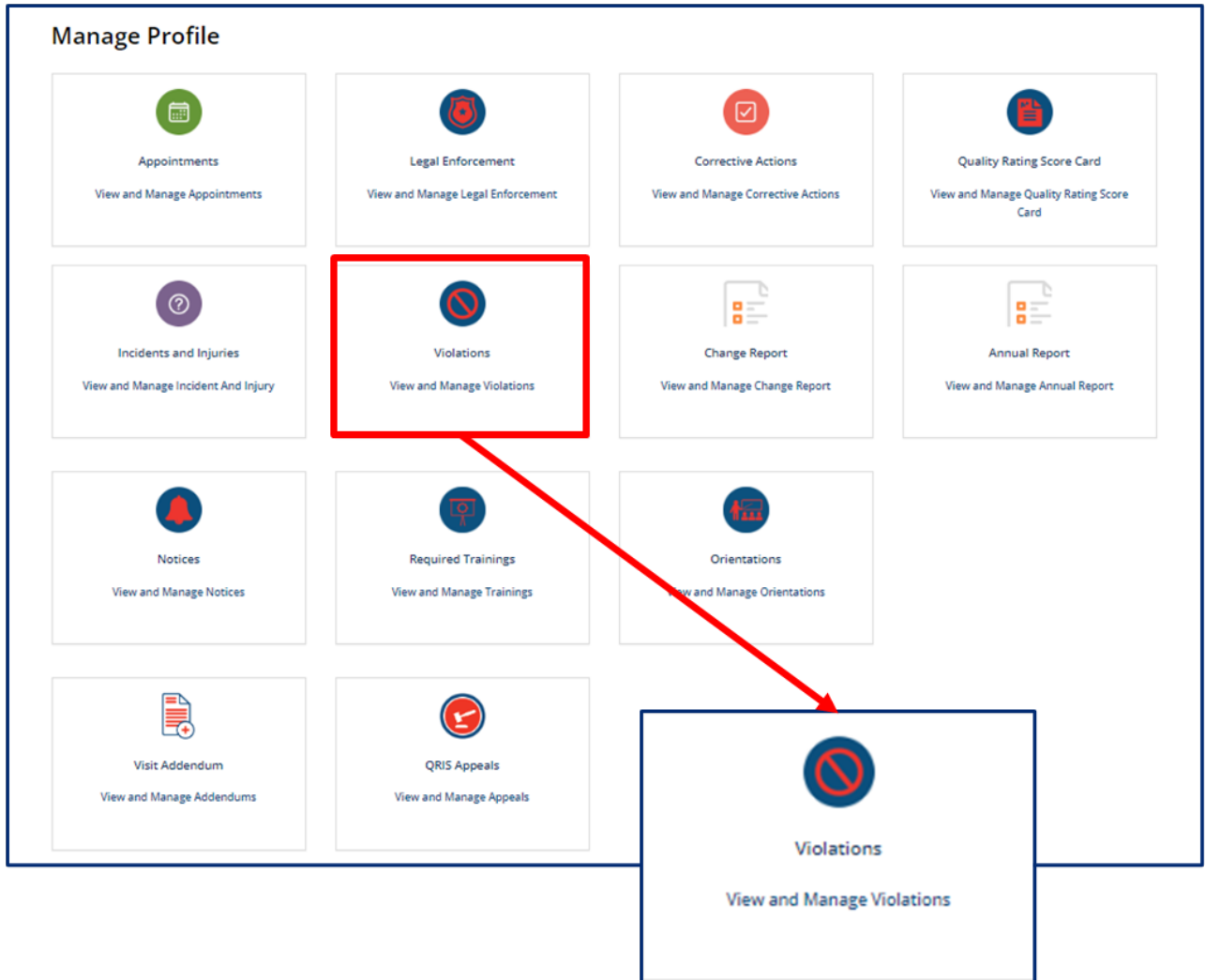
Violations logged by your Regulatory Individual, which most commonly occur during Monitoring Observation Visits. The Violation summary screen will display:

- **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.

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**

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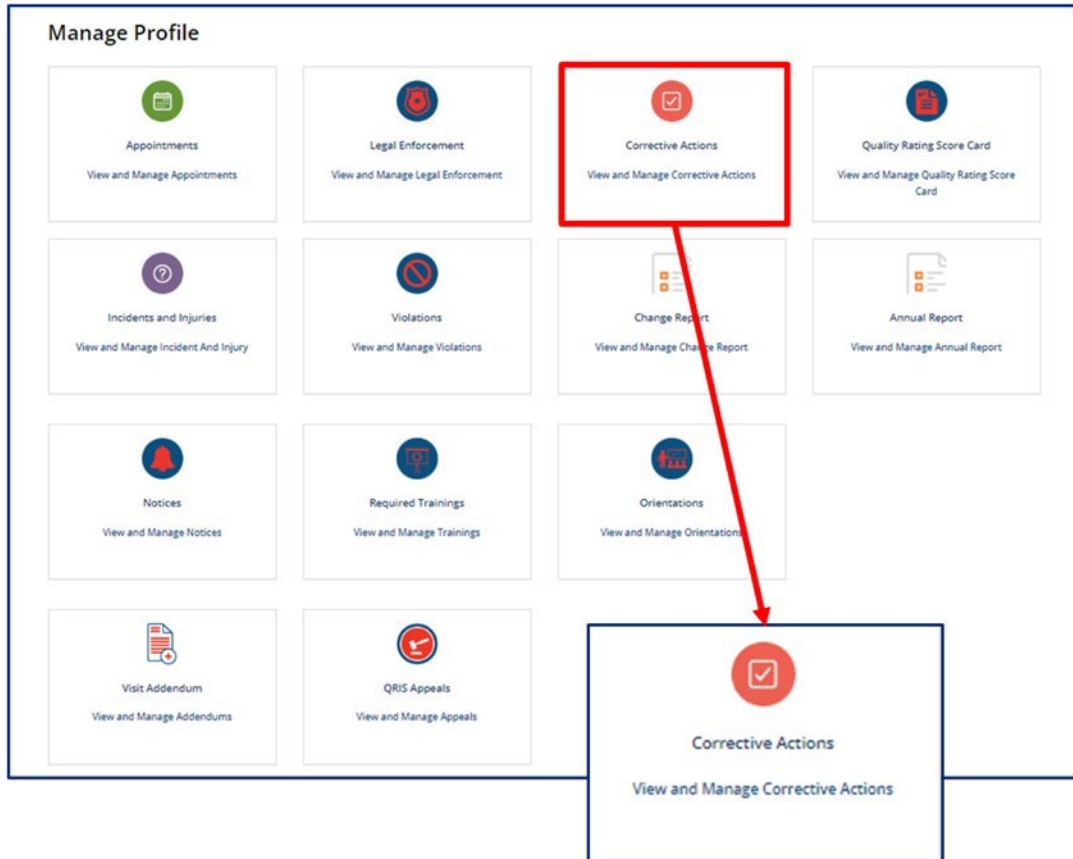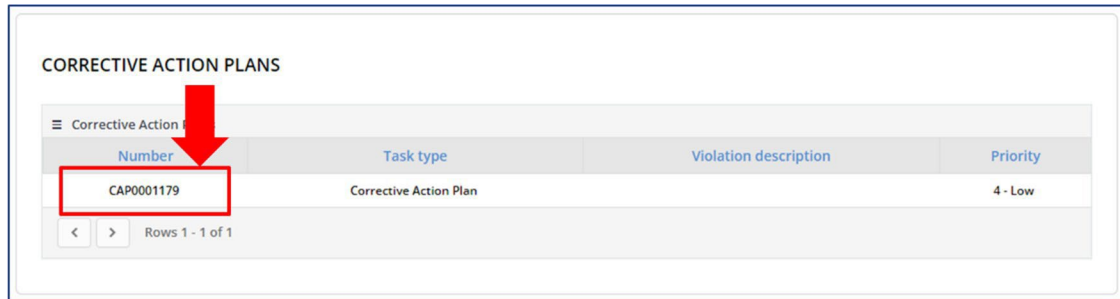
Here, you will be able to view a summary of the Corrective Action Plans (CAP) created for your facility. You may view violation details by using the **Violations** action tile, as referenced in Section 5.2.

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

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**

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.

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 (CRTL+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.
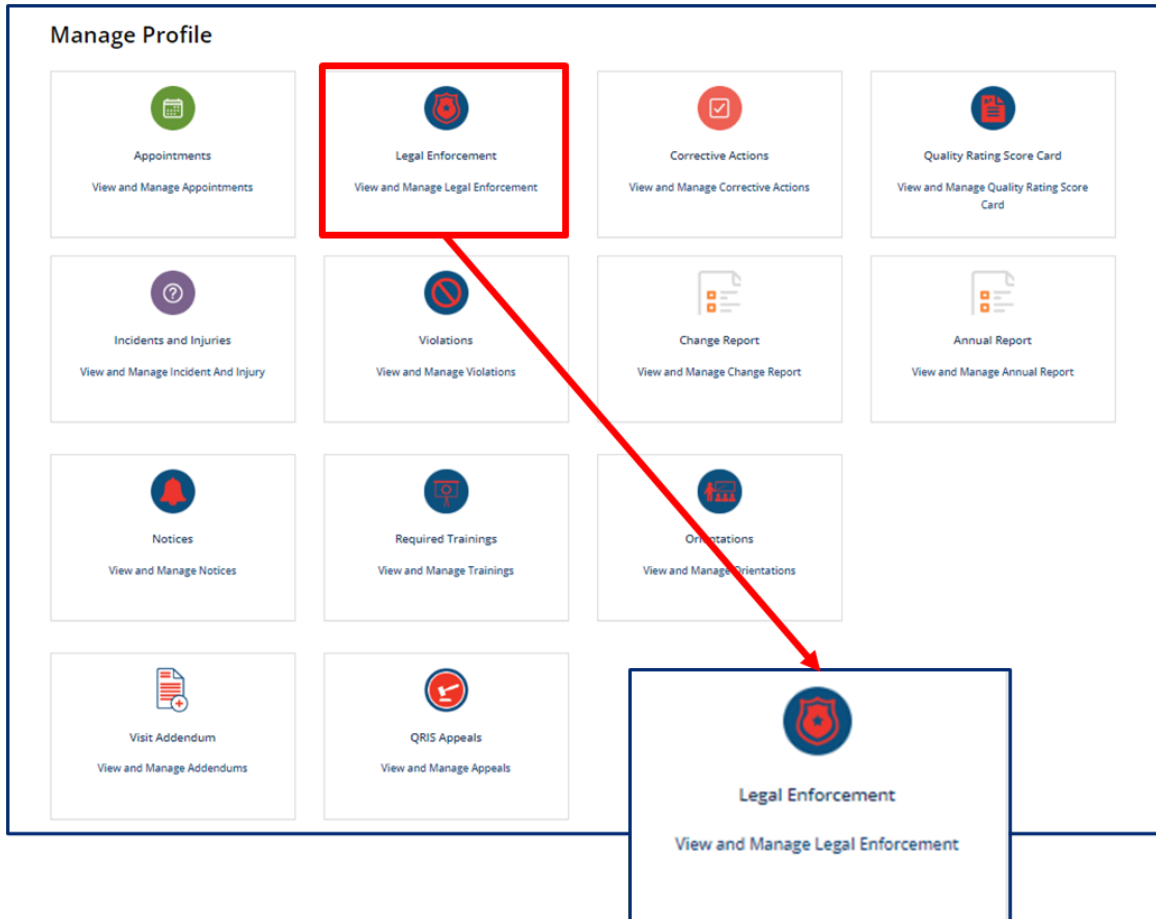
Legal enforcements created for your facility will appear on the **Legal Enforcement** screen

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.

You may upload the completed form using the Provider Portal. Click the **Notices** tile to begin.
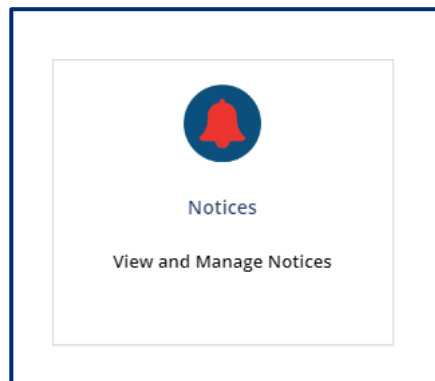
Click **Upload Parent Roster** for the appropriate LET notice.

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

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.

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

5.5   Self-Reporting Incidents and Injuries

Incidents and Injuries Tile

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.
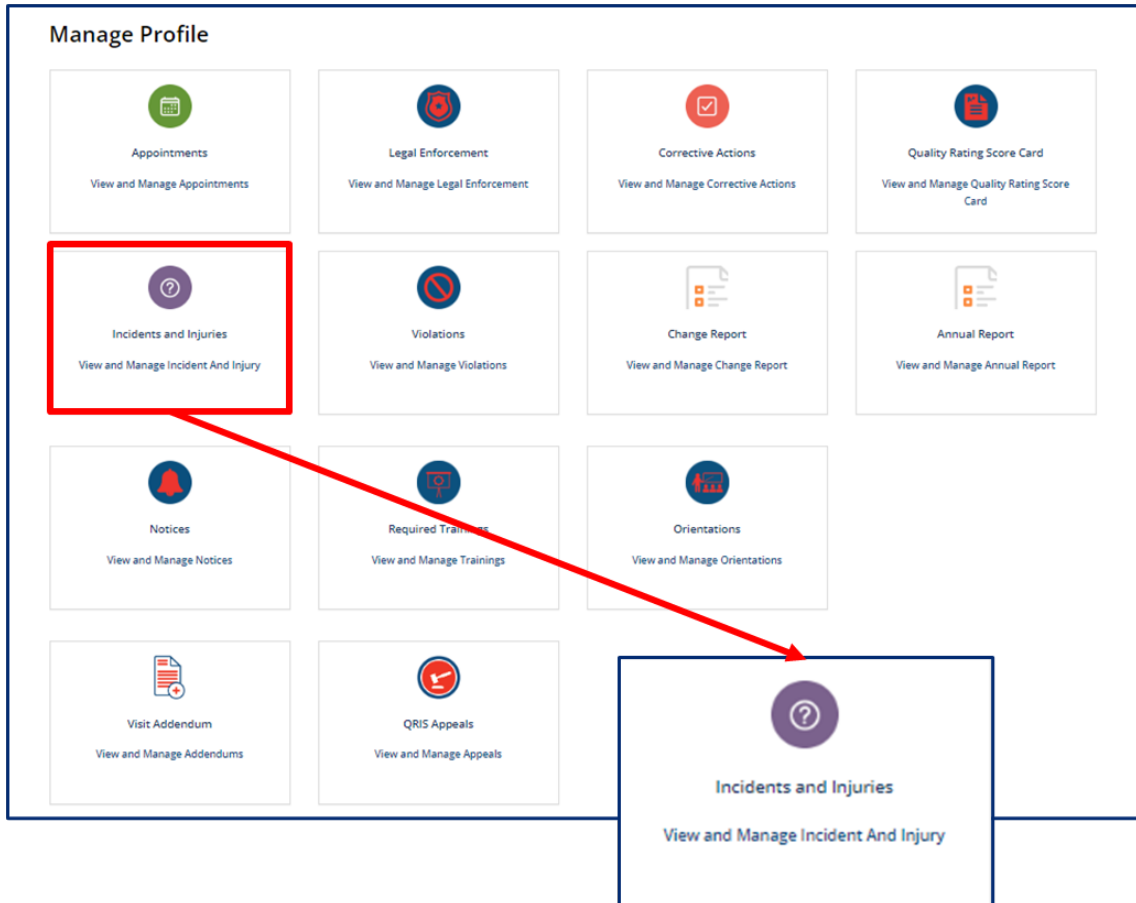
Creating an Incident/Injury

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.

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.

Provider Information Section

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

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:

Adult Day Services:

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

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

5.6 Quality Rating Score Card Overview

Quality Rating Score Card Tile

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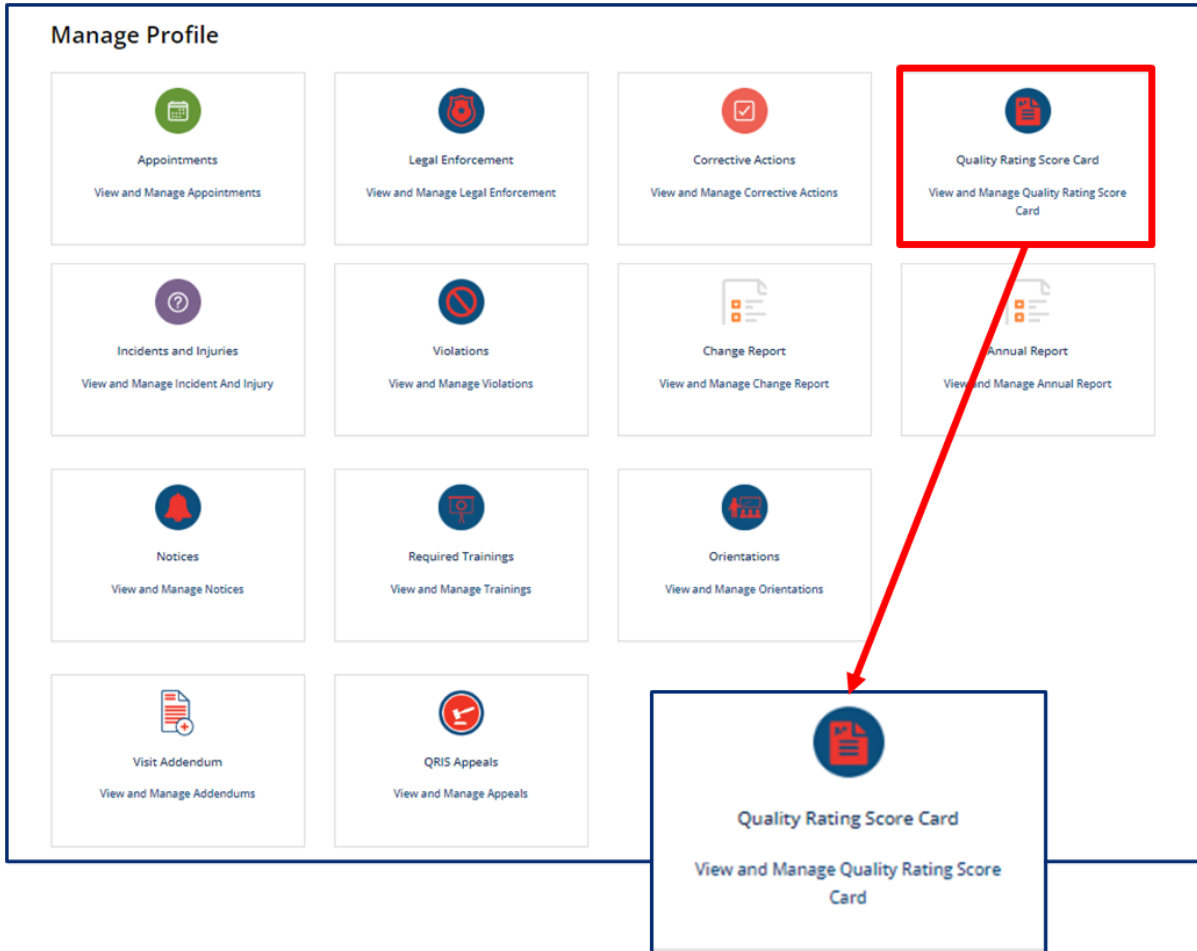
Your cumulative score logged by your Regulatory Individual during the year's QRIS Monitoring Visits will be listed in the circle at the top of the **QRIS Score** screen.

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

QRIS Score

94 / 100

Provider:	Project Reflect, Inc.		
Effective Date:	10/01/2022	Expiration Date:	09/30/2023

Annual Quality Rating	94 / 100	
Teacher Child Interactions	95 / 100	
Health & Safety	93 / 100	
Critical Items	30 / 33	
Supervision Practices/Facilities/Equipment	27 / 27	
Record Keeping	0 / 0	
Healthy Weight Practices/Disease Prevention	54 / 54	
Organizational Structure/Qualifications	23 / 27	

If you wish to request an Intradepartmental review of your QRIS score card, you must submit the request through the portal within 20 business days of notification, pursuant to Department of Human Services Rule 1240-04-07-.08. Requests received after 20 days will not be accepted.

Appeal QRIS Score   CLICK HERE TO PRINT

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

CLICK HERE TO PRINT

Appealing the QRIS Score

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

Appeal QRIS Score
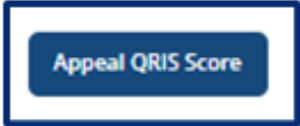
On the **QRIS Appeal** window, add the **Main Contact for the Appeal**. Use the text boxes to list information you wish to dispute and reasons why you believe the information presented in your score card is incorrect. If you would like to add supporting documentation to this appeal, use the **Supporting 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

APL0000003

Appeal Date

03/27/2023

Provider Name

Project Reflect, Inc.

Provider ID

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

SUBMIT

5.7 Completing Your Annual Report

Annual Report Tile

To complete your annual report, begin by accessing your Provider Portal **Dashboard** and selecting the **Annual Report** button under the **Manage Profile** section.
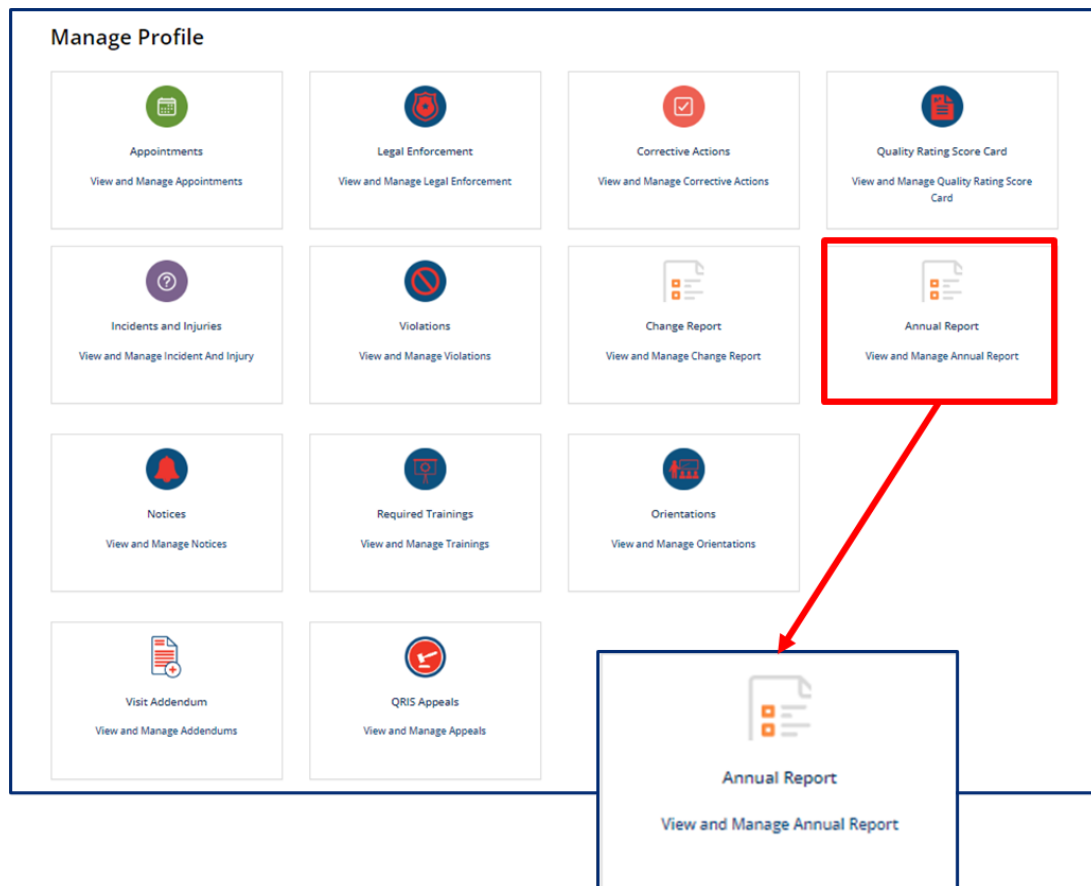
You will then be taken to **Your Annual Report Summary**. Here, you will see your **Annual Report ID, Annual Report Type, Regulatory Individual, Provider, and Annual Report Status.**

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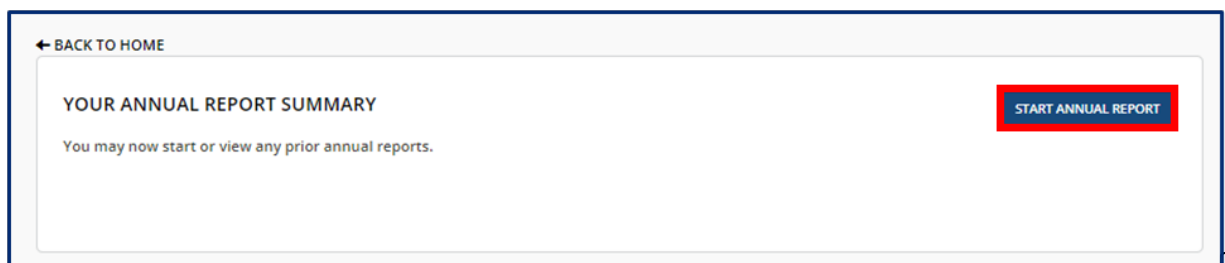
To complete or review your annual report, select the **View** button in the **Action** column.

