

Completing a Change Report

Overview

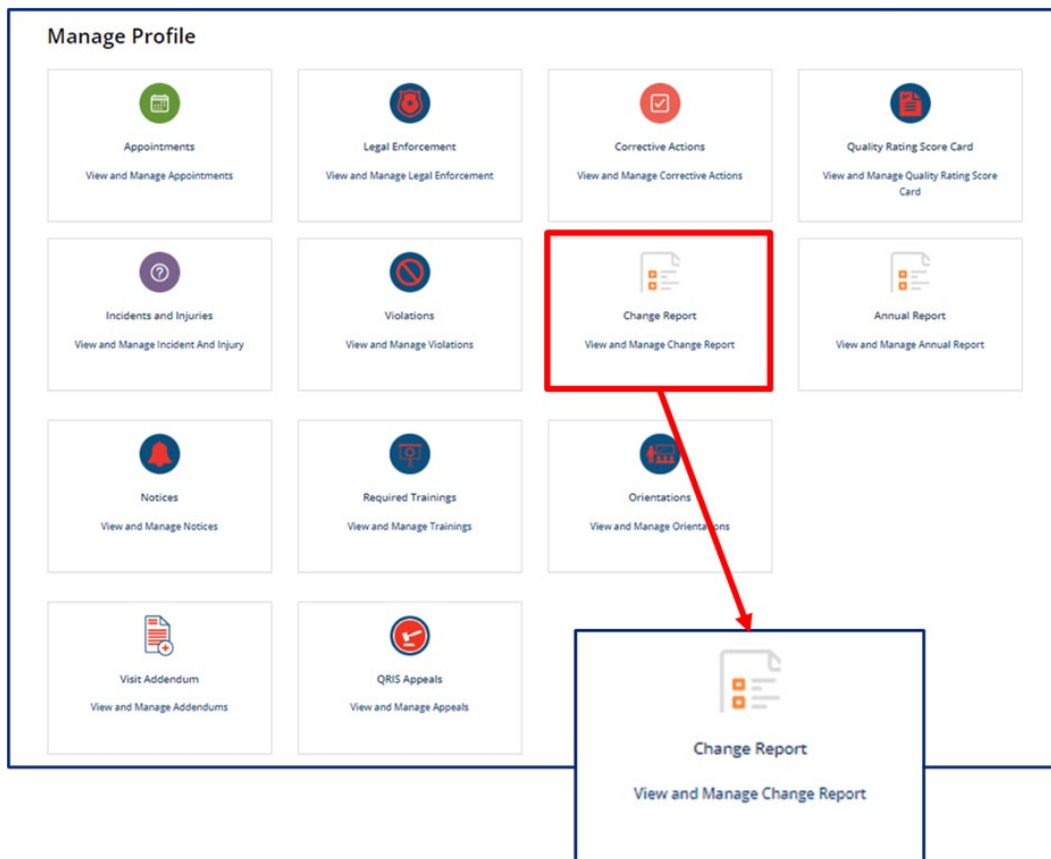
This Quick Reference Guide shows Providers how to complete a change report in the Provider Portal.