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

Adult Day Services

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

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.

⊘ **9. Transportation Provided**
Completed
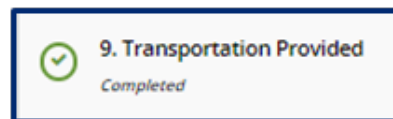
5.7.1   Provider Information

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)
	-- None --
Legal Organization	SOS or Business License Issuance/Renewal Date
-- None --	MM-DD-YYYY
	* Do you have a Board of Directors?
	-- None --
* Contact First Name	* Zip
* Contact Last Name	* Phone Number
* Street Address - Line 1	Alternate Phone Number
Street Address - Line 2	Fax
* City	
* State	
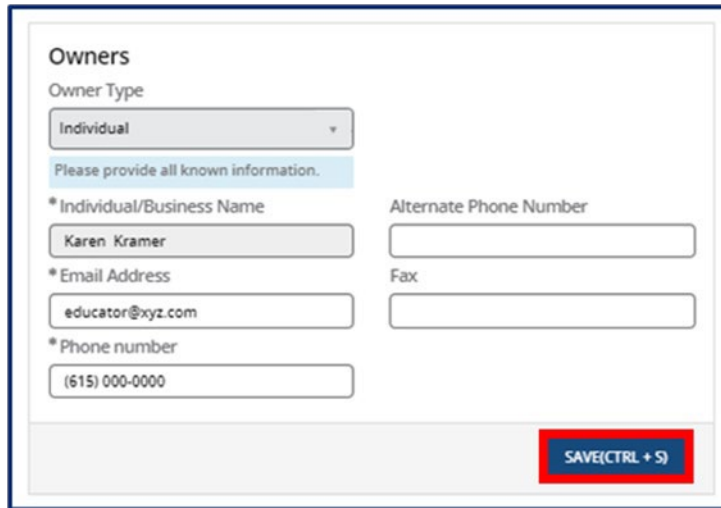
Use the **pencil** button to edit the associated information for current and former owners.

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).**

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

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

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

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).**

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.

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.

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

Other

Street Address 2

* Date Worked From

* City

* Date Worked To

* State

☐ Current Employer

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.

Fill out the **References** 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.

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.

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.

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).**

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.

Fill out the **References** 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.

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.

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.

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:

- 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	Adult Day Services

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

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.

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.

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.

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, 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.

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.

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.

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

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.

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).**

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   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.

5.7.14 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.

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).**

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.

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

Fill out the **Household Members** 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.

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.

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.

5.7.17 Fee Information (ADS Only)
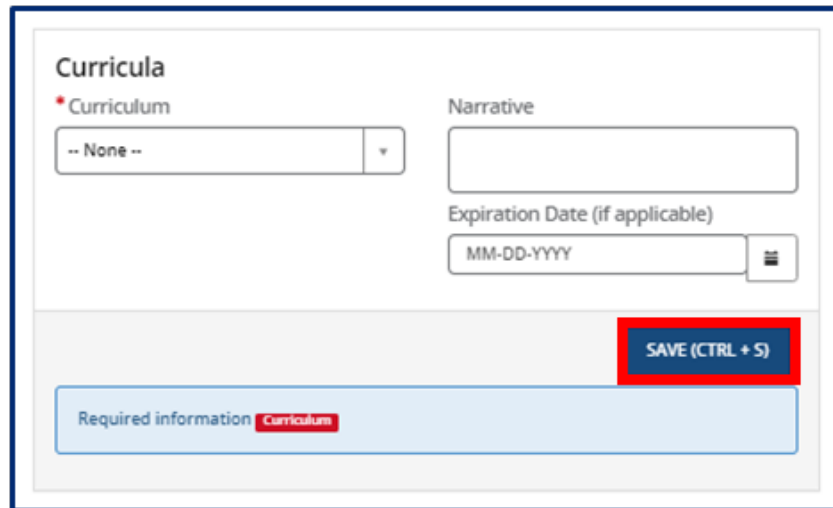
In this section, you must report the details of your Annual Fee. Begin by using the **Number of Participants** dropdown to select the number of participants your agency serves. Your selection will trigger the annual fee cost to appear in the **Annual Fee** field below. If you have already submitted , 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.

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

The Staff Information section displays the locations staff records within the Staff Records table. The Staff Records table contains 13 columns: **Action**, **First Name**, **Last Name**, **Position**, **Other**, **Employment status**, **Last 4 digits of SSN**, **Date of Birth**, **Work State Date**, **Work Termination Date**, **Date of Staff Orientation**, **Rehire Date**, and **TNPAL ID**. The column details are prepopulated based off the information stored in the staff's BacTrak record.

To edit the staff's record details, select the **Edit** pencil icon ( ) within the staff's **Action** column.

The **Provider Staff Relationship** popup window displays, allowing you to update the staff's position title, date information, TNPAL ID, and indicate if the employee belongs to multiple sites.

Additionally, this location is where you must indicate if the staff member completed their background check but was never hired by selecting the **Never Hired** checkbox.

Once updated, select the **SAVE(CTRL + S)** button to finalize the update.

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	Adult Day Services

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
[x]	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

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.

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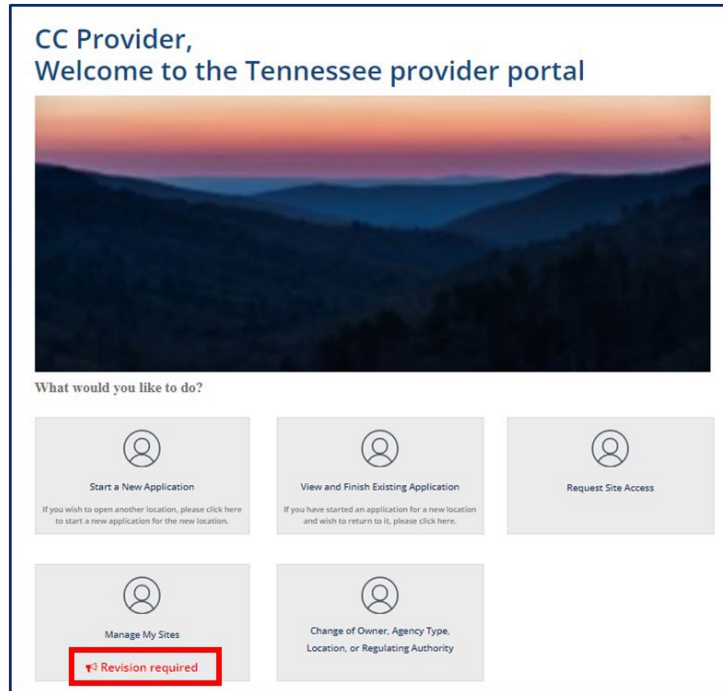
Clicking the **Revision Required** link will open a pop-up window which contains feedback from your Licensing Consultant regarding the specific reports and/or fields that require revision. Update your Annual Report based on this feedback prior to re-submitting the report for further consideration.
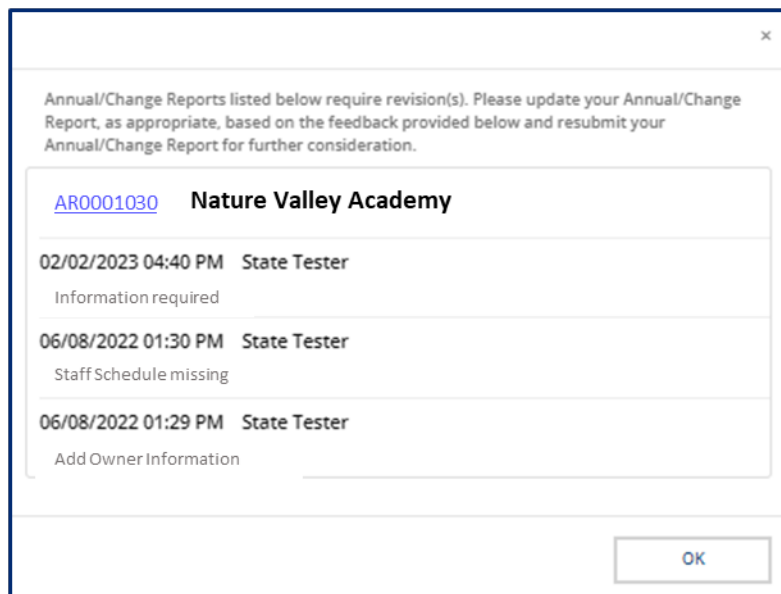
5.8   Submitting a Change Report

Change Report Tile

To submit a change report, begin by accessing your Provider Portal **Dashboard** and selecting the **Change Report** button under the **Manage Profile** section.
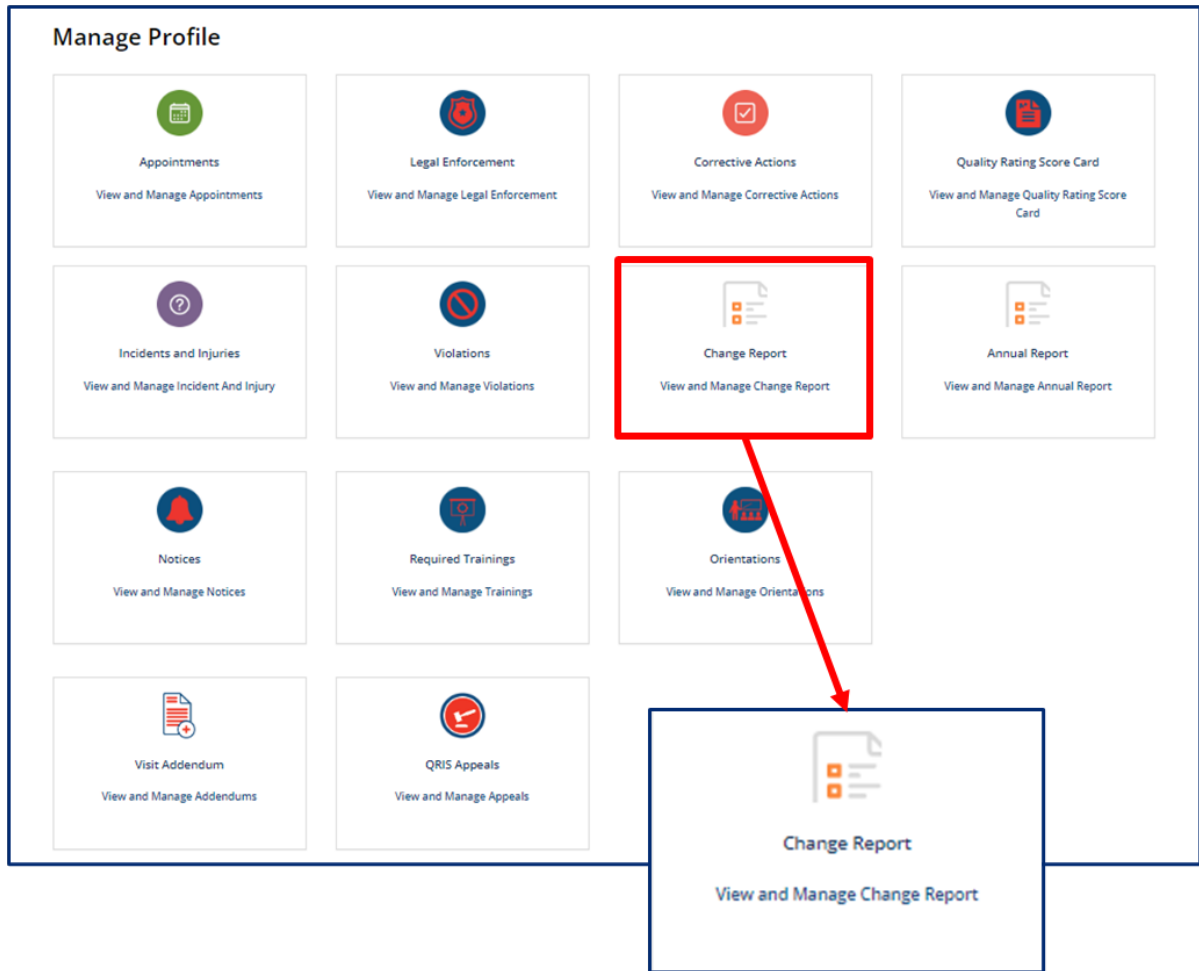
You will then be taken to **Your Change Report Summary**. Here, you will see the **Start Change Report** button. Select this button to begin a new change report.

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.**

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.

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

○ 1. Provider Information
Not Started

○ 2. Business Organization
Not Started

○ 3. Main Contact Information
Not Started

○ 4. Director & Primary Educator
Not Started

○ 5. Program & Services
Not Started

○ 6. Provider Fees
Not Started

○ 7. Child Care Level / Rates
Not Started

○ 8. Meals
Not Started

○ 9. Rate Policies
Not Started

○ 10. Classrooms/Ages
Not Started

○ 11. Accreditations
Not Started

○ 12. Curricula
Not Started

○ 13. Environment Aspects
Not Started

○ 14. Hours of Operations
Not Started

○ 15. Household Information
Not Started

○ 16. Insurance
Not Started

○ 17. Staff Information
Not Started

○ 18. Supporting Documentation
Not Started

○ 19. Declaration and E-signature
Not Started

Adult Day Services

CHANGE REPORT - CHA0001224

○ 1. Provider Information
Not Started

○ 2. Business Organization
Not Started

○ 3. Main Contact Information
Not Started

○ 4. Director & On-site Manager
Not Started

○ 5. Program & Services
Not Started

○ 6. Provider Fees
Not Started

○ 7. Care Level / Rates
Not Started

○ 8. Meals
Not Started

○ 9. Rate Policies
Not Started

○ 10. Age of Youngest/Oldest Adult
Not Started

○ 11. Accreditations
Not Started

○ 12. Environment Aspects
Not Started

○ 13. Hours of Operations
Not Started

○ 14. Household Information
Not Started

○ 15. Insurance
Not Started

○ 16. Staff Information
Not Started

○ 17. Supporting Documentation
Not Started

○ 18. Declarations and E-Signature
Not Started

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.

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.

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

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

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

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

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

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).**

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.

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.

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
	MM-DD-YYYY
Street Address 2	*Date Worked To
	MM-DD-YYYY
*City	☐ Current Employer
*State	
TN ✕ ▾	

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.

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

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.

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.

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
	MM-DD-YYYY
Street Address 2	* Date Worked To
	MM-DD-YYYY
* City	☐ Current Employer
* State	
TN	

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).**

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?

| -- None -- | ▾ |

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

| -- None -- | ▾ |

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

| -- None -- | ▾ |

* Is the facility wheel chair accessible?

| -- None -- | ▾ |

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

| -- None -- | ▾ |

* Transportation provided from facility to home

| -- None -- | ▾ |

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.

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)**.

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.

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)**.

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.

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)**.

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)**.

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

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.

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.

<table>
<tr><td align="center">**Child Care**</td><td align="center">**Adult Day Services**</td></tr>
</table>

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

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.

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.

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.

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.

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.

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.
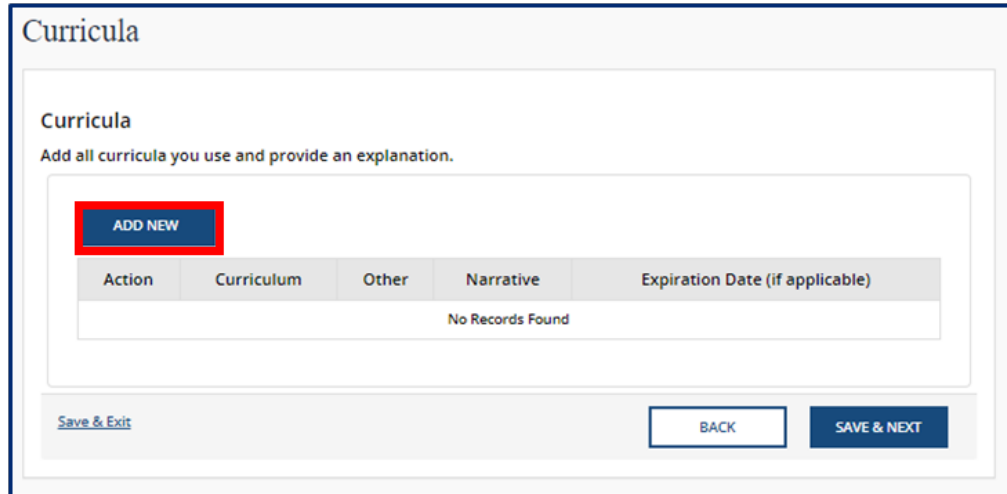
Once you complete filling out this section, click the **Save & Next** button to proceed to the next section.
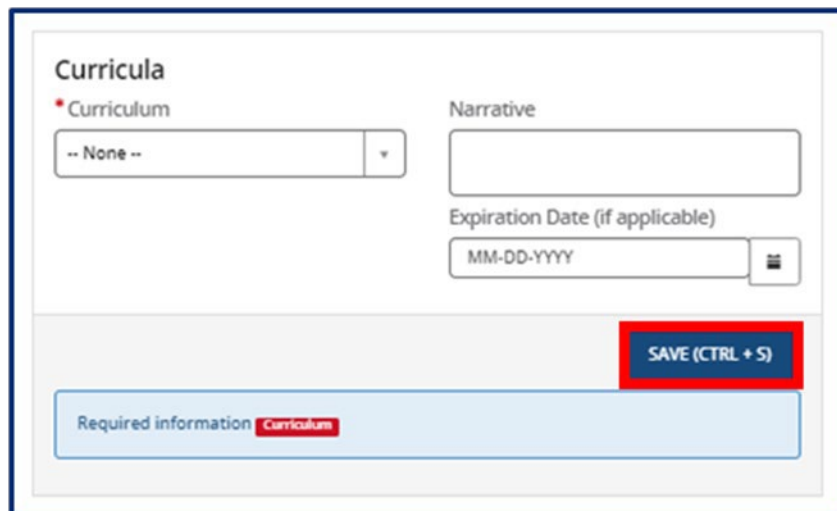
5.8.14 Curricula (Child Care Only)

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

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).**

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".

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

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.

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).**

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.

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

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

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

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.

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

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

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

5.8.19 Staff Information

The Staff Information section displays the locations staff records within the Staff Records table. The Staff Records table contains 13 columns: **Action**, **First Name**, **Last Name**, **Position**, **Other**, **Employment status**, **Last 4 digits of SSN**, **Date of Birth**, **Work State Date**, **Work Termination Date**, **Date of Staff Orientation**, **Rehire Date**, and **TNPAL ID**. The column details are prepopulated based off the information stored in the staff's BacTrak record.

To edit the staff's record details, select the **Edit** pencil icon ( ) within the staff's **Action** column.

The **Provider Staff Relationship** popup window displays, allowing you to update the staff's position title, date information, TNPAL ID, and indicate if the employee belongs to multiple sites.

Additionally, this location is where you must indicate if the staff member completed their background check but was never hired by selecting the **Never Hired** checkbox.

Once updated, select the **SAVE(CTRL + S)** button to finalize the update.

Click **the Save & Next** button to proceed to the next section, .

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.

<table>
<tr><th>Child Care</th><th>Adult Day Services</th></tr>
</table>

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.

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.

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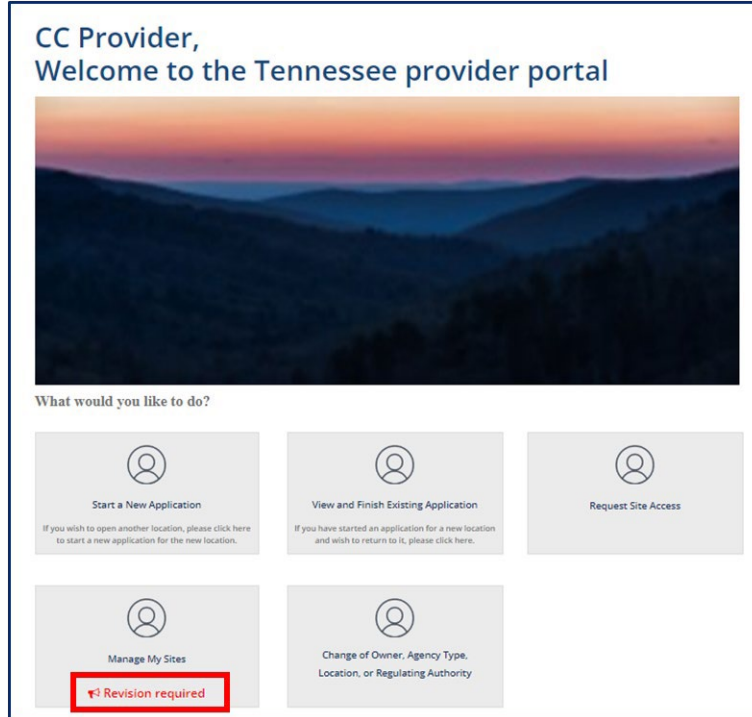
Clicking the **Revision Required** link will open a pop-up window which contains feedback from your Licensing Consultant regarding the specific reports and/or fields that require revision. Update your Change Report based on this feedback prior to re-submitting the report for further consideration.

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.

CHA000124   **ABC BABIES**

02/02/2023 04:40 PM   State Tester
Information required

06/08/2022 01:30 PM   State Tester
Test

06/08/2022 01:29 PM   State Tester
Test

OK

5.9   Staff

Staff Tile

As staff complete their interview and background process, staff information is gathered and stored by BacTrak. The Staff tile allows providers to view staff information for all staff added to the provider facility after April of 2024.
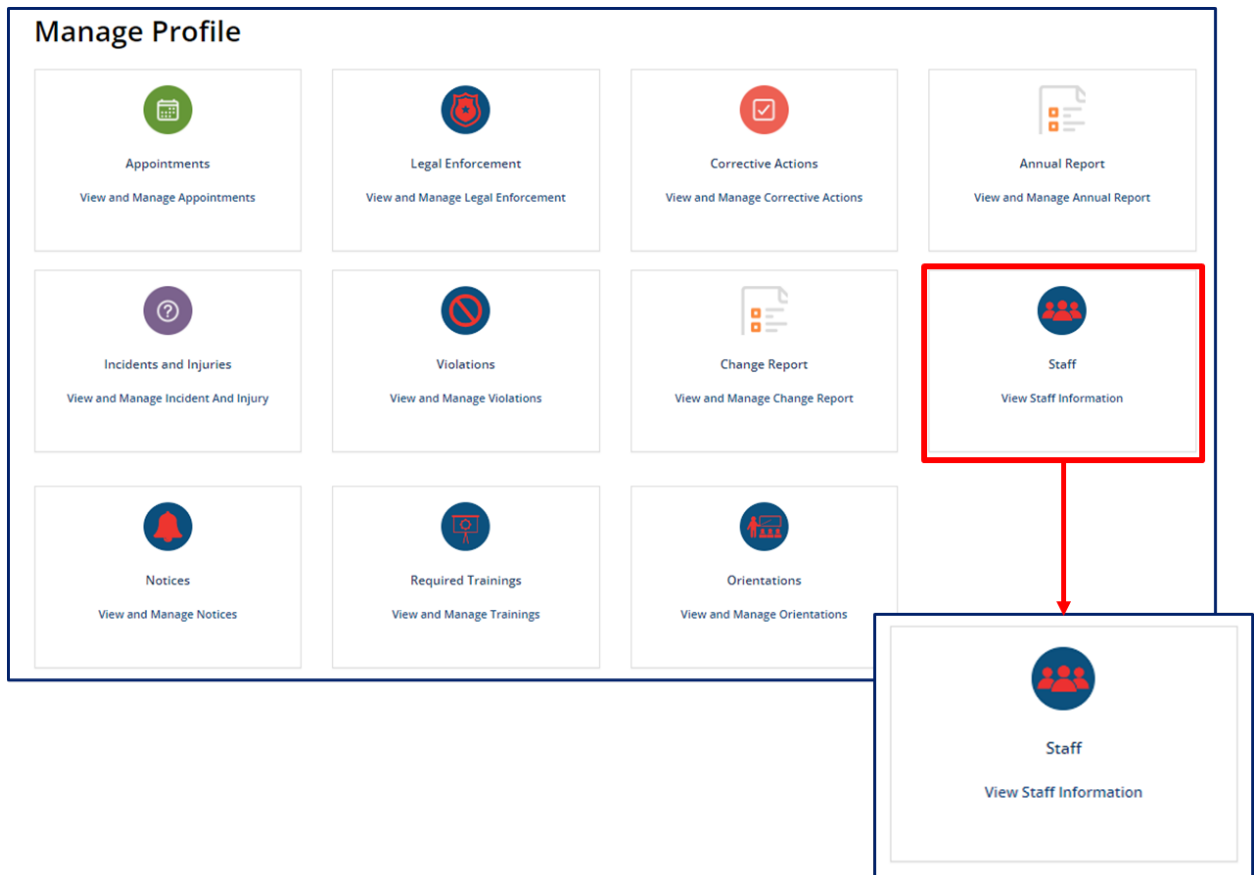
The Staff Records table contains 13 columns: **First Name**, **Last Name**, **Last 4 digits of SSN**, **Date of Birth**, **Scan date**, **Date Opened**, **Work State Date**, **Work Termination Date**, **Date of Staff Orientation**, **Rehire Date**, **Position**, **Other**, and **Action**. The column details are prepopulated based off the information stored in the staff's BacTrak record.

Selecting the **Result** hyperlink, after scrolling to the right within the table, from the **Action** column opens the staff member's staff record information.

From here, clicking the **Link to Box** hyperlink displays the staff's BacTrak record.

For staff that are transferred from another provider location, clicking the hyperlink for the "**For transfer of a staff member from other locations to your facility, please submit the request at the *link*.**" statement navigates you to the transfer submission form.

For transfer of a staff member from other locations to your facility, please submit the request at the link.
If you need to make changes to any staff record, please submit a change report.

STAFF INFORMATION

Complete this form and click **SUBMIT** to submit a transfer request.

Tennessee Department of Human Services
Criminal Background Check Transfer

Child and Adult Care Agencies: If you hire an employee that has been fingerprinted within the last five years and has been employed by a child or adult care agency without a break in employment for more than one hundred and eighty days (180) days, please complete this form to transfer their background check clearance to your agency. Individuals may not be fingerprinted more than once within a one hundred and eighty-day (180) day period.

Applicants: Please print/type and complete all sections below.

Please return this completed form to the Tennessee Department of Human Services. For additional information, you may also contact us by phone at: 615-313-5147.

Please complete entire form	Email: CC-Criminal-Background-Inquiries.DHS@tn.gov

Applicant Information

Current Legal Name (Last Name, First Name, Middle Initial):				Date of Birth:	
SSN:	Telephone #:		County of Residence:		
Current Home Mailing Address:		City:		State: TN	Zip Code:
If you lived, worked, or attended school outside of TN in the last 5 years, please list which state(s):					

☐ **Yes, I will be a driver for this agency.** Please provide the following:	Driver's License #:	DL Expiration:	State of issuing DL: TN	DL Endorsement(s):

Current Agency Information (Child or adult care agency where you worked in the last 180 days)

Name of Current Agency:				
Address of Current Agency:		City:	State: TN	Zip Code:
Provider ID and Suffix:	Start Date:	If you no longer work at this agency, what was your termination date?		

New Agency Information (where you are transferring to)

Name of New Agency:				
Address of New Agency:		City:	State: TN	Zip Code:
Provider ID and Suffix:	Start Date:	☐ **Yes, I will be working for both of the above agencies.**		

Applicant Signature	Date	New Agency Owner/Director Signature	Date

Submit   Click Submit button to send automatically, or email to **CC-Criminal-Background-Inquiries.DHS@tn.gov**

TDHS staff should check the "Forms" section of the intranet to ensure the use of current versions. Forms may not be altered without prior approval.
Distribution: Child Care Agencies and Child and Adult Care Licensing Staff
RDA: 11301
HS-3299 (Rev. 10-21)
Page 1 of 1

5.10 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.
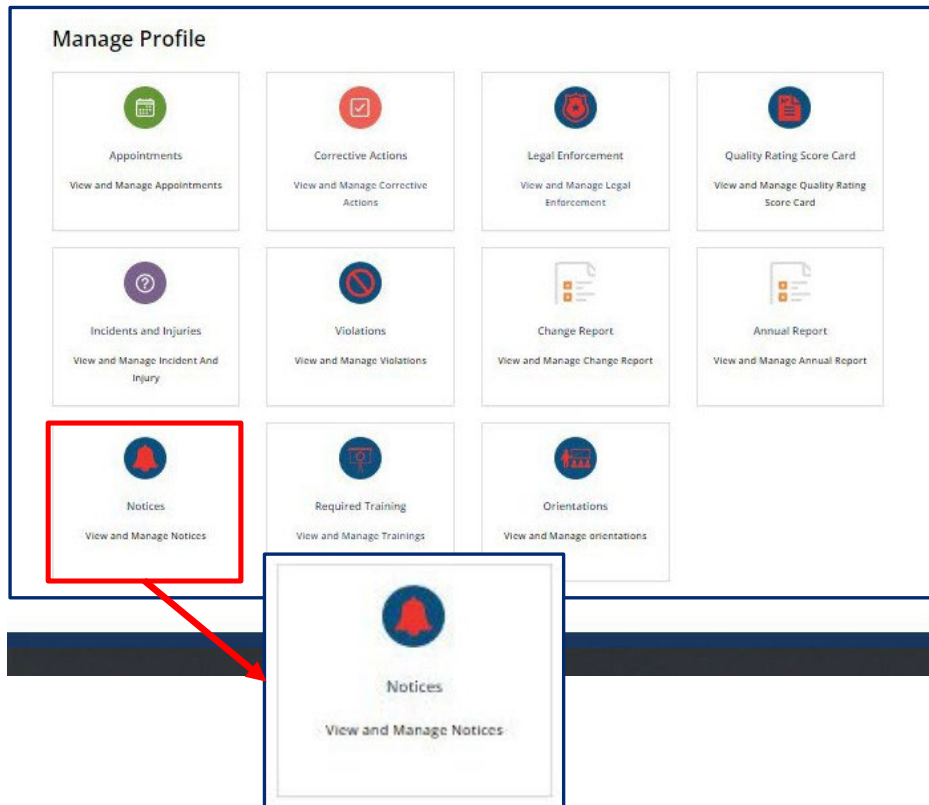
- **Notices within the Child Care Provider Portal**
  - **Annual QRIS Score Commissioner Letter** - informs you of the completion of your QRIS Score and your right to review the results.
  - **Child Care Restricted Letter** - informs you of restrictions that are placed on your license or of changes that are made to an existing restriction.
  - **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.
  - **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.
  - **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.
  - **QRIS Visit Notice** - outlines observation notes, visit findings, and a score according to the QRIS ratings.
  - **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**
    - o **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.
    - o **Annual Visit for Exempt Providers** – displays information collected during an Annual Health and Safety check.
    - o **Visit for Exempt Providers-** displays information collected during visits to the facility for follow ups, technical assistance, and other reasons.
    - o **Exempt Application Approval Letter** - informs you of the approval of your exemption request from agency licensure as a Casual Care, Educational, or Recreational program.
    - o **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**
    - o **Annual Visit for Authorized Providers** – displays information collected during an Annual Health and Safety check.
    - o **Visit for Authorized Providers-** displays information collected during visits to the facility for follow ups, technical assistance, and other reasons.

- **Notices for All Providers**
    - o **Legal Referral Form HS-3401** - details the legal referral of an agency.
    - o **Safety Plan** - informs you of the safety plan being implemented in response to a complaint and investigation involving the agency.
    - o **Visit Notice** - displays information collected during a visit.
    - o **Written Notice of Probation** - details the cited violations that placed your agency on probation.
    - o **Restriction Lifted-** informs you that a restriction previously placed on your license has been lifted.
    - o **Probation Lifted-** informs you that a probation previously cited for your agency has been lifted.
    - o **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:

- **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.

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

5.11 Required Training

Required Training Tile

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.
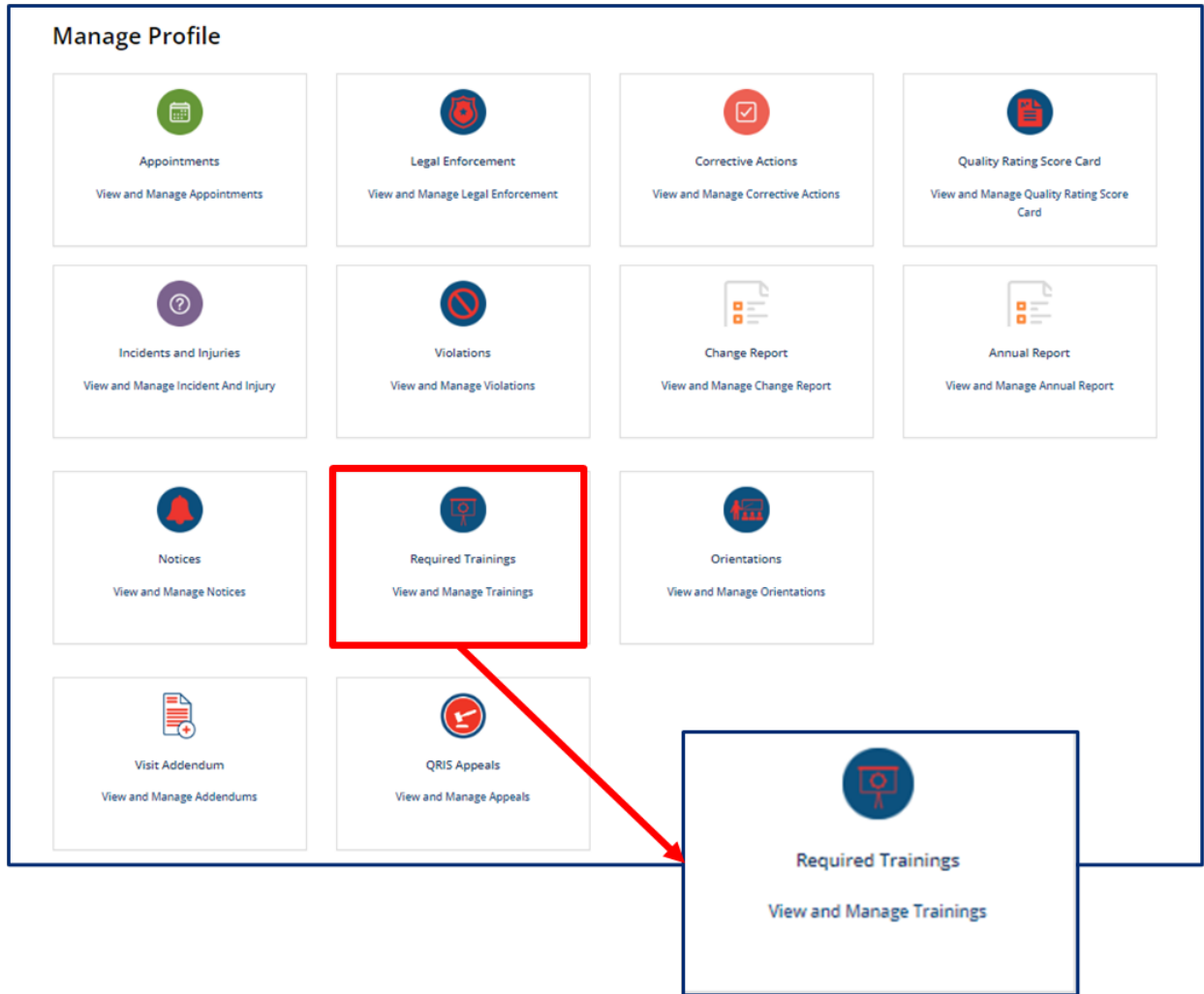
On the Your Required Training Summary screen, you will see a list of trainings that have been completed.
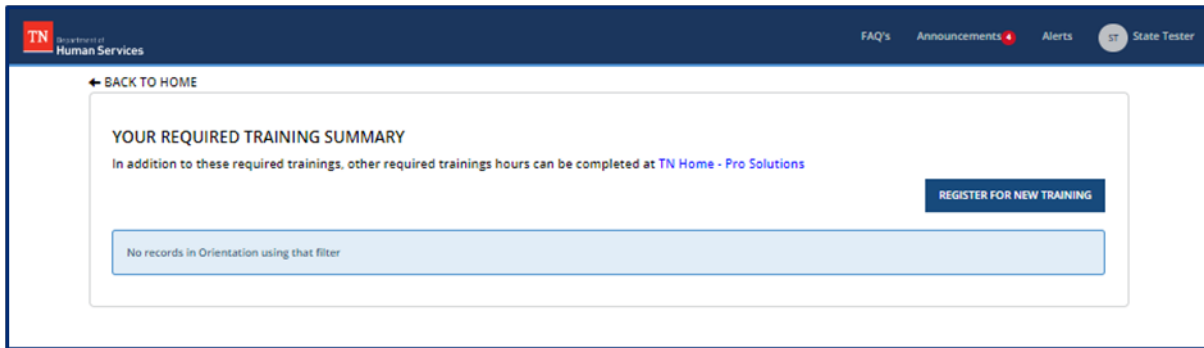
To register for a new training, click the **Register for New Training** button.
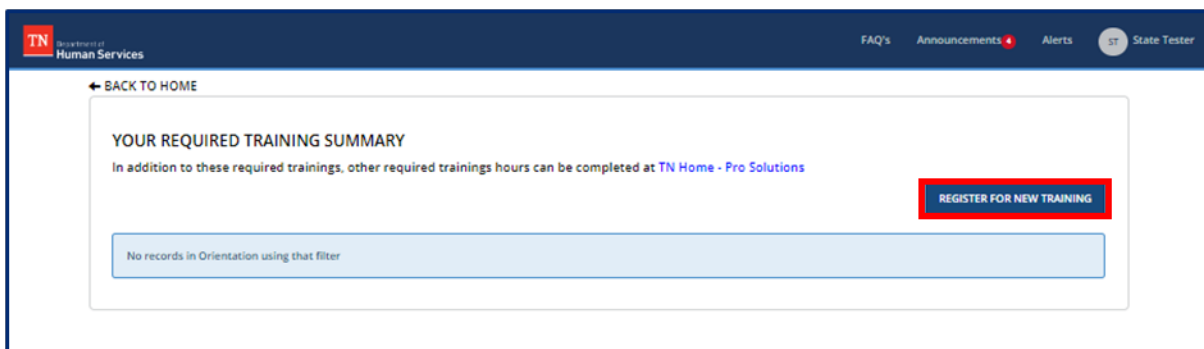
Complete all mandatory fields. To add an additional attendee, click the **Add** button.

Complete all mandatory fields for the additional attendee, then click **Add**.

Click **Submit**. You will receive an email notification with additional directions regarding the training session.

5.12 Orientations

Orientations Tile

To access the **Orientations** screen, go to your Provider site dashboard. There, select the **Orientations** button, located within the **Manage Profile** section.
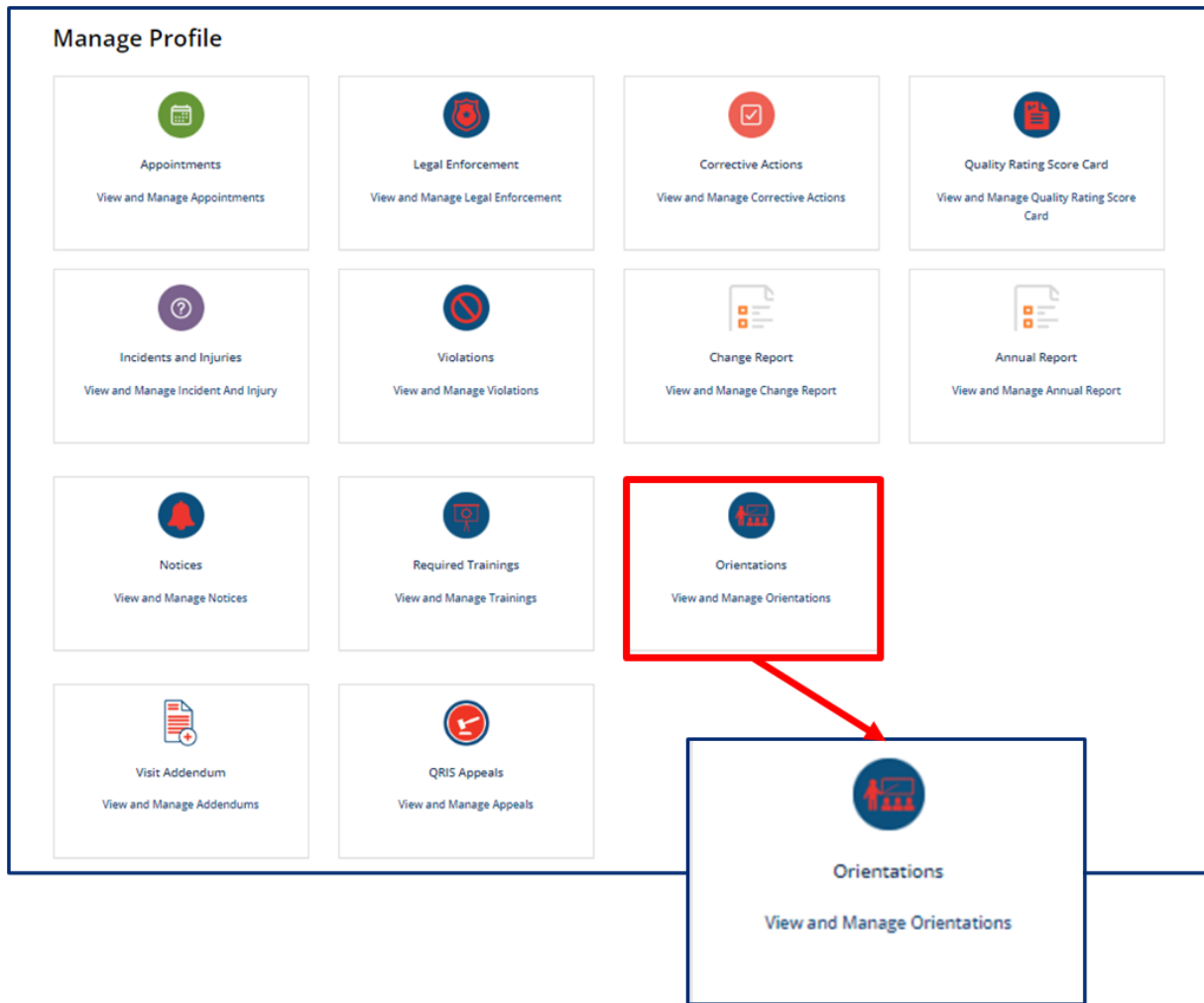
On **Your Orientation Summary** screen, you will see a summary of the orientation sessions you have attended.
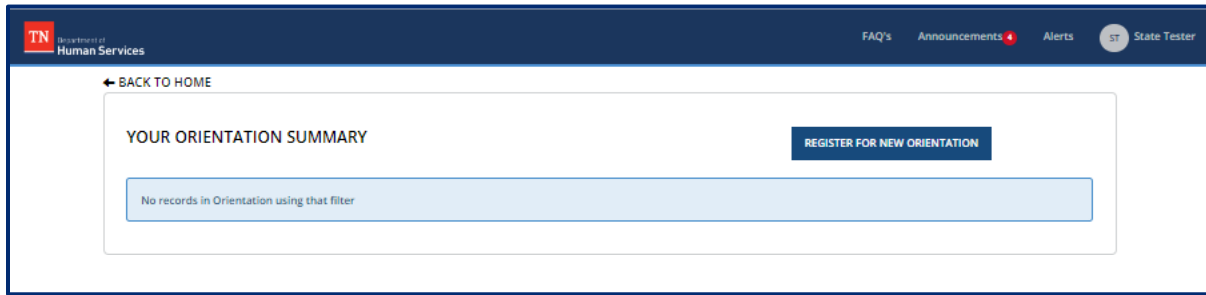
To register for an orientation session, click the **Register New Orientation** button. New Owners, Directors, or Primary Caregivers must attend a virtual orientation session.

Complete all mandatory fields. To add an additional attendee, click the **Add** button.

Complete all mandatory fields for the additional attendee, then click **Add**.

Click **Submit**. You will receive an email notification with additional directions regarding the orientation session.