Audience

Child Care and Adult Day Services Providers

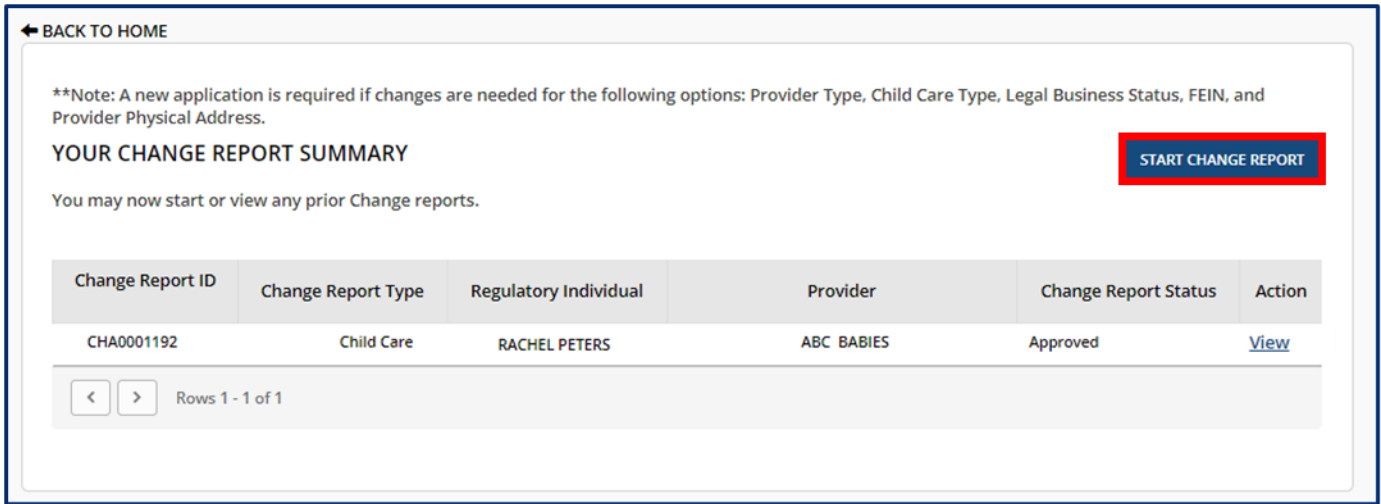
Creating a Change Report

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



Quick Reference Guide

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



← BACK TO HOME

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

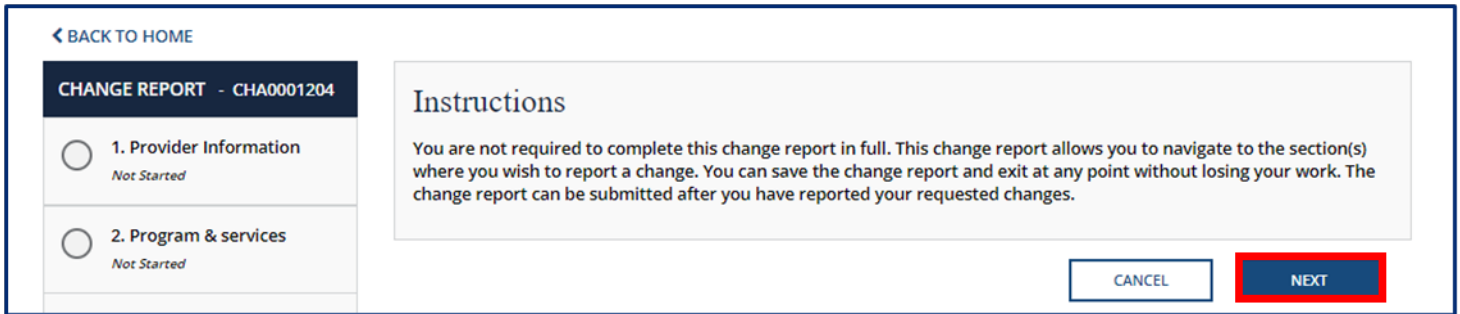
YOUR CHANGE REPORT SUMMARY **START CHANGE REPORT**

You may now start or view any prior Change reports.

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

< > Rows 1 - 1 of 1

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



← BACK TO HOME

CHANGE REPORT - CHA0001204

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

Instructions

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

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

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

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

YOUR CHANGE REPORT SUMMARY

You may now start or view any prior Change reports.

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

< > Rows 1 - 4 of 4

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

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

Child Care

Adult Day Services

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

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

Provider Information

You can update the contact information and mailing address 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

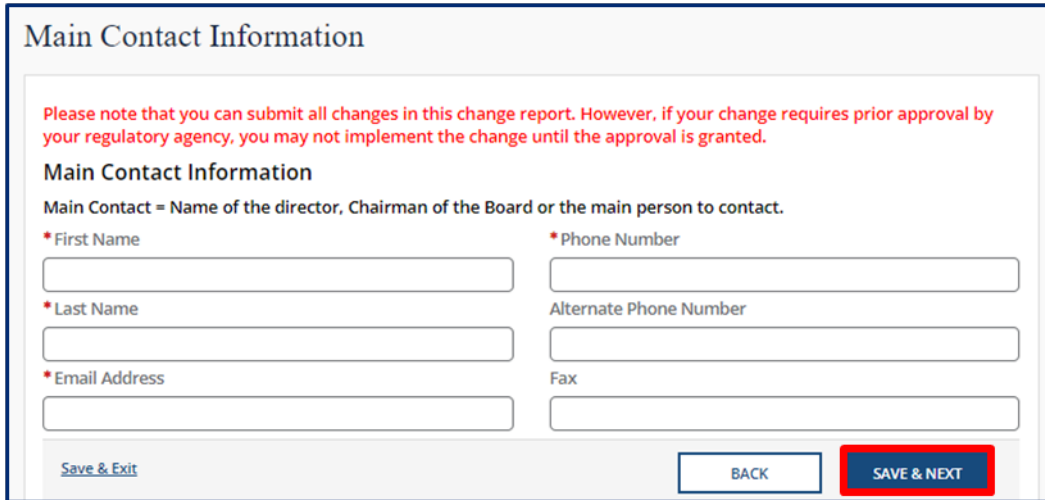
These items cannot be modified on a change report. To change this information, you will need to complete a new licensing application. Confirm the information entered in the **Provider Email Address** and **Phone Number** fields is correct and update as needed.