5.13 User Administration

User Administration Tile

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
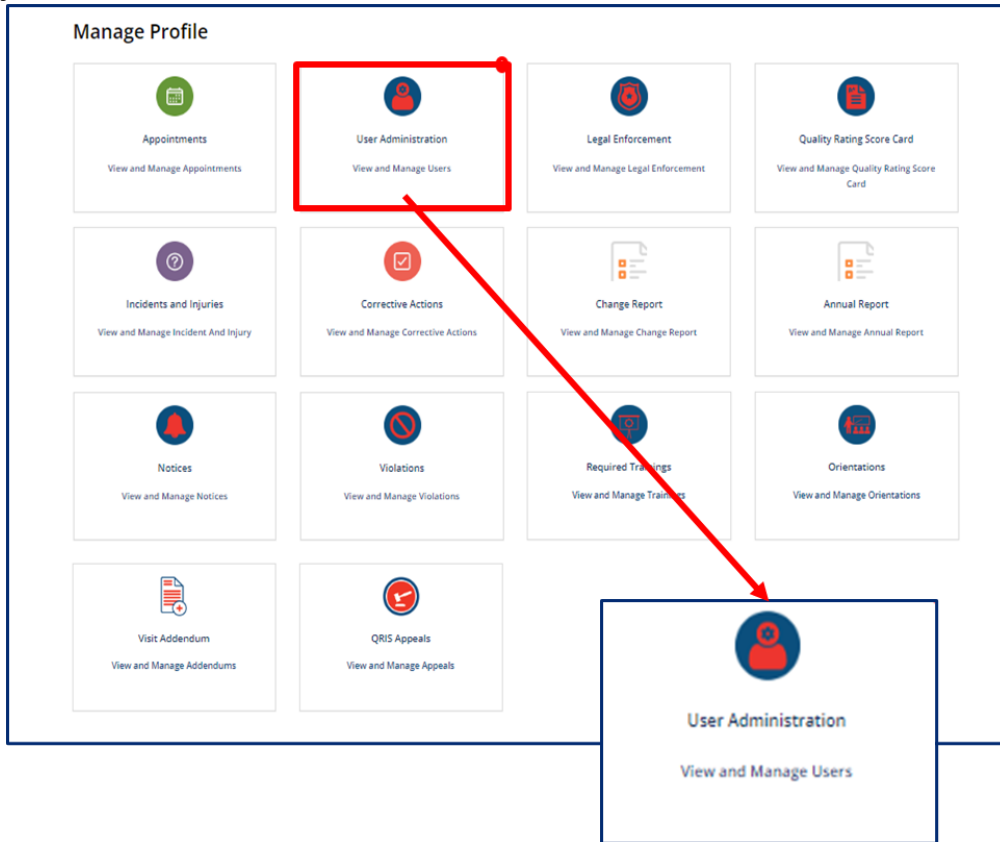
2. Click the **View** hyperlink next to the user record you would like to grant access for.

3. From the **Select Role** drop down menu, select which Provider Site Role this user should have.

4. Click **Approve.**

5.14 QRIS Appeals

QRIS Appeals Tile
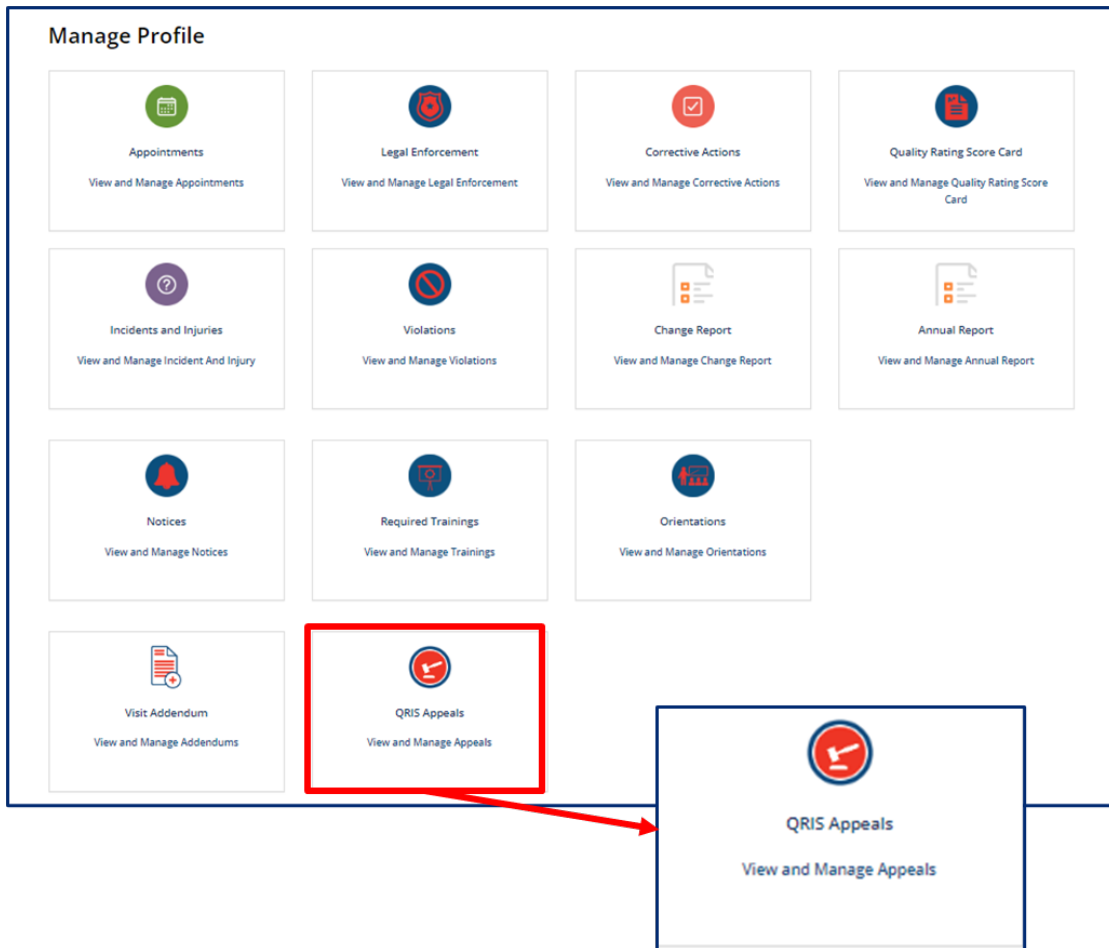
Upon clicking the **QRIS Appeals** tile, you will see the **QRIS Appeals** summary screen. This screen lists all QRIS Appeals you have previously submitted. To view a previously submitted QRIS Appeal, click the QRIS **Appeal Number**.

← 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	* Appeal Status
APL0000005	Appeal Initiated

Provider Name	Appeal Date
Project Reflect, Inc.	03-28-2023

Provider ID

100274

* Main Contact for the Appeal

John Smith

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

5.15 Visit Addendums

Visit Addendums Tile
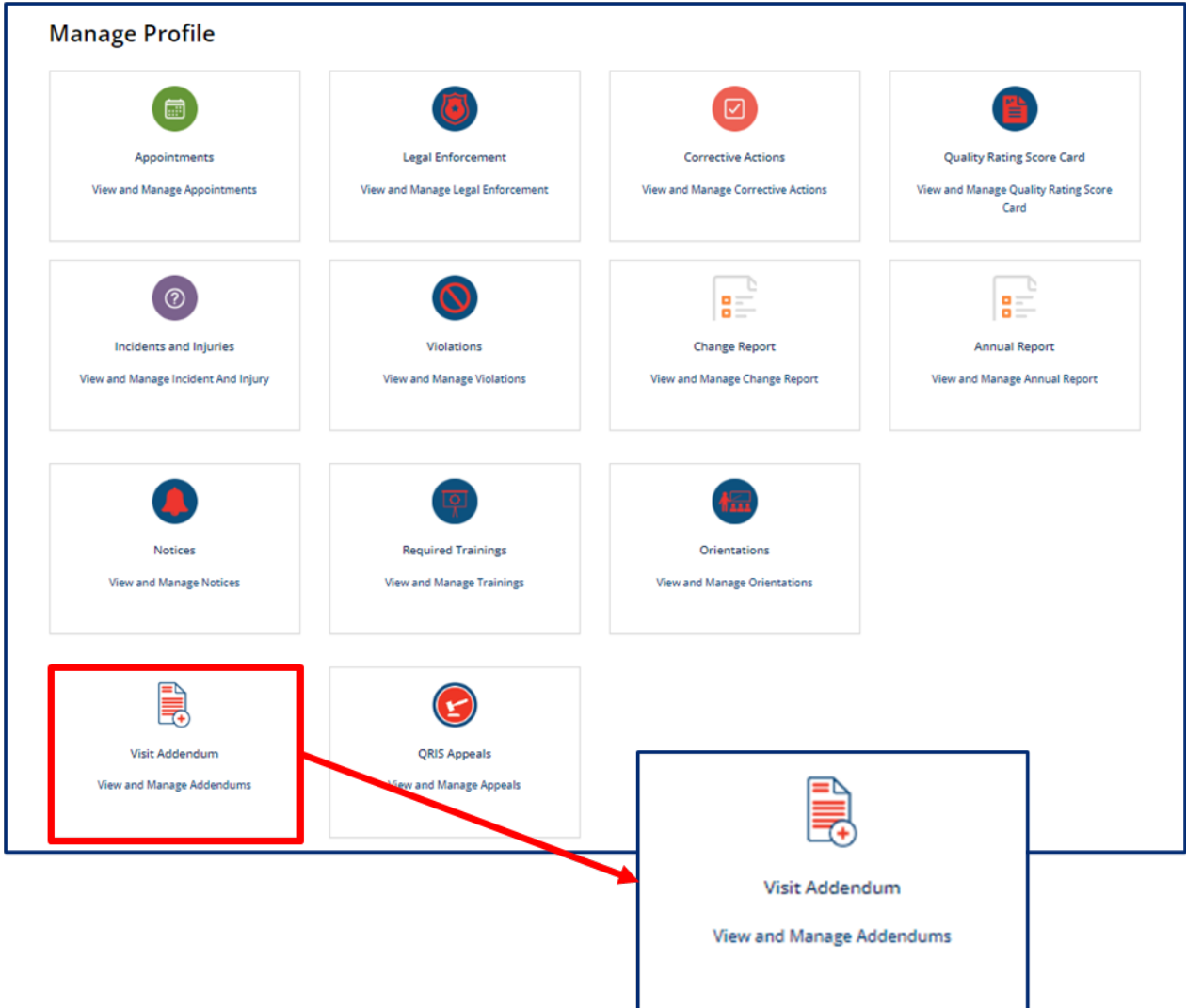
Upon clicking the **Visit Addendum** tile, you will be taken to **Your Visit Addendum Summary**. Addendums may be added to a previous visit record to update information.

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 Status
Submitted to Provider

Addendum Date
03-28-2023

Is this due to an Appeal?
Yes

Visit
MNV20000900

* 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.

You will then be taken to the **Enrollment Summary** screen shown below.

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!
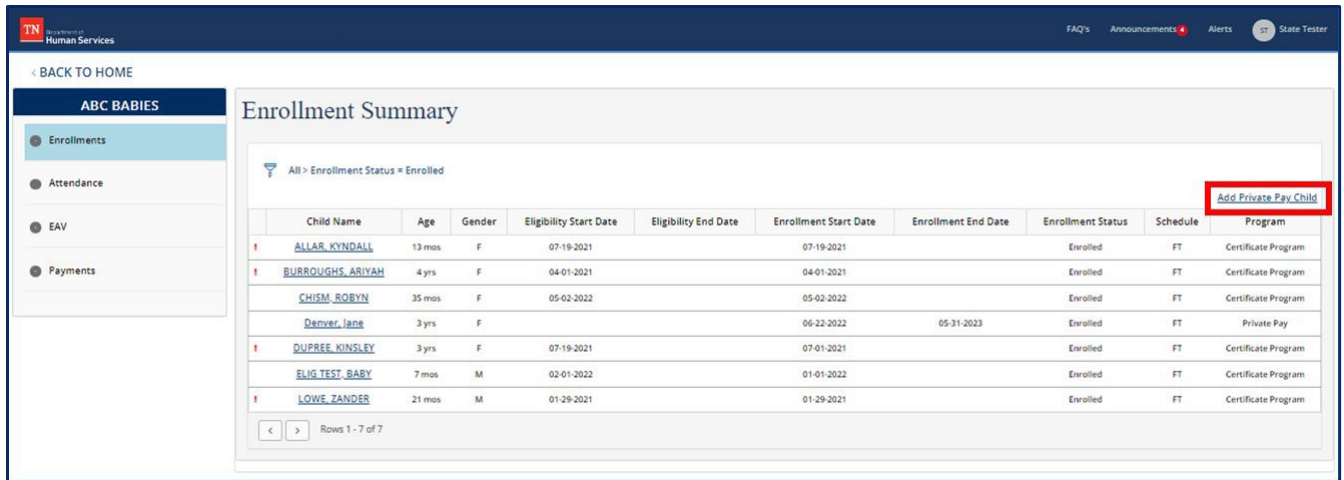
Children not in the Certificate Program, also known as **Private Pay** throughout this User Guide, will need to be added into the system manually. **Children participating in the Certificate Program will automatically be added into the Provider Portal** and listed on the enrollment page of the Provider's 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.

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.
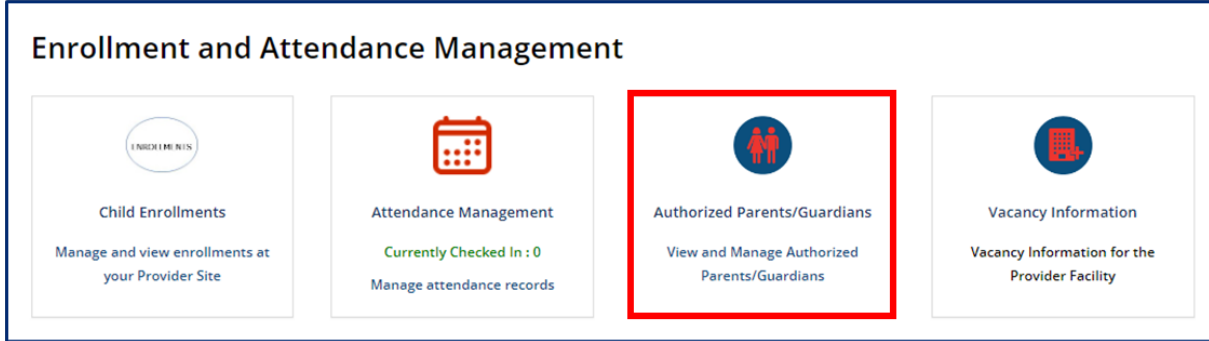
2. Select **Add Authorized Parent/Guardian** hyperlink.
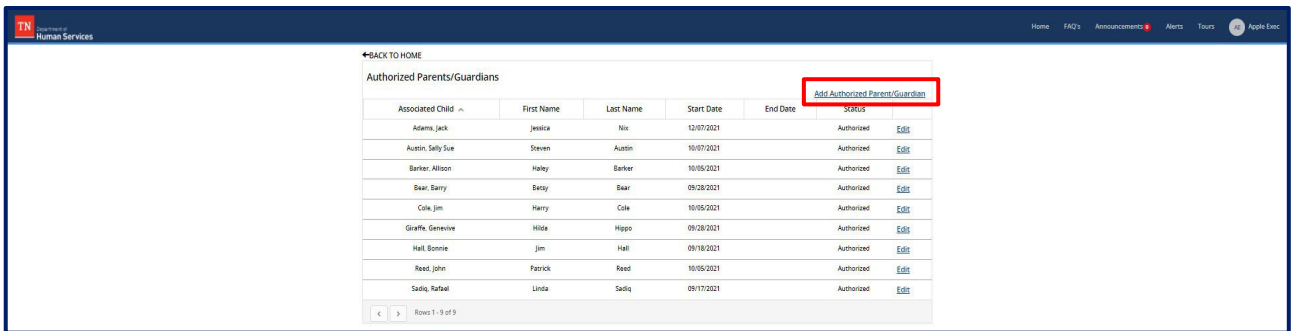
3. Enter all the necessary information on the Authorized Parents/Guardians pop-up window.
Begin by clicking the drop-down arrow in the Associated Child field and select the child whom you wish to add an authorized parent, guardian, or individual for. Then, add the First Name, Last Name, and Email of the authorized parent, guardian, or individual. Then, click **Save**.
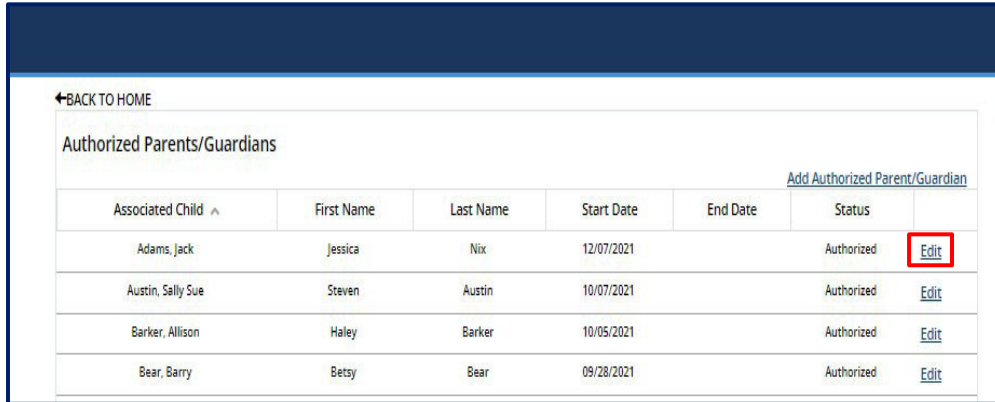
Note: The child's Enrollment ID field will automatically be filled into the table by the system. The Start Date and End Date fields will be updated automatically once the authorized parent, guardian, or individual's record is saved.

4. The authorized Parent, Guardian, or Individual will now be displayed in the **Authorized Parents/Guardians** table.

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.
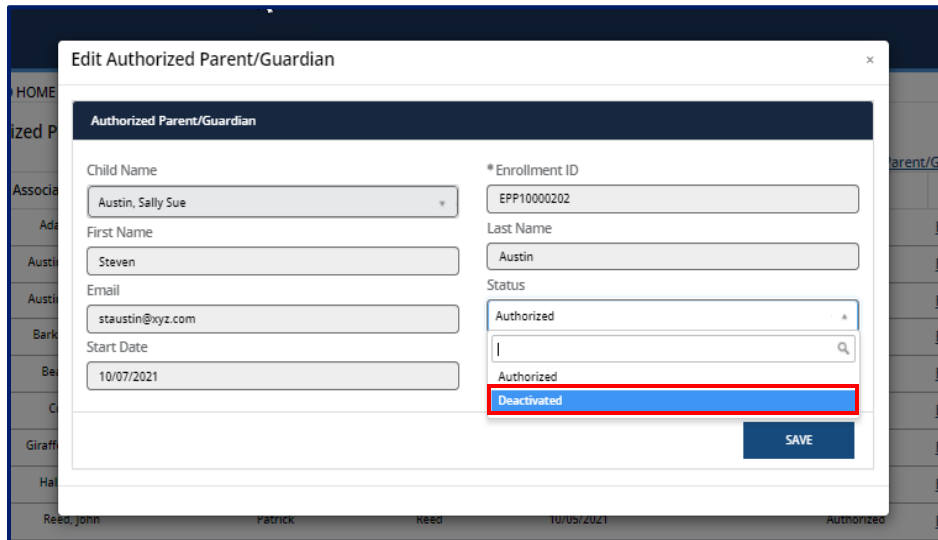
2. In the **Edit Authorized Parent/Guardian** window that appears, select the drop-down listed under **Status** and change the status from **Activated** to **Deactivated**. This individual will no longer be able to use their Mobile App to check in or check out the child listed. Then, click **Save**.

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.
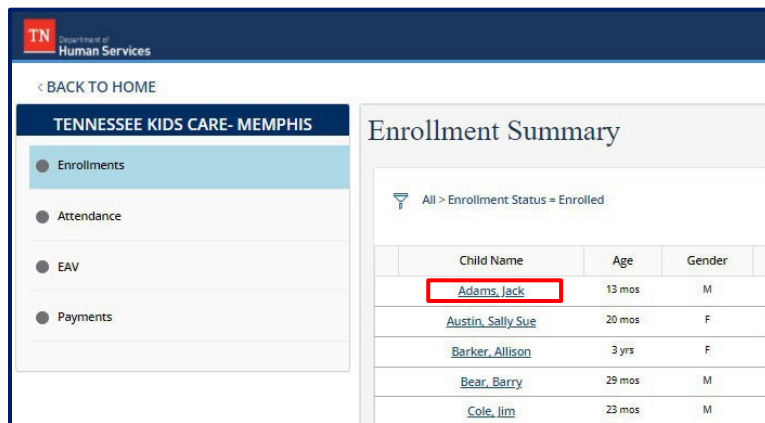
3. The pop-up window will then open.

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	Enrollment ID
Pickens, Austin	32100006
Date of Birth	Gender
09/05/2020	M
Schedule	Care Level
PT	Infant
Enrollment Status	Enrolled Days
Enrolled	4
Enrollment Start Date	Enrollment End Date
06/16/2021	06/17/2022
Eligibility Start Date	Eligibility End Date
06/16/2021	06/17/2022
Weekly Base Rate*	Weekly Co-Pay
$10.00	$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**.
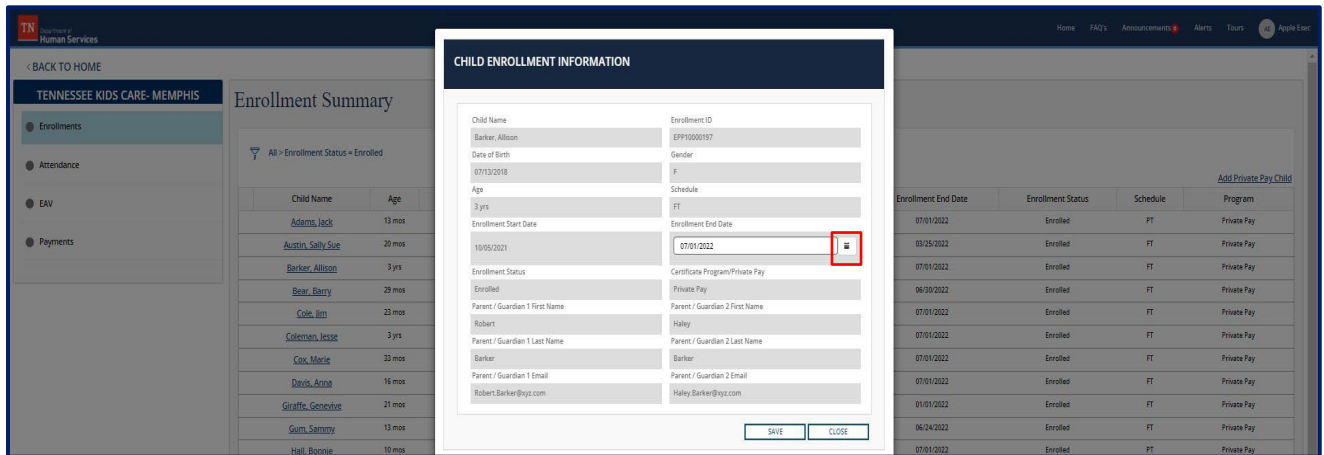
4. Use the calendar pop-up window to select the child's last day attending care.

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.**
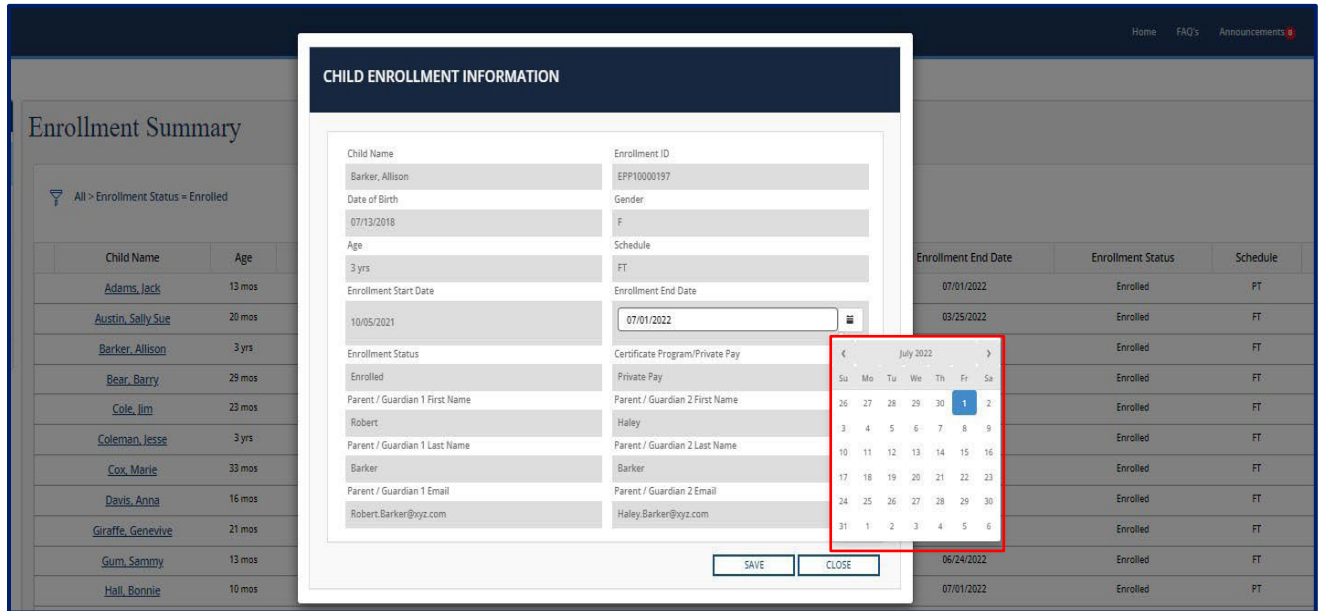
6. Re-add any authorized parents, guardians, and individuals associated with the child and connect them to the new Certificate Program enrollment record *(follow the steps outlined in Section 6.3)*.

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.

You will then be taken to the **Attendance Summary** screen shown below.

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.

2. If this is your first time importing attendance, use the **Start with a new template** box and select the appropriate week for which 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.

3. 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.

Enrollment ID	Child First Name	Child Last Name	Check-In Date (MM/DD/YYYY)	*REQUIRED* Check-In Time(HH:MM AM/PM)	Check-Out Date (MM/DD/YYYY)	*REQUIRED* Check-Out Time (HH:MM AM/PM)
2517773	KYNDALL	ALLAR	11/13/2022	12:00 AM	11/13/2022	12:00 AM
2517773	KYNDALL	ALLAR	11/14/2022	12:00 AM	11/14/2022	12:00 AM
2517773	KYNDALL	ALLAR	11/15/2022	12:00 AM	11/15/2022	12:00 AM
2517773	KYNDALL	ALLAR	11/16/2022	12:00 AM	11/16/2022	12:00 AM
2517773	KYNDALL	ALLAR	11/17/2022	12:00 AM	11/17/2022	12:00 AM
2517773	KYNDALL	ALLAR	11/18/2022	12:00 AM	11/18/2022	12:00 AM
2517773	KYNDALL	ALLAR	11/19/2022	12:00 AM	11/19/2022	12:00 AM
2490112	ARIYAH	BURROUGHS	11/13/2022	12:00 AM	11/13/2022	12:00 AM
2490112	ARIYAH	BURROUGHS	11/14/2022	12:00 AM	11/14/2022	12:00 AM
2490112	ARIYAH	BURROUGHS	11/15/2022	12:00 AM	11/15/2022	12:00 AM
2490112	ARIYAH	BURROUGHS	11/16/2022	12:00 AM	11/16/2022	12:00 AM
2490112	ARIYAH	BURROUGHS	11/17/2022	12:00 AM	11/17/2022	12:00 AM
2490112	ARIYAH	BURROUGHS	11/18/2022	12:00 AM	11/18/2022	12:00 AM
2490112	ARIYAH	BURROUGHS	11/19/2022	12:00 AM	11/19/2022	12:00 AM
2525754	ROBYN	CHISM	11/13/2022	12:00 AM	11/13/2022	12:00 AM
2525754	ROBYN	CHISM	11/14/2022	12:00 AM	11/14/2022	12:00 AM
2525754	ROBYN	CHISM	11/15/2022	12:00 AM	11/15/2022	12:00 AM
2525754	ROBYN	CHISM	11/16/2022	12:00 AM	11/16/2022	12:00 AM
2525754	ROBYN	CHISM	11/17/2022	12:00 AM	11/17/2022	12:00 AM
2525754	ROBYN	CHISM	11/18/2022	12:00 AM	11/18/2022	12:00 AM
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**.
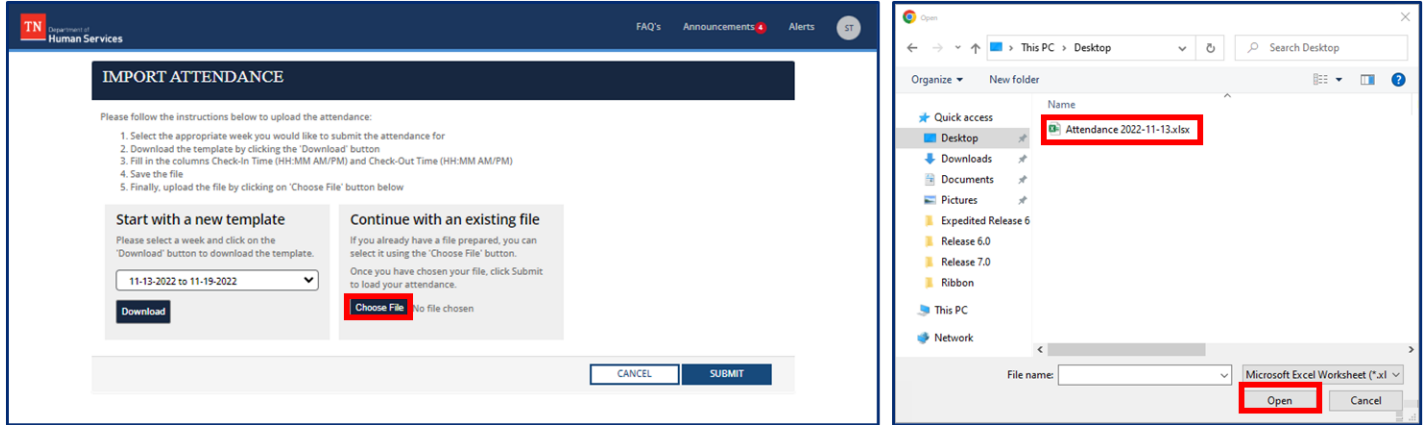
6. Click **Submit** to upload your file.
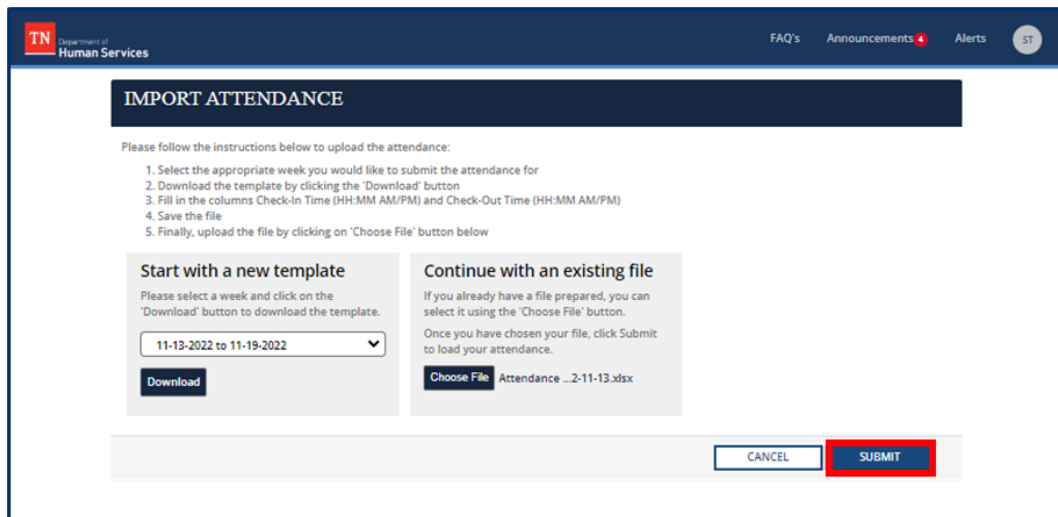
7. If your upload was successful, you will receive message showing your attendance was successfully imported. Click **Finish**.

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).
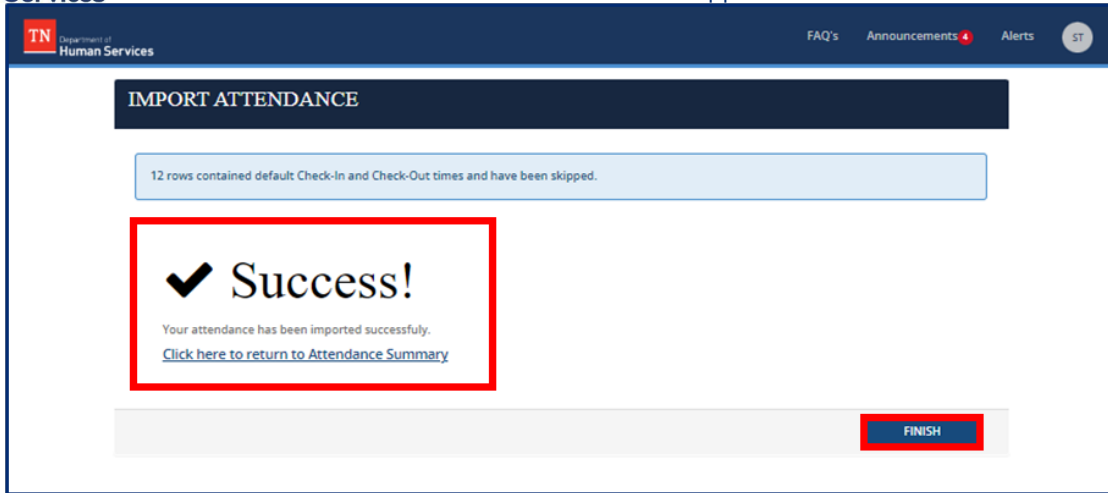
8. If the Excel spreadsheet was not completed properly, you will see a list of messages noting errors that were in your attendance record and where they were in the file. You will need to go back into your Excel file and update any issues based on these errors. When you are ready to re-upload the file, use the **Click here to restart your submission** link.
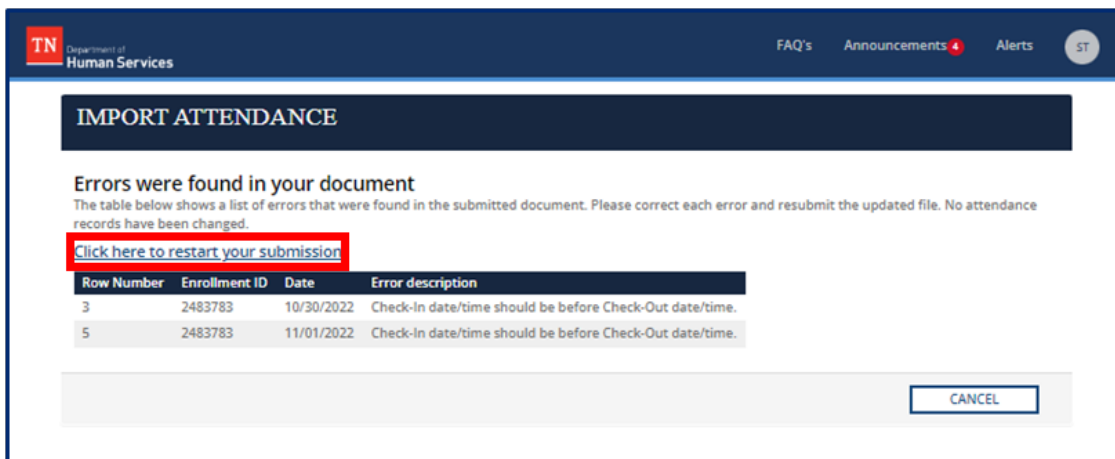
Potential error messages and their meanings are listed below.

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.
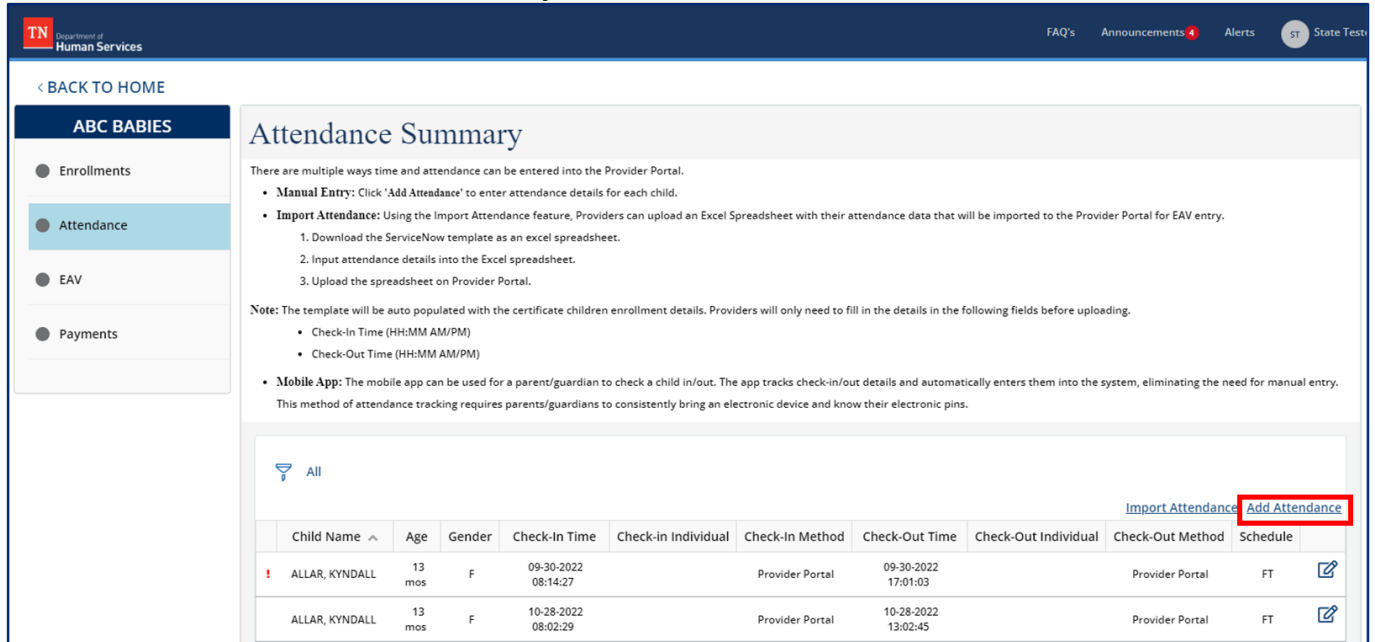
2.   Fill out the **Add Attendance** pop-up window that appears.
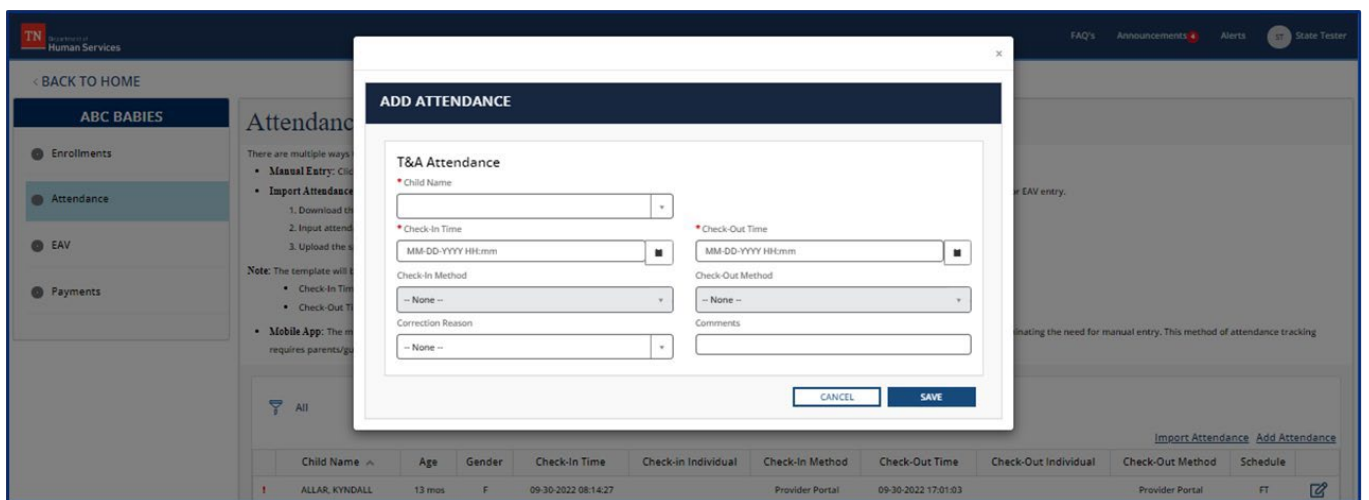
Please enter the following information into the pop-up window:

- 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.)
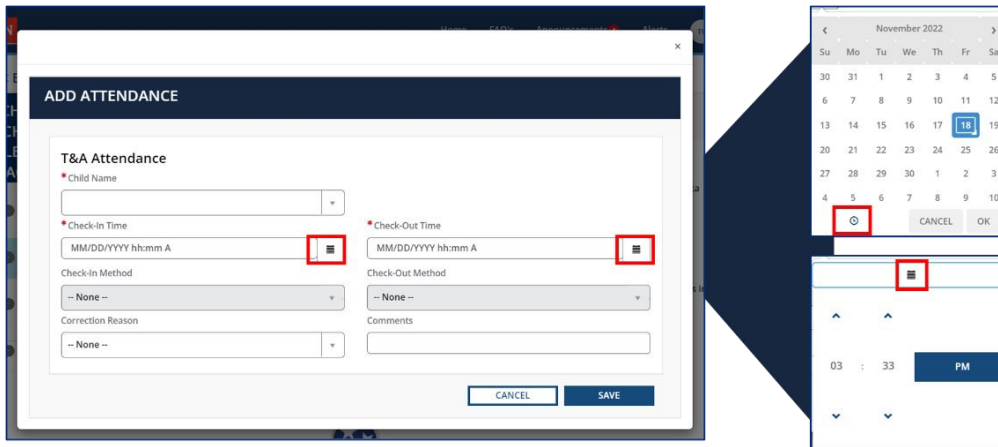
- Check-In Method (This field will not be able to be selected. Once you save the information, it will automatically enter into the system that the Provider Portal was used to check in the child)
- Check-Out Method (This field will not be able to be selected. Once you save the information, it will automatically 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.
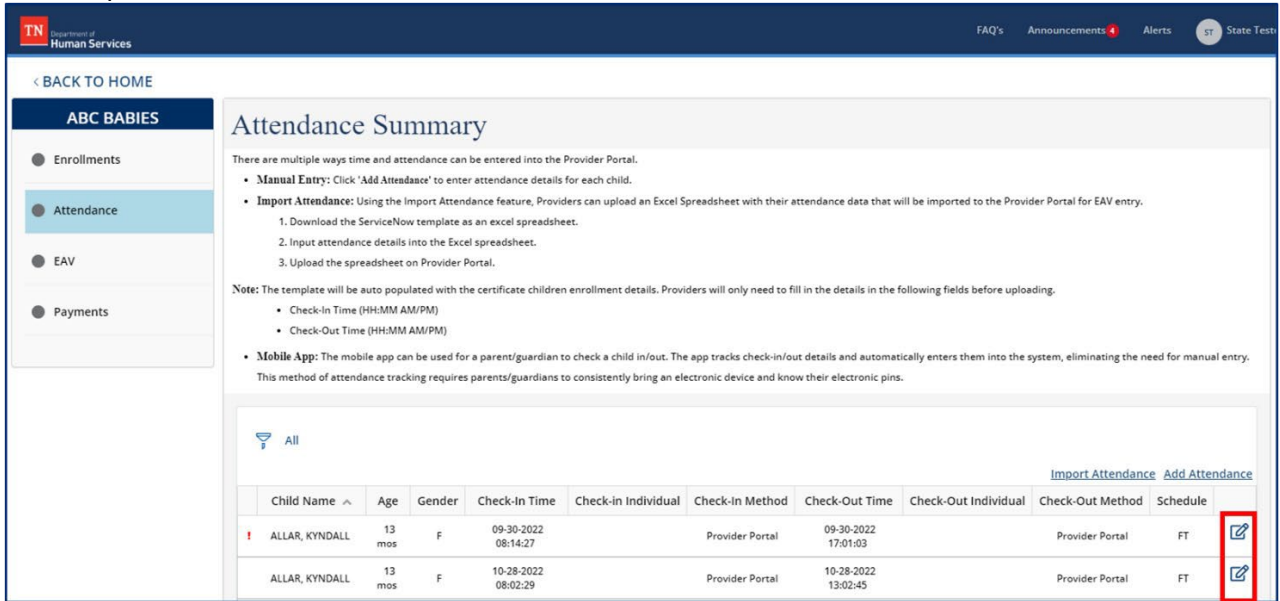
2. The **Edit Attendance** pop-up window will appear showing the attendance record.
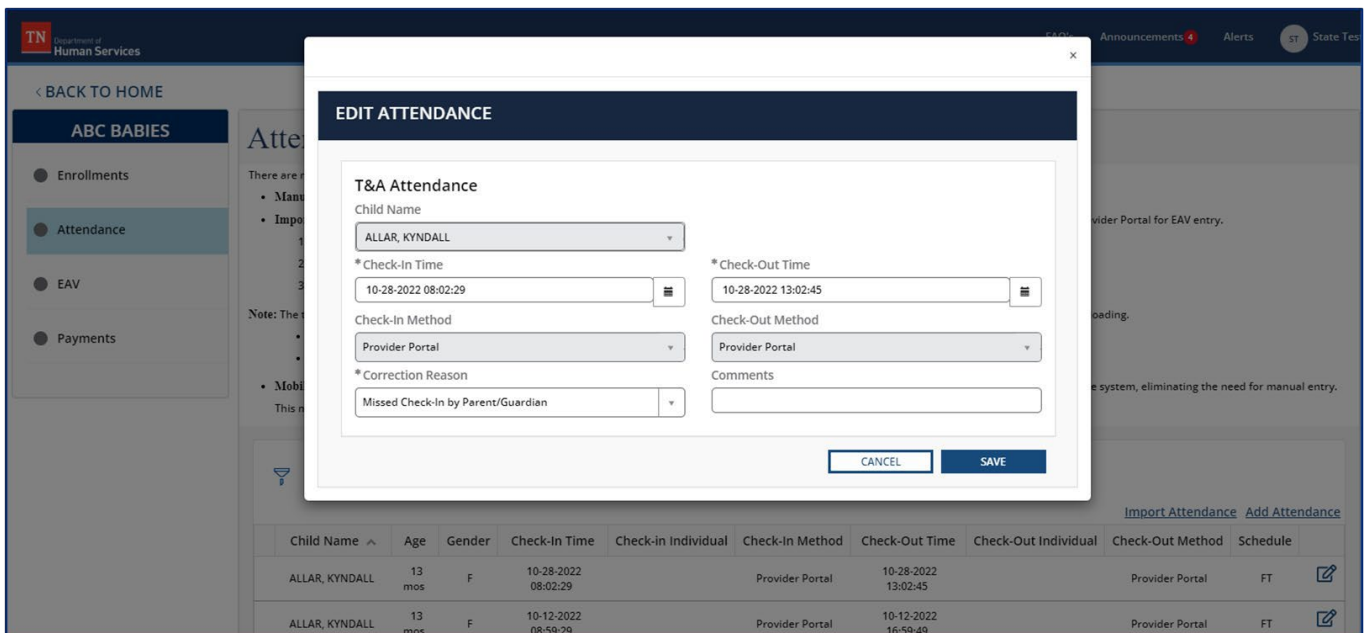
Fields with a white background can be edited. These include the following fields:

- 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 <u>must</u> 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.
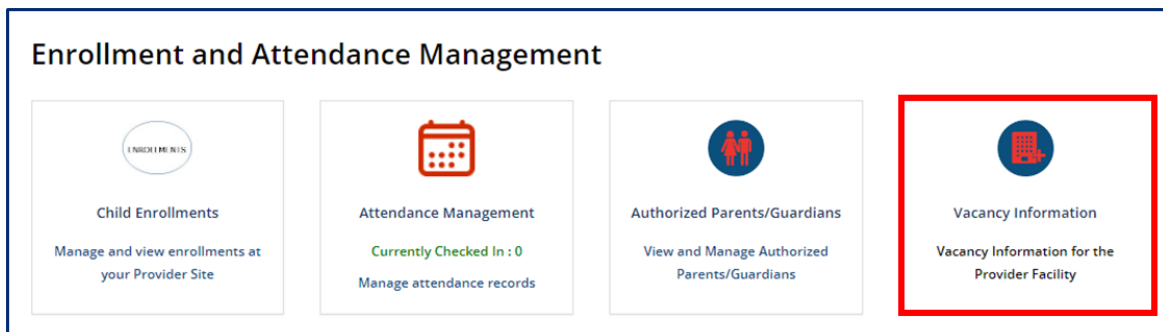
Enter the number of available slots for each age group at your facility. Click **Submit**.