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

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.



The screenshot shows a web form titled "Main Contact Information". At the top, there is a red warning message: "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." Below this, the form has a sub-header "Main Contact Information" and a note: "Main Contact = Name of the director, Chairman of the Board or the main person to contact." The form contains six input fields: "First Name", "Last Name", "Email Address", "Phone Number", "Alternate Phone Number", and "Fax". At the bottom left is a "Save & Exit" link, and at the bottom right are "BACK" and "SAVE & NEXT" buttons. The "SAVE & NEXT" button is highlighted with a red border.

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

Business Organization

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

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

List of Owners

Please list all current and former owners

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

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

Owners

Owner Type
Individual

Please provide all known information.

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

* Email Address: educator@xyz.com
Fax:

* Phone number: (615) 000-0000

SAVE(CTRL + S)

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

List of Owners Experience

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

ADD NEW

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

Horizontal scrollbar below the table.

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

Owner experience

* Owner

* Employer

* Contact Person's First Name

* Contact Person's Last Name

* Email Address

* Street Address

Street Address 2

* City

* State

* ZIP

* Phone Number

Alternate Phone Number

Fax

* Date Worked From

* Date Worked To

Current Employer

SAVE (CTRL + S)

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

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

List of Board Members

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

ADD NEW

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

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

The screenshot shows a web form titled "Board Members". At the top left, there is a checkbox labeled "Chairman of the Board". Below it are two columns of fields. The left column contains: a dropdown menu for "Board Member Type" with "-- None --" selected, a text input for "Individual/Business Name", and a text input for "Email Address". The right column contains: a text input for "Phone Number", a text input for "Alternate Phone Number", and a text input for "Fax". All fields in both columns are marked with a red asterisk. At the bottom right of the form, a blue button labeled "SAVE (CTRL + S)" is highlighted with a red rectangular box. Below the form, a light blue box contains a "Required information" section with red labels for "Board Member Type", "Individual/Business Name", "Email Address", and "Phone Number".

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

Director & Primary Educator

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

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

Director & Primary Educator

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

Director & Primary Educator
 Select the applicable role for Facility

* First Name of Director or Primary Educator

* Last Name of Director or Primary Educator

Education
 Highest Level of Education

Country

* Name of School

State

* Street Address

Street Address 2

Zip

* City

Specialized Education related to Child Care

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

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

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

ADD NEW

Action	Employer	Contact Person First Name	Contact Person Last Name	Email

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

List most recent experience first

* Employer * Zip

* Contact Person First Name Work Phone

* Contact Person Last Name Alternate Phone Number

Email Fax

Street Address * Date Worked From

Street Address 2 * Date Worked To

* City Current Employer

* State

Required information:

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

References

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

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

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

References

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

SAVE (CTRL + S)

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

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

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

Director & On-Site Manager (ADS Only)