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.
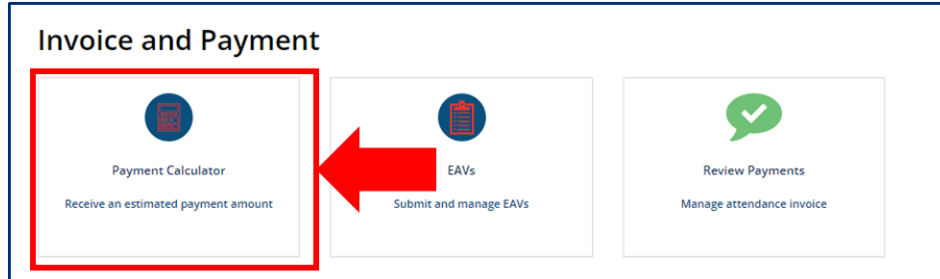
Select your Type of Agency, Quality Rating, and County. Exempt, DOE Providers, and licensed agencies without a rating should select N/A for Quality Rating.

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.

Enter the Parent Co-pay Amount if available. You may skip this step if you do not know the Parent Co-Pay Amount.

Select Calculate Estimated Payment.

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.
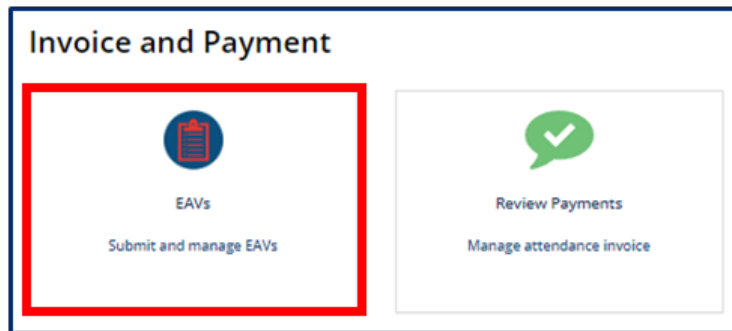
You will then be taken to the **EAV Summary** screen shown below.

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 if needing to be edited due to a mistake)*

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.
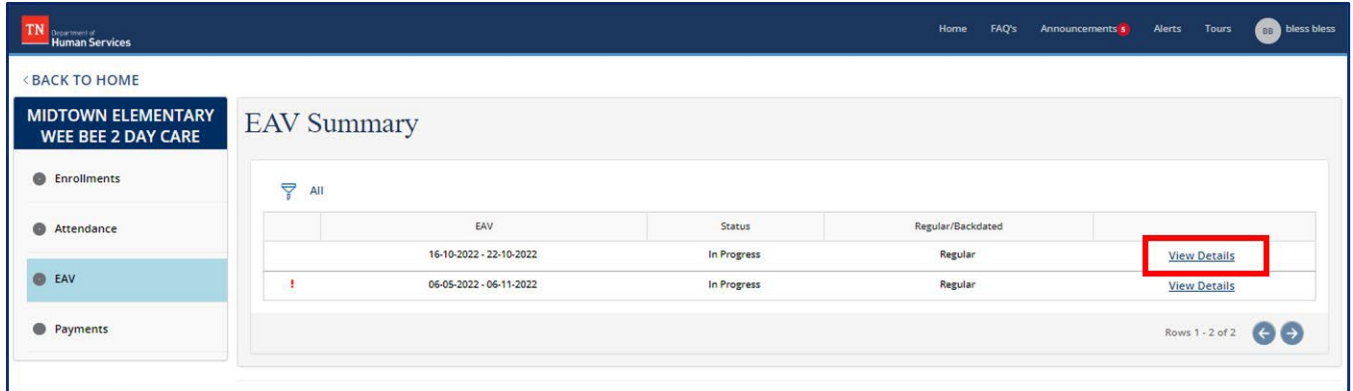
2. Click the **Pencil/Paper Icon** under the **Edit Attendance** column if there are edits that need to be made to the attendance data in the system.
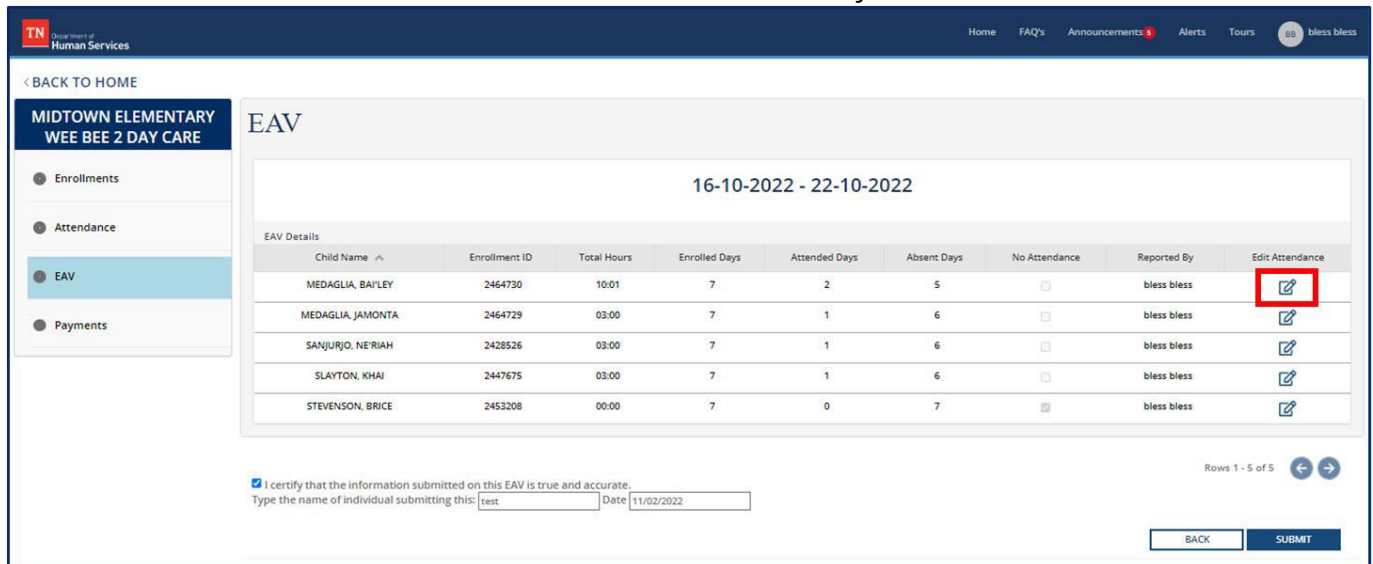
3. The **EAV Attendance Details** pop-up window will appear.
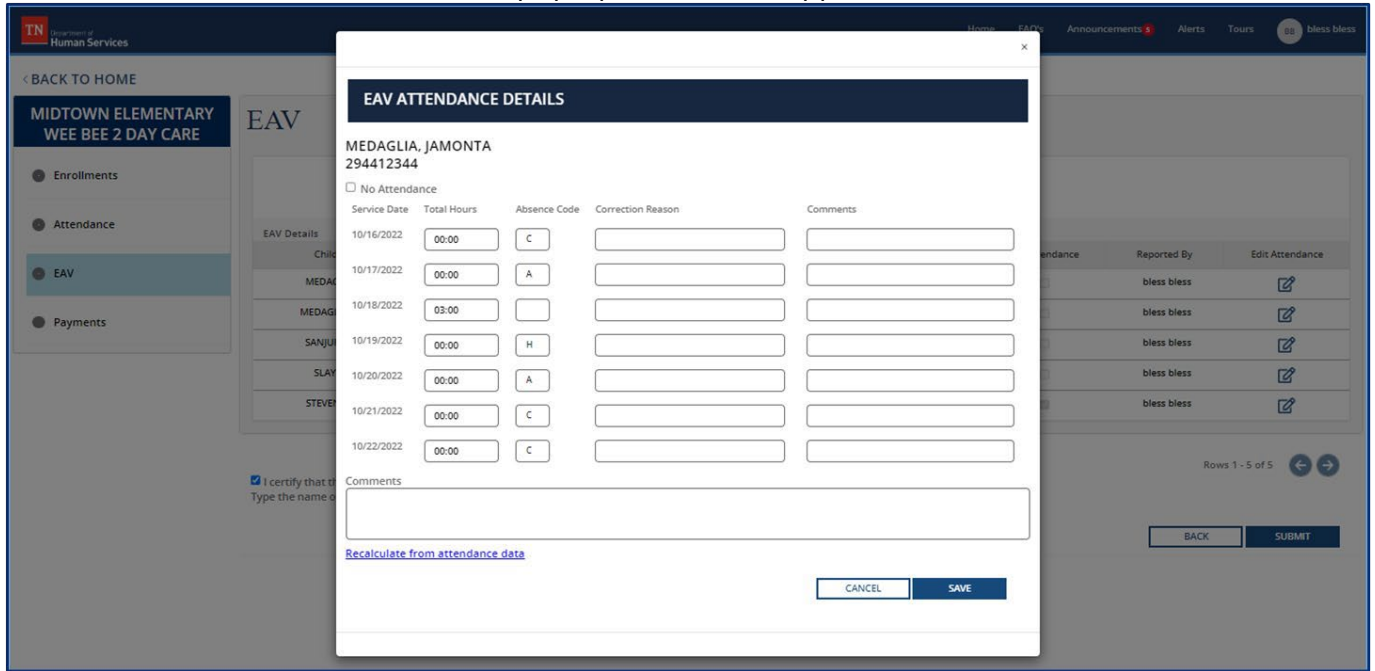
In this pop-up window, you can do the following:

- 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.
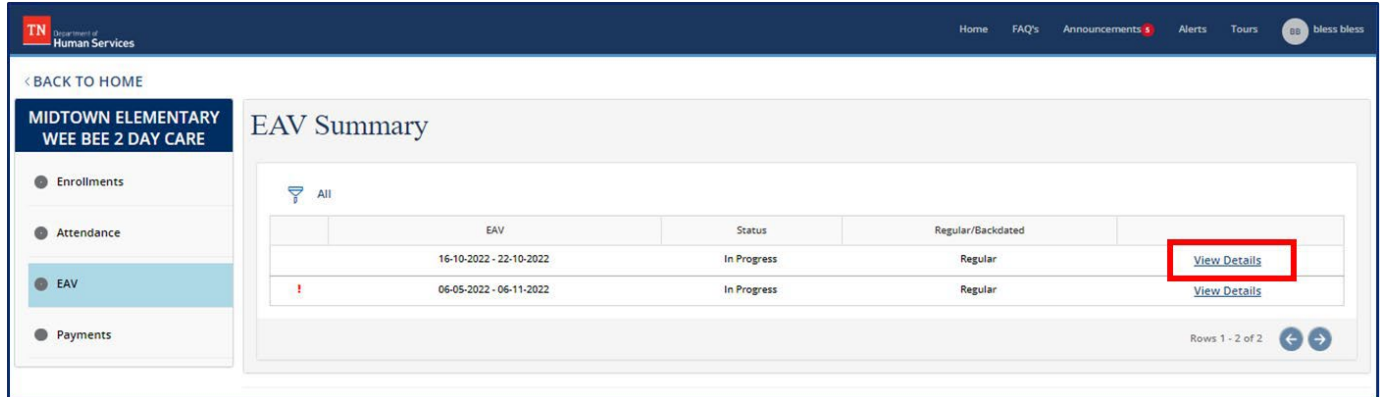
3. The following screen will appear. Review the Time and Attendance data listed and edit if necessary.
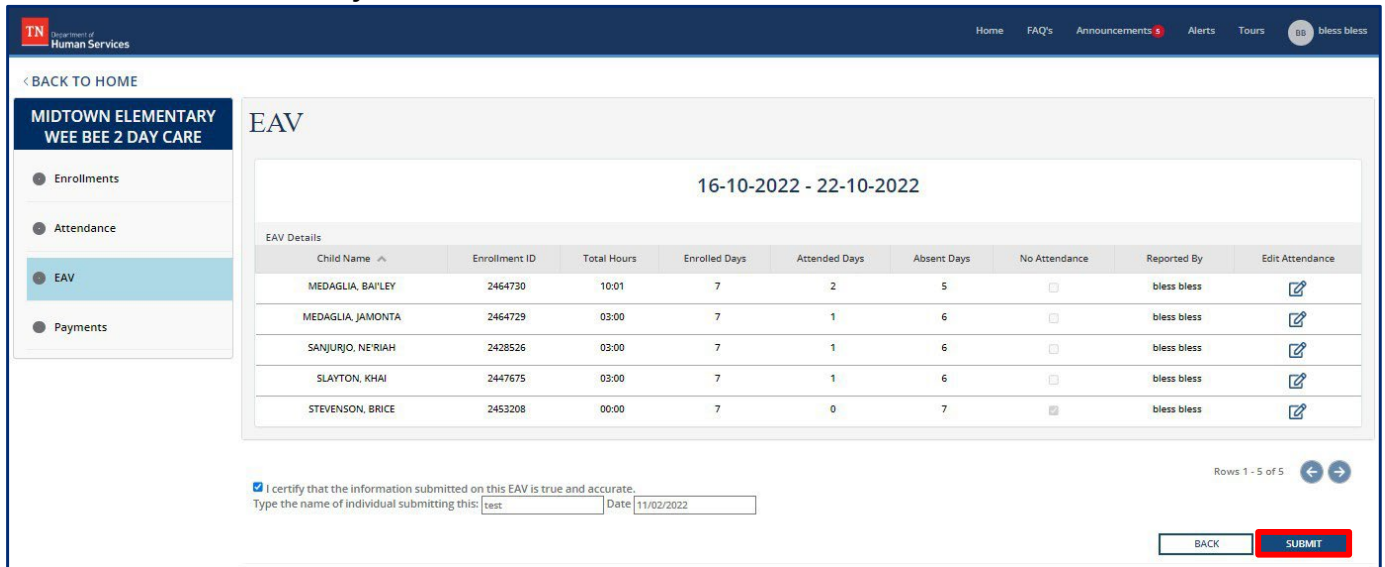
4. Select the check box to certify the data is accurate.

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.
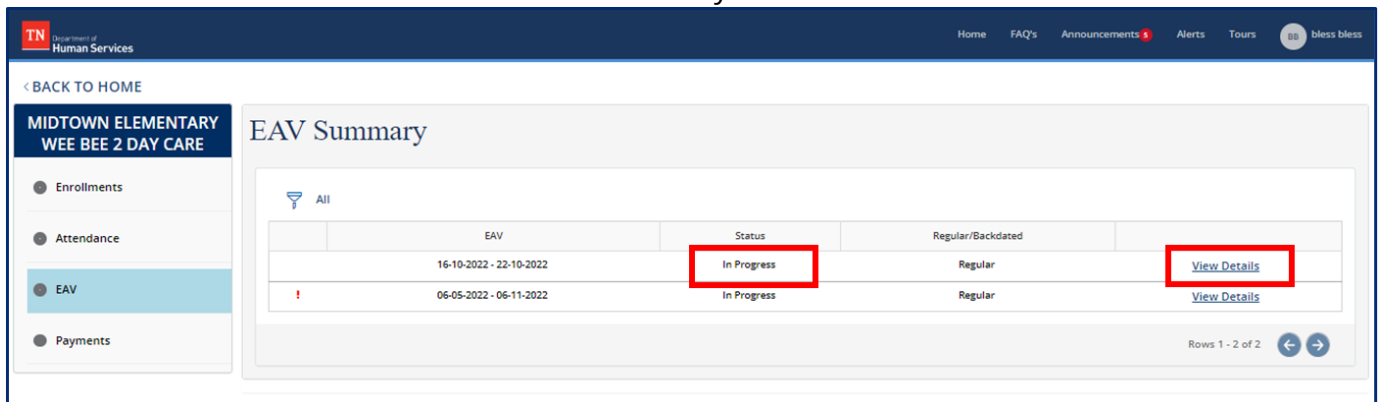
2. You will see a list of all records submitted in the EAV. Each row in the table includes the EAV information for a single child. To identify whether a correction is needed for a child, select the **Paper/Pencil Icon**.
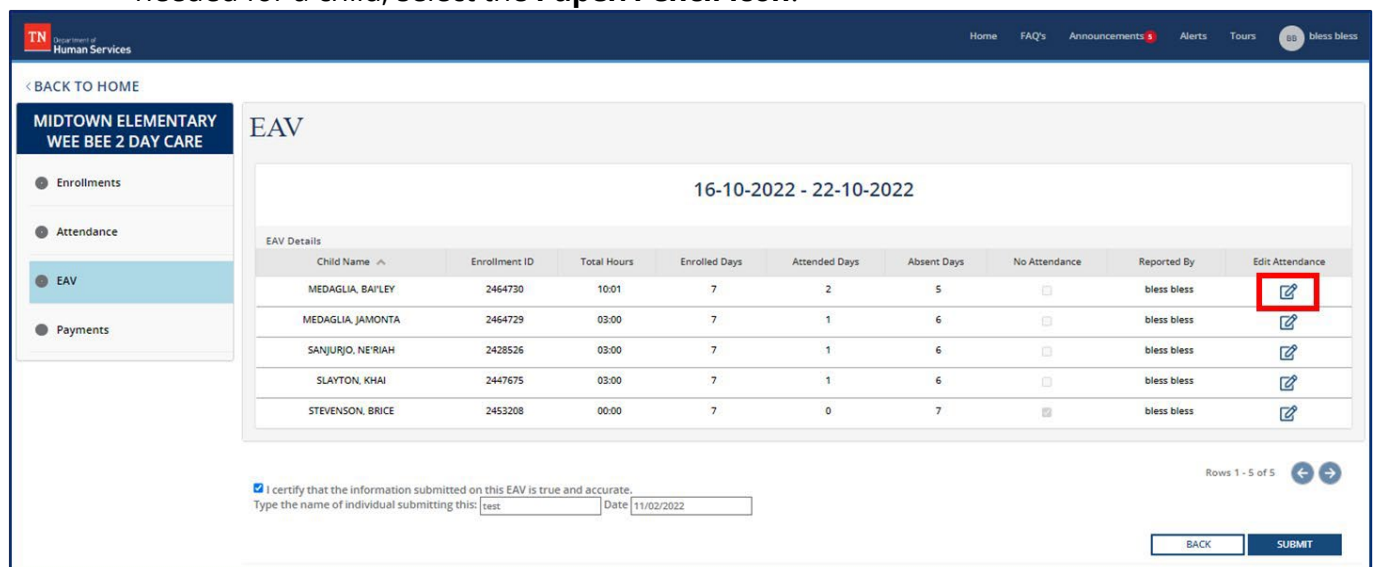
Review the **Comments Box** of the EAV record. If the box is blank, this record did not have any issues flagged. If there is a comment within the box, there was an issue with the record. You will see the reason(s) why the EAV was returned for revision within the box.

> *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.
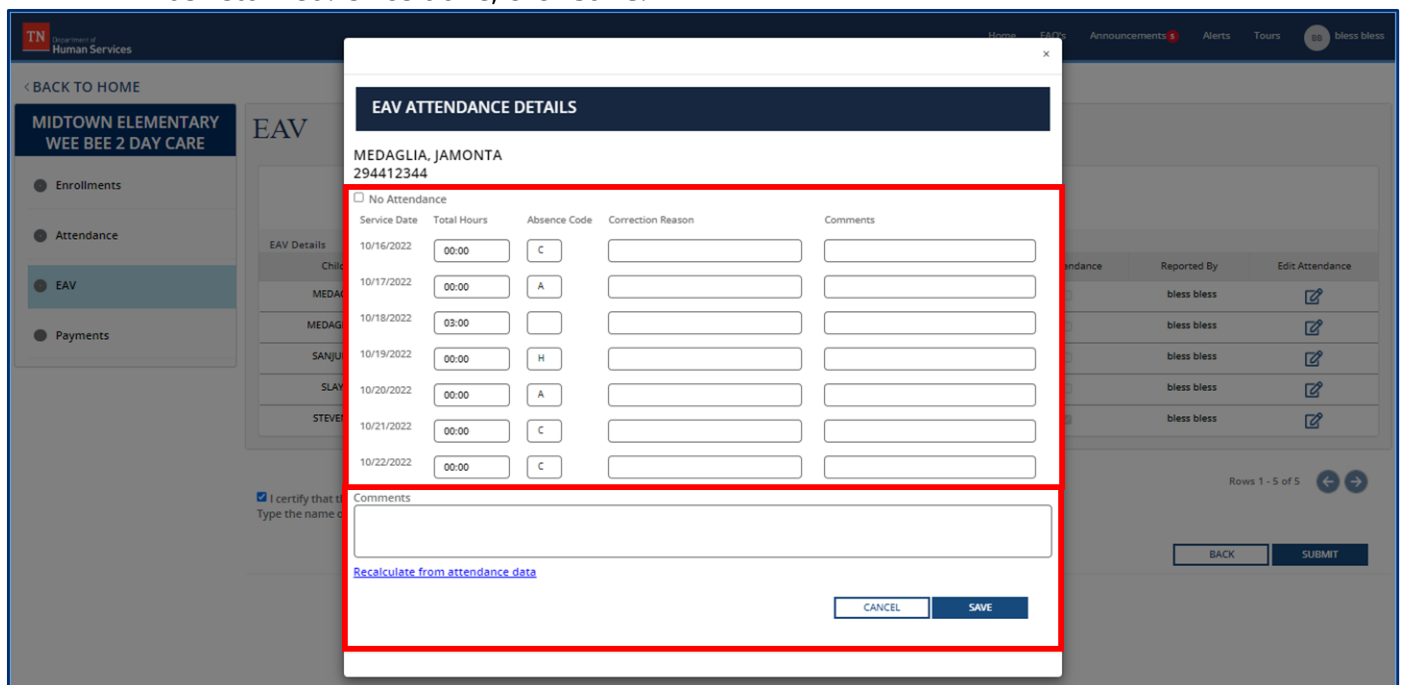
7. Type your name and the date.