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

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

Director & On-Site Manager Information

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

Director & On-Site Manager Information

Select the applicable role for Facility

-- None --

* First Name of Director or On-Site Manager

* Last Name of Director or On-Site Manager

Education

Highest Level of Education

-- None --

Country

United States

* Name of School

State

* Street Address

Zip

Street Address 2

Specialized Education Related to Adult Care

* City

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

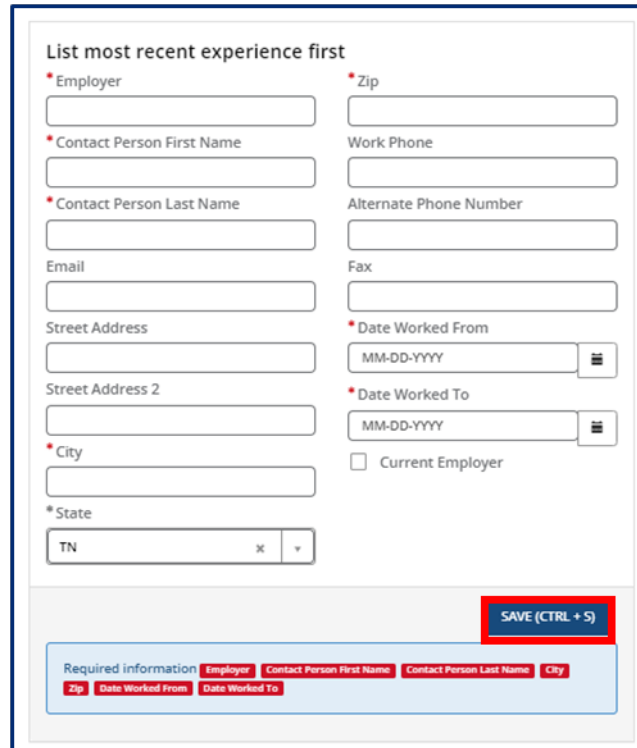
Experience in Working with Adults (List most recent experience first)

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

ADD NEW

Action	Employer	Contact Person First Name	Contact Person Last Name	Email	Street Address	Stree

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



List most recent experience first

* Employer * Zip

* Contact Person First Name Work Phone

* Contact Person Last Name Alternate Phone Number

Email Fax

Street Address * Date Worked From

Street Address 2 * Date Worked To

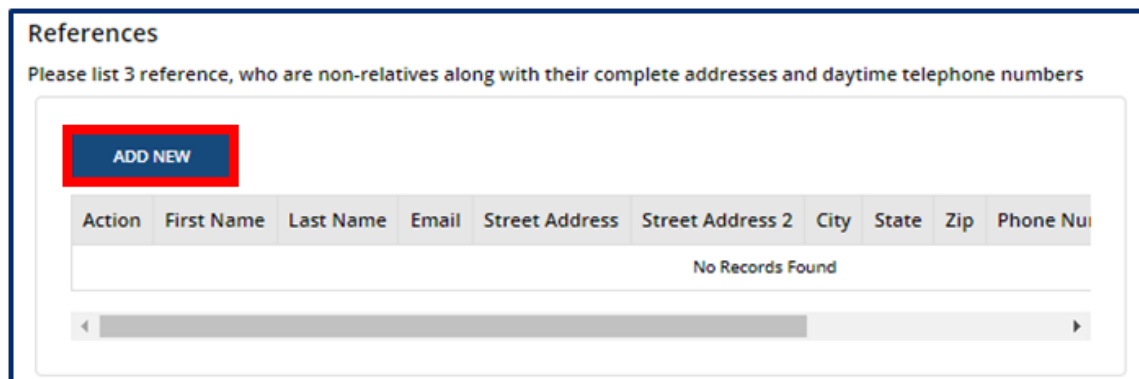
* City Current Employer

* State

SAVE (CTRL + S)

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

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



References

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

ADD NEW

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

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

References

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

SAVE (CTRL + S)

Required information: First Name Last Name Email Street Address City Zip

Phone Number

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

Programs & Services

In this section, you can 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

Quick Reference Guide

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.

Transportation Provided

ADD NEW

Action	Name of School	From School to Facility	From Facility to School
<div style="border: 2px solid red; padding: 2px;"> ✎ ✕ </div>	Day School	Yes	Yes

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

Transportation Provided

* Name of School

* From Facility to School

-- None --
▼

* From School to Facility

-- None --
▼

SAVE (CTRL + S)

Required information: Name of School From School to Facility From Facility to School

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

Vehicles Utilized

ADD NEW

Action	Make	Model	License Plate	VIN
<div style="border: 2px solid red; padding: 2px;"> ✎ ✕ </div>	Volkswagen	Jetta	123ABC	3213472

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

Vehicle Utilized

* Make

* Model

* License Plate

VIN

SAVE (CTRL + S)

Required information Make Model License Plate

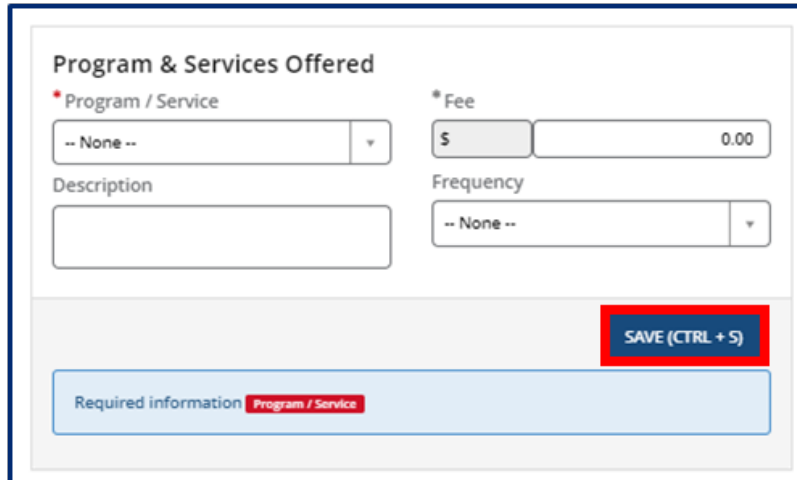
You can update specialized programs or enhanced services your facility provides on this screen. To add a program or service, select the **Add New** button or click the **Pencil** icon to update information for your existing programs & services offered. Click the **X** icon if you need to delete an entry.

Programs & Services Offered

ADD NEW

Action	Program / Service	Other	Description	Fee	Frequency
<div style="border: 2px solid red; padding: 2px;"> ✎ ✕ </div>	Hearing Impaired			\$100.00	Monthly

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



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 approval from your regulatory agency.

Provider Fees

In this section, you can update 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.

ADD NEW

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

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

Care Level / Rates

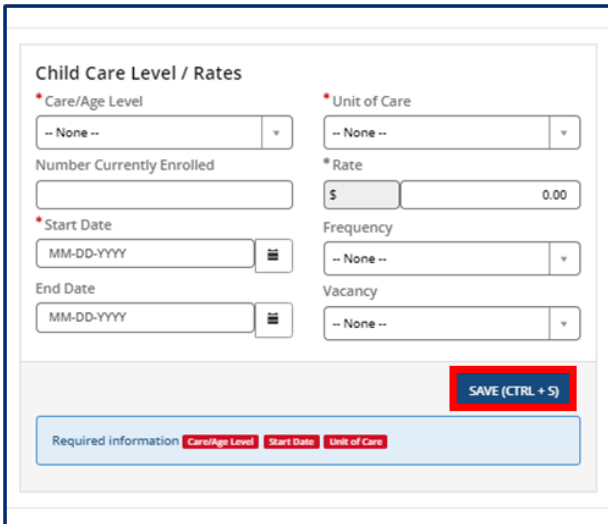
In this section, update the various care levels of the children you enroll, along with the current number enrolled in each age group. If you offer a care level but have no children enrolled within it, enter “0”.

The age ranges for each care level are as follows:

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

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

Child Care



Child Care Level / Rates

* Care/Age Level: -- None --

* Unit of Care: -- None --

Number Currently Enrolled:

* Rate: \$

* Start Date: MM-DD-YYYY

Frequency: -- None --

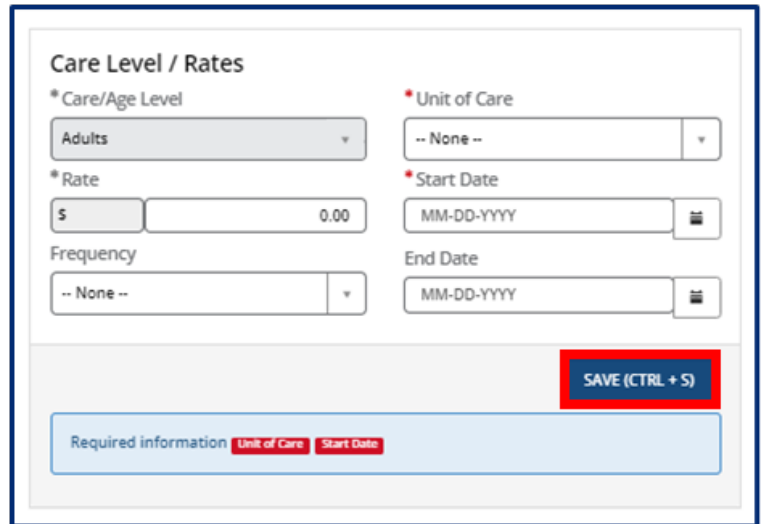
End Date: MM-DD-YYYY

Vacancy: -- None --

SAVE (CTRL + S)