8. Click **Submit**.

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.

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.

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.
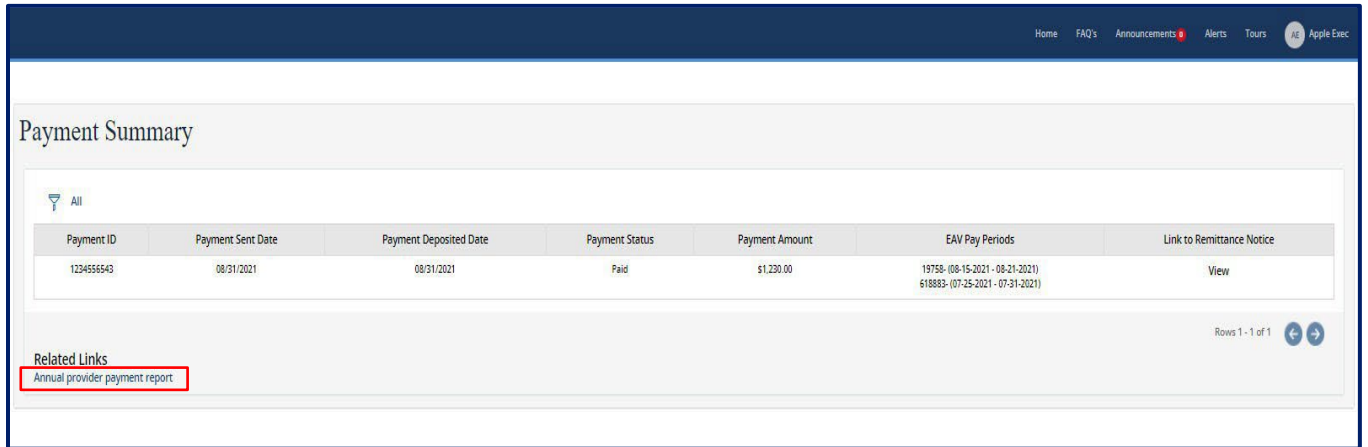
2. The following screen will open. Select the **Link** of the report you wish to access.
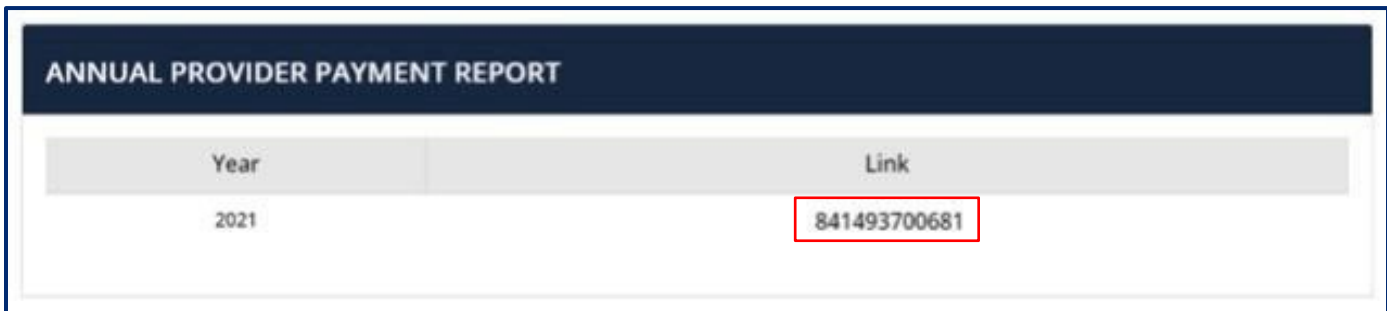
3. The file will open in your browser. You can see a sample annual provider payment report below.

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-Traditio nal 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	-	-	$ 25.66	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-Traditio nal 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-Traditio nal 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 <u>Sections 6.1, 7.1, 8.1, and 9.1</u>, respectively)

2. On a given page, click the filter icon

3. The following filter options menu will appear.

4. 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.

5. 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**.
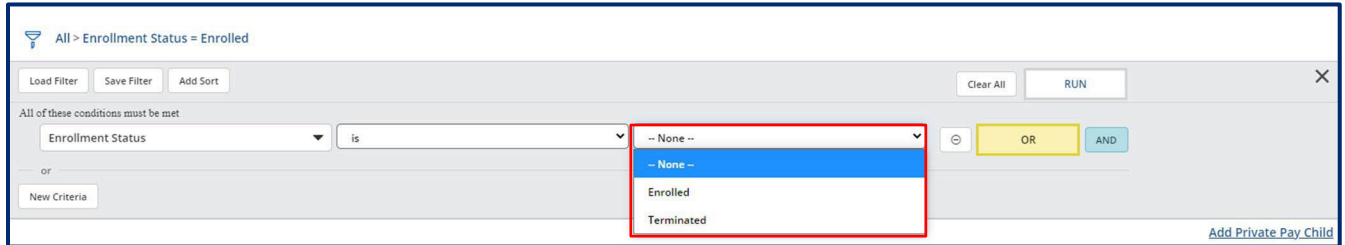
When the field, condition, and parameters in the example above are taken together, the filter will return a list of children currently enrolled at this Provider Site.

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.
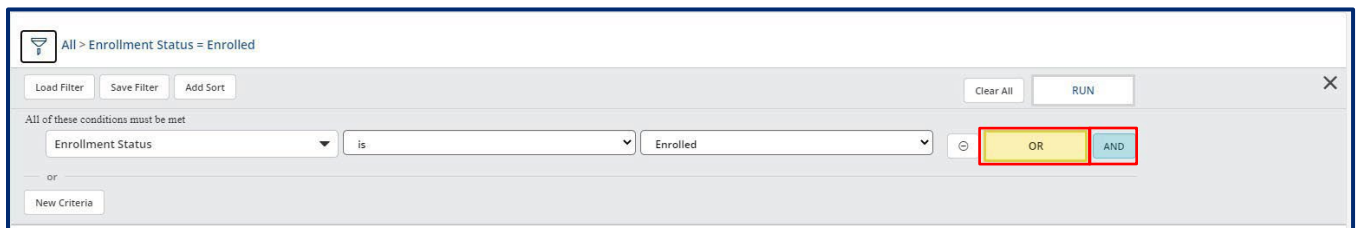
8. Run the Filter.

To turn a filter on, click the **Run** button.
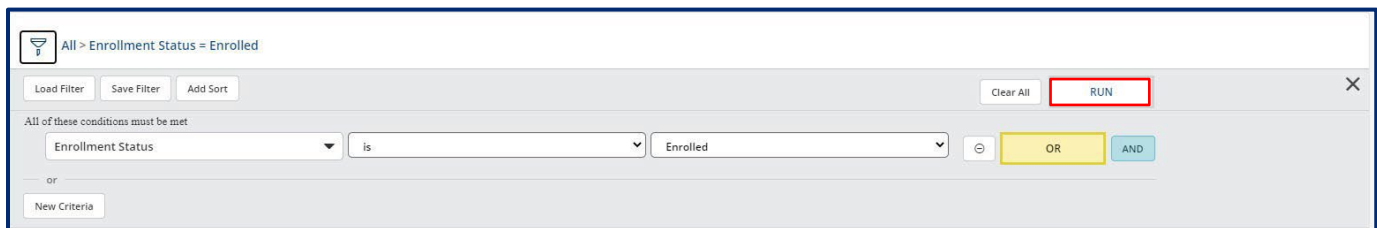
Once the filter is on, you will see it noted as is shown in the screenshot below.

All > Enrollment Status = Enrolled

Add Private Pay Child

Child Name	Age	Gender	Eligibility Start Date	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.

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.

3. Name your filter by typing in the **Filter Name** field.

4. Click **Submit**.

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.
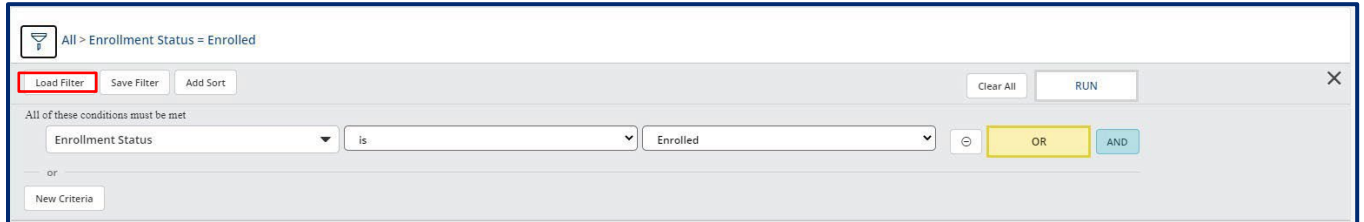
2. Click a filter shown in the **Load Filter** window. If there are many filters listed, you can search for your filter using the search bar.

3. You will then see the filter in effect.

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.

12.5.1 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.

12.5.2 Advanced Sort

To sort data with multiple variables:

1. Select the filter icon ▽

2. Select the **Add Sort** button

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**.

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
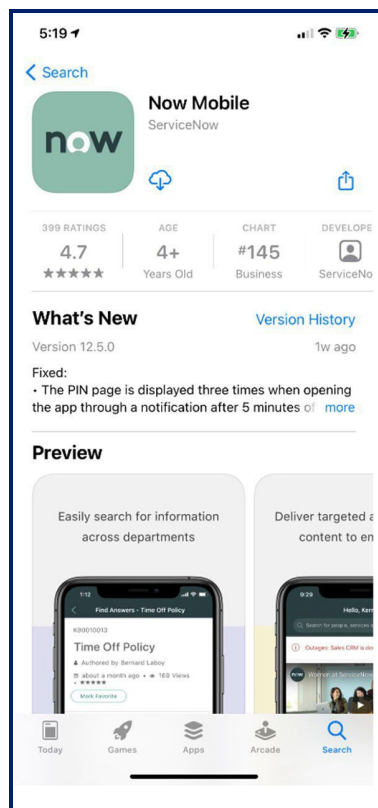
2. Once the application has been downloaded, open the application.
3. Once the applica*tion* opens*,* click the plus sign to begin logging into your account. When logging in for the first time, the **Welcome** screen shown in the step below may automatically appear.

4. On the **Welcome** screen, in the top field, enter the following link: https://tdhs.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**.
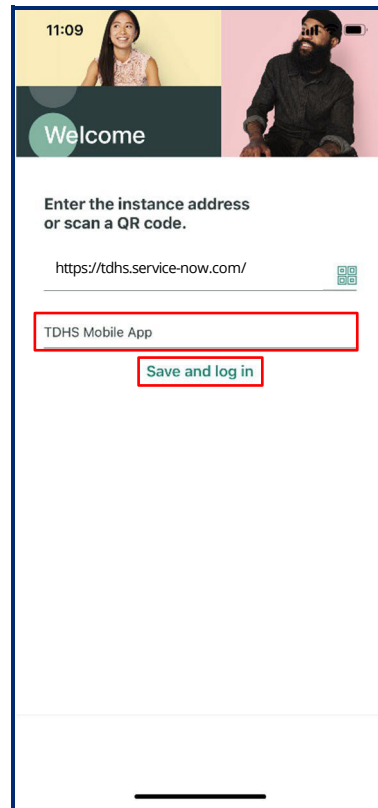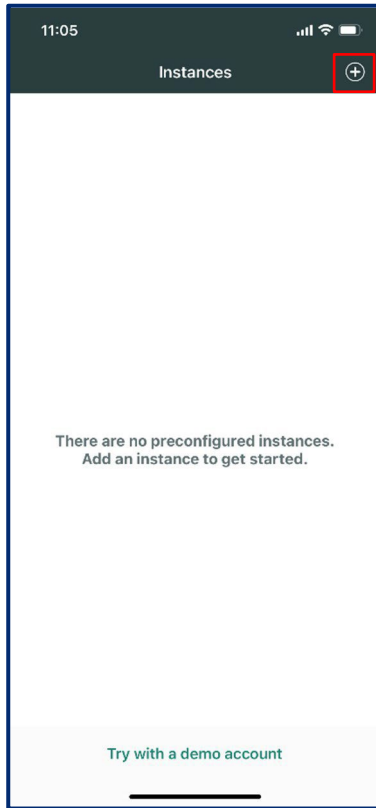
6. Enter your log-in credentials. Then, select **Login**.

7. You are now logged into the mobile application and will see a list of your Provider facilities appear.
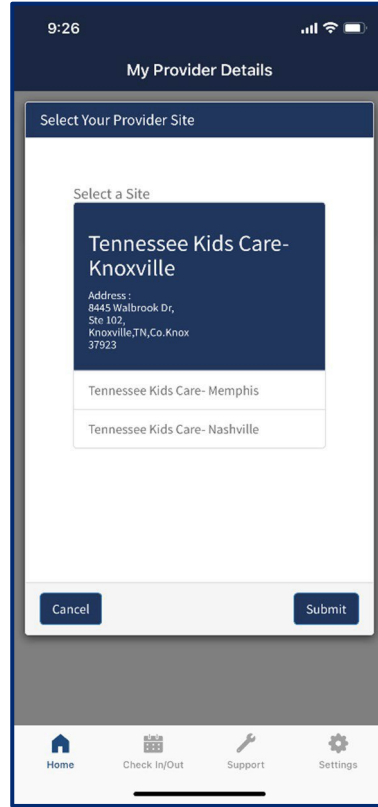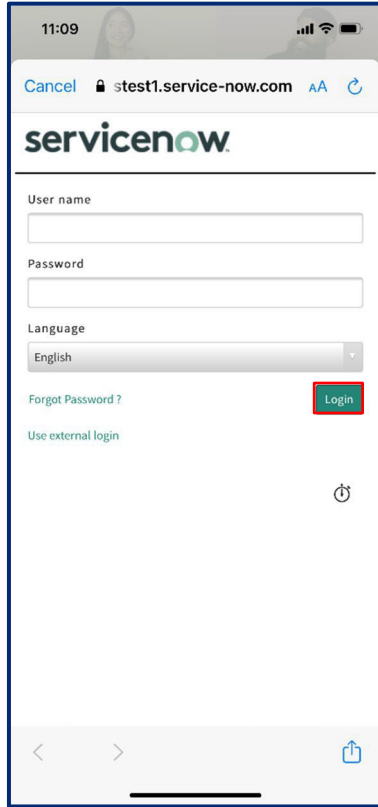
13.2 Application Navigation and Kiosk Mode

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.
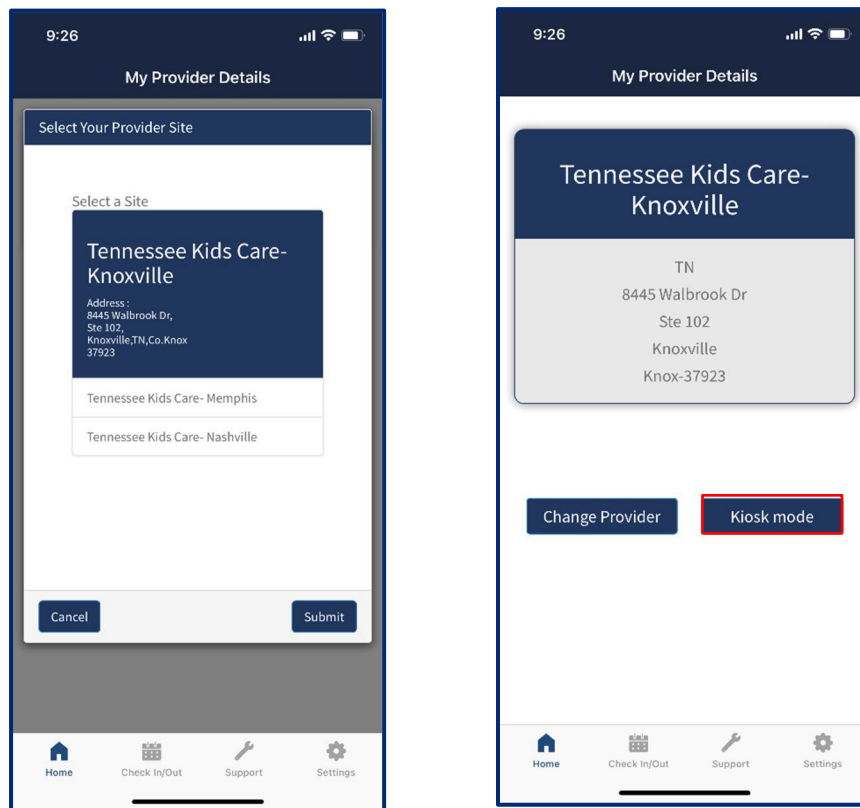
You can use the icons at the bottom of the screen to navigate through the app's four main screens.

- **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.
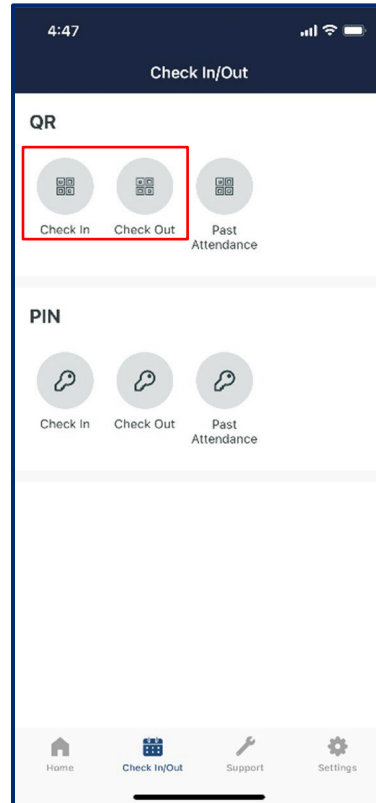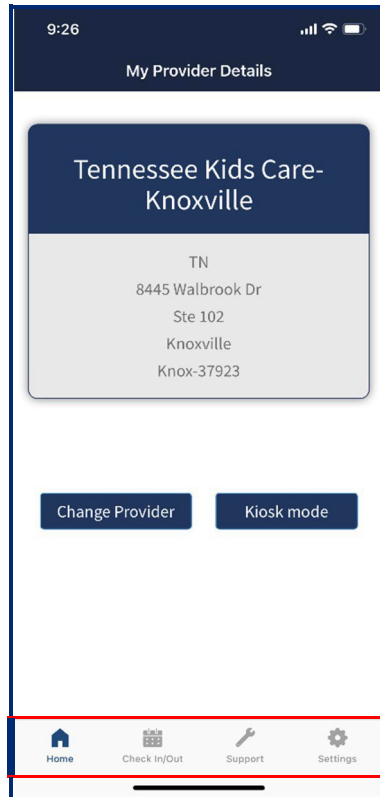
3. Align the plus sign of this camera with the QR Code shown on the device of an authorized parent, guardian, or individual. The Companion Application will quickly register the child as checked-in or out and mark it within the system.

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.**
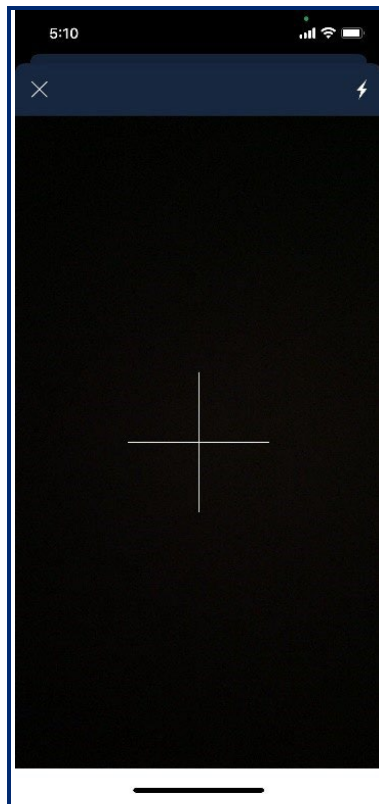
1. You will then see a confirmation screen appear noting that the child has been checked in. To return to the main **Check In/Out** screen, select **OK**.
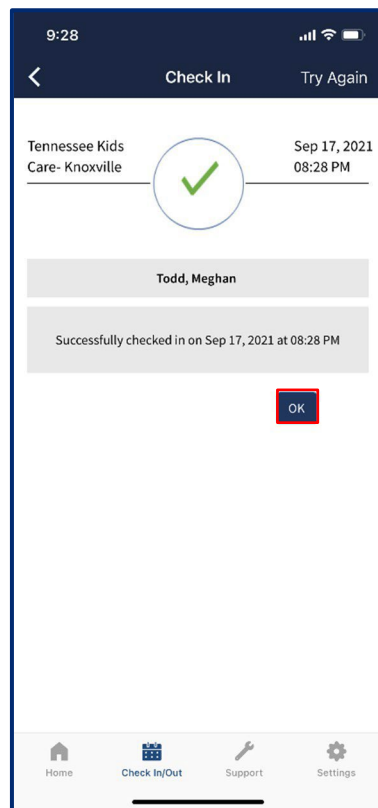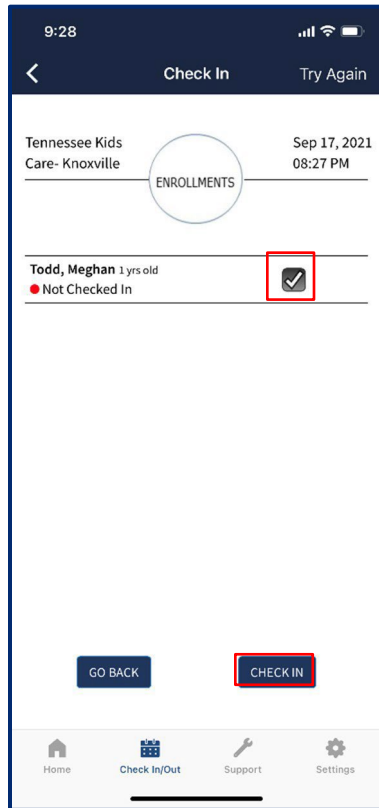
13.4 Check-In/Out Using a PIN Code

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**.
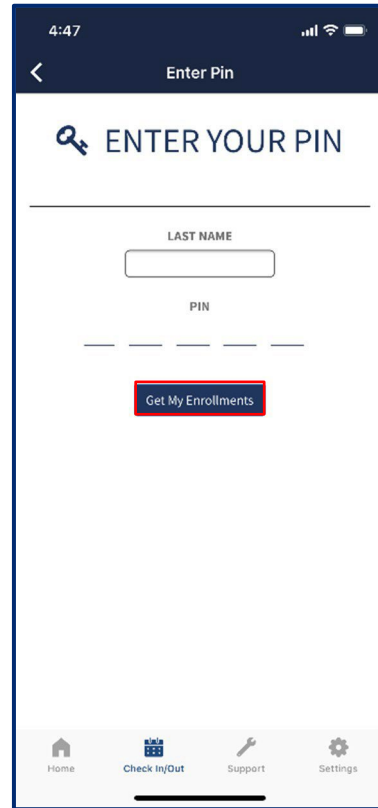
4. You will see a confirmation screen appear noting that the child has been checked in. To return to the main Check In/Out screen, select **OK**.
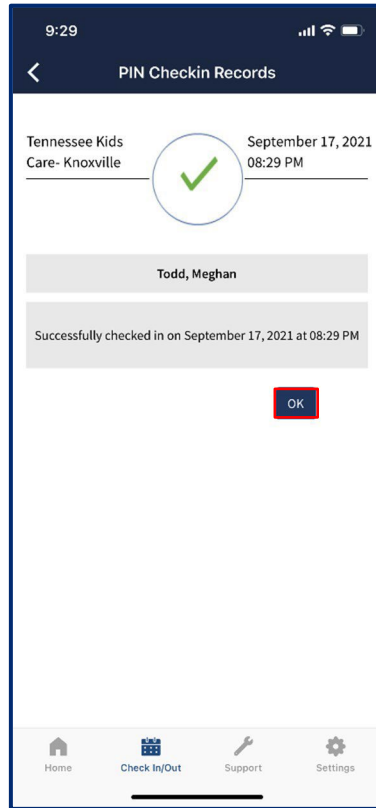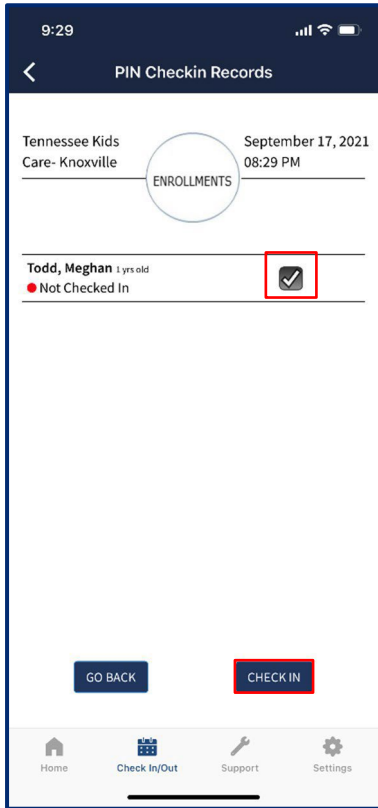
13.5 Entering Past Attendance

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.
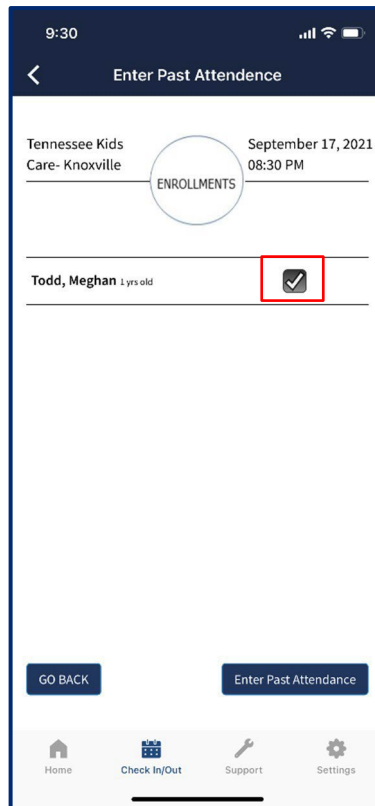
3. Click the **Calendar Icon** to open a calendar pop-up window. Then, select the **Check-In Date** and **Check-Out Date**.

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.
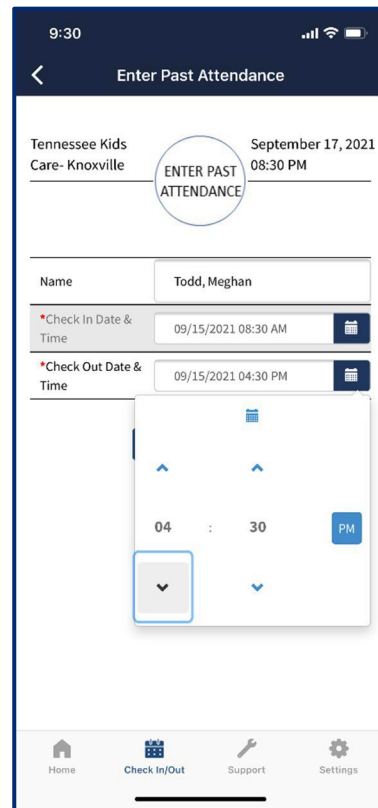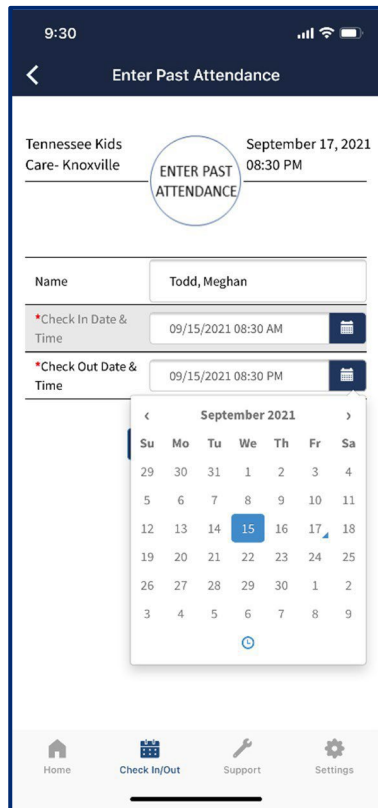
6. Review the date/time for accuracy and then hit the **Submit** button, as shown on the screen on the right. The child's attendance record has been updated.

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**.
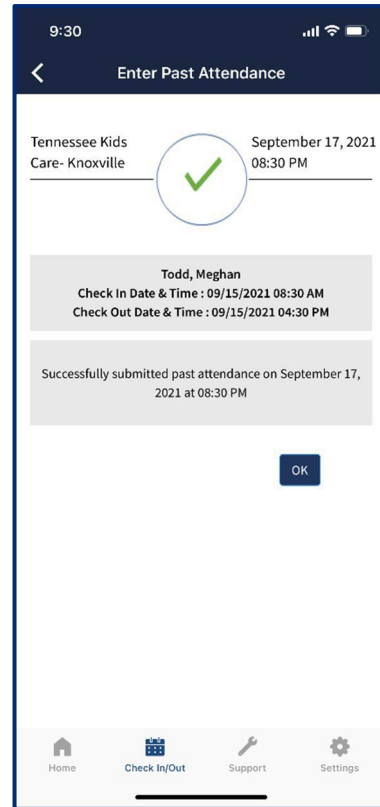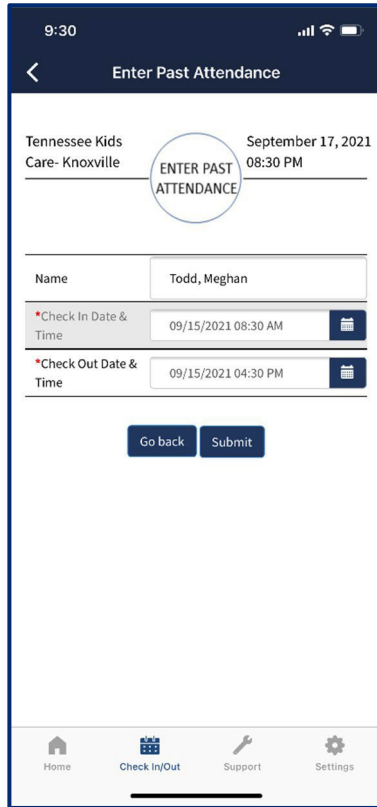
13.6 Application Support

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

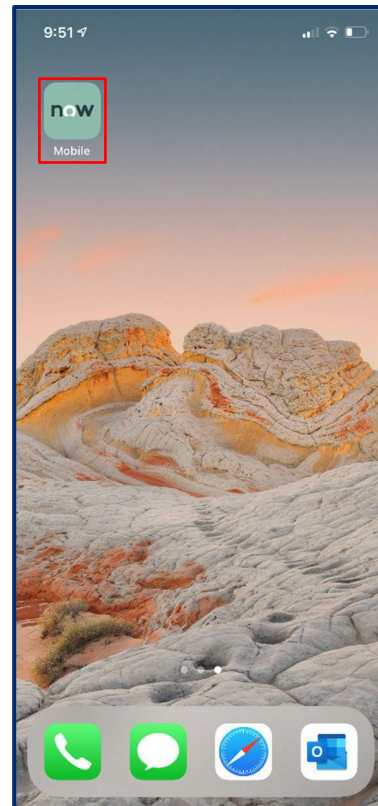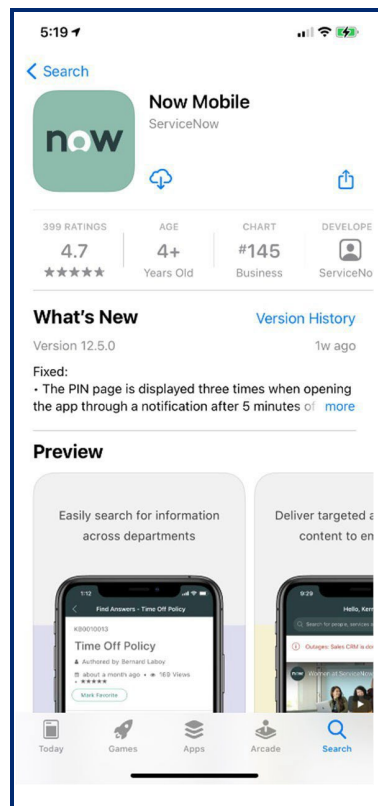To log into the Customer Mobile Application, follow these steps:

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**.
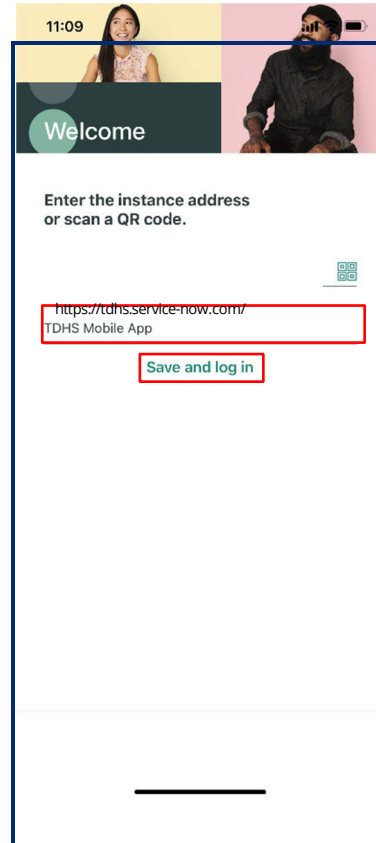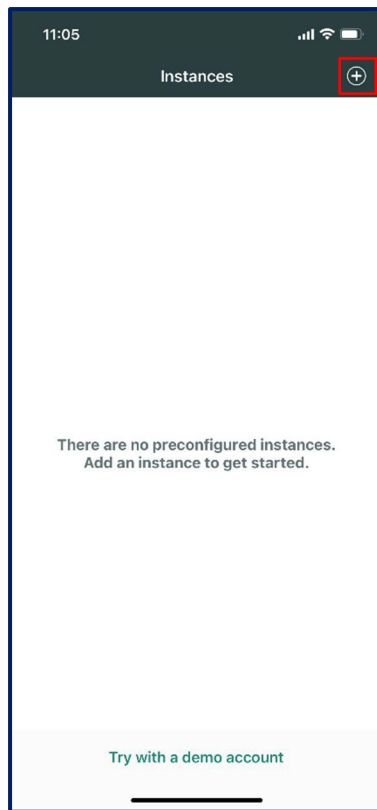
6. Enter log-in credentials. Then, select **Login**.

7. Upon logging into the mobile application, users can view their name, profile icon, and enrolled children.
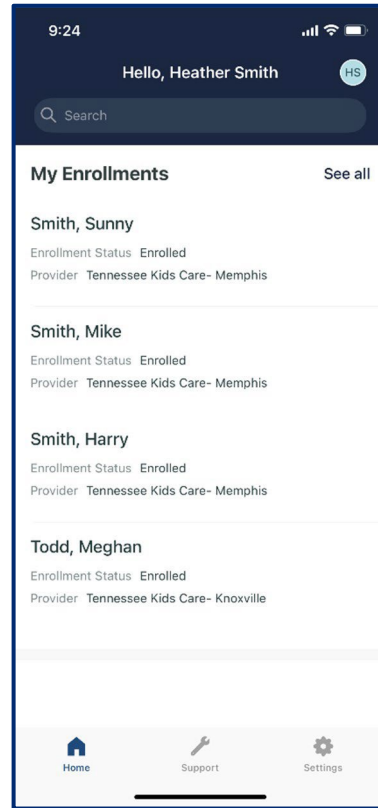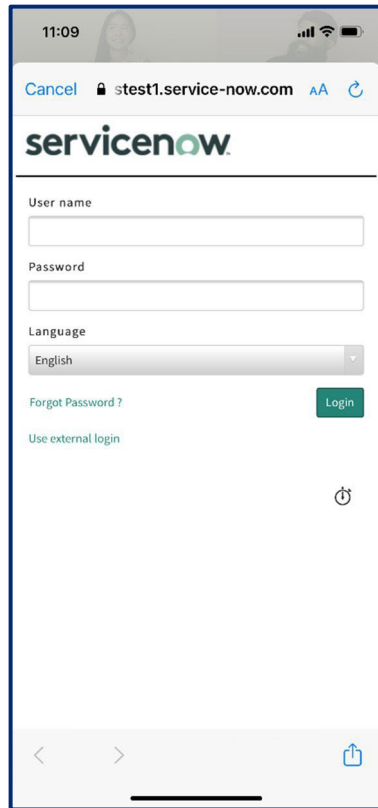
## 14.2 Child Profile/Options

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
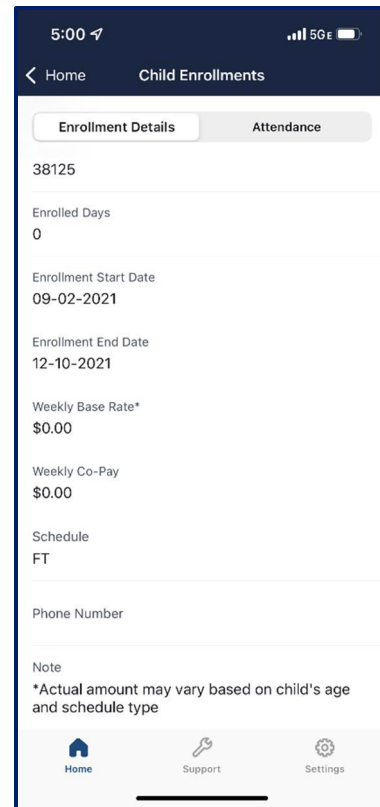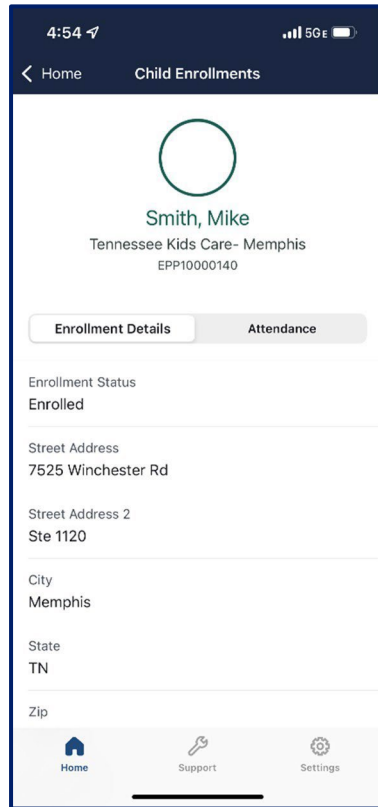
3. To view attendance details, select **Attendance**. Then, click **Child Attendance List** to

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.
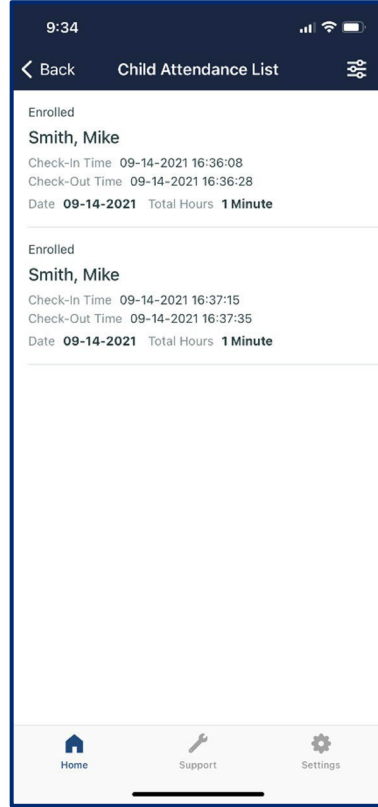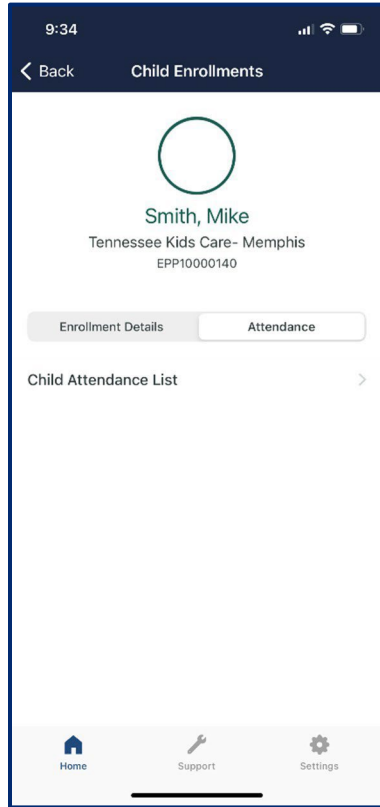
14.3 Check-In/Out Using a QR Code

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**.
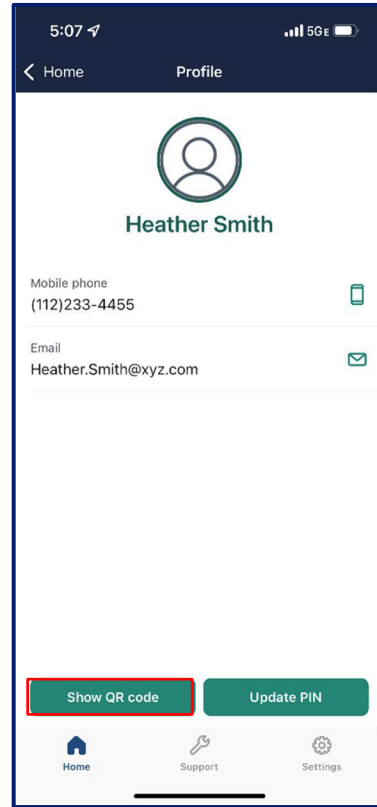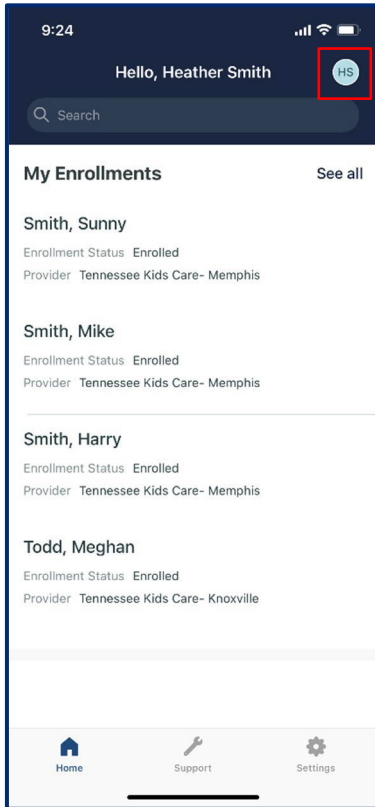
4. Following your Provider's instructions, use your QR Code to check in your child.

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.***
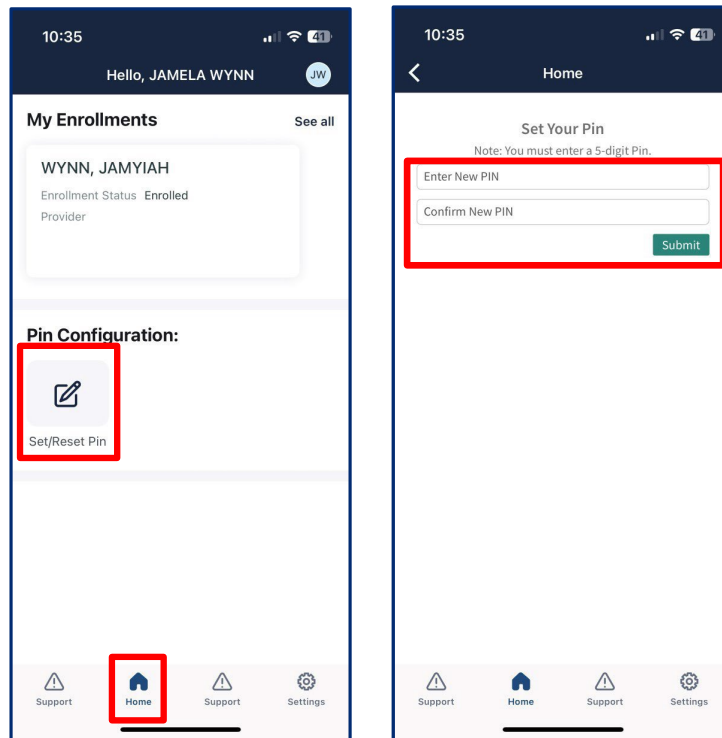
14.5 Application Support

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)*
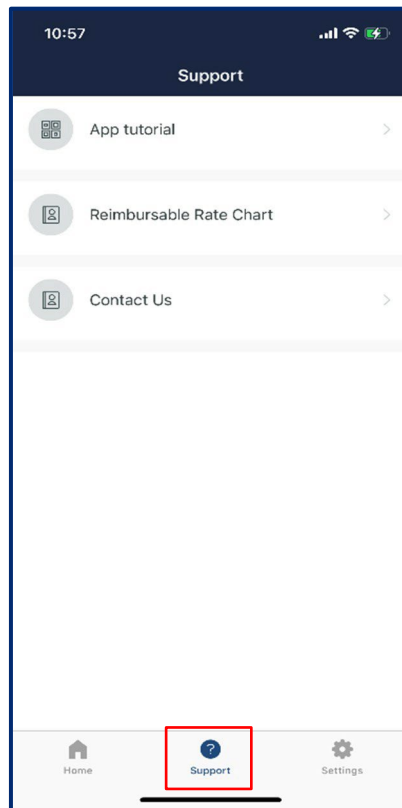
15 Appendix

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.