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

Adult Day Services



Care Level / Rates

* Care/Age Level: Adults

* Unit of Care: -- None --

* Rate: \$

* Start Date: MM-DD-YYYY

Frequency: -- None --

End Date: MM-DD-YYYY

SAVE (CTRL + S)



Required information: Unit of Care, Start Date

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

Care Level / Rates

Add the care levels

ADD NEW

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

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

Meals

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

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

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

Meals

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

Meals

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

-- None --

* Meals Served (select all that apply)

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

-- None --

Save & Exit

BACK

SAVE & NEXT

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

Rate Policies

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

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

Rate Policies

Rate Policies Information

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

* Funding Sources (select all that apply)

✕ HS certificates
✕ Parent fees/tuition

* Discounts (select all that apply)

✕ Sliding Fee Scale

[Save & Exit](#)

BACK

SAVE & NEXT

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

Classrooms / Ages

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

Classrooms/Ages

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

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

<p>* Age of Youngest Child</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; justify-content: space-between;"> -- None -- ▼ </div>	<p>* Age of Oldest Child</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; justify-content: space-between;"> -- None -- ▼ </div>
<p>* Unit of Age for Youngest Child</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; justify-content: space-between;"> -- None -- ▼ </div>	<p>* Unit of Age for Oldest Child</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; justify-content: space-between;"> -- None -- ▼ </div>
<p>* How many classrooms do you have?</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; justify-content: space-between;"> -- None -- ▼ </div>	

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

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

ADD NEW

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

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

Classroom Age Group

* Classroom Number

* Age of Youngest Child

* Unit Age for Youngest Child

* Age of Oldest Child

* Unit Age for Oldest Child

SAVE (CTRL + S)

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

Once you complete filling out this section, 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 approval from your regulatory agency.

Age of Youngest / Oldest Adult (ADS Only)

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

Age of Youngest/Oldest Adult

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

Adult Minimum Age

Adult Maximum Age

[Save & Exit](#)

BACK
SAVE & NEXT

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 approval from your regulatory agency.

Accreditations

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

Accreditations

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

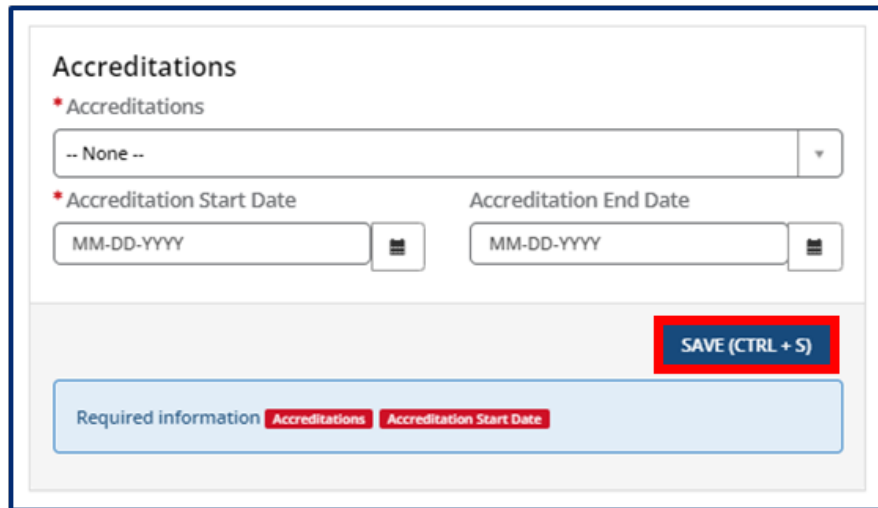
ADD NEW

Action	Accreditations	Accreditation Start Date	Accreditation End Date
No Records Found			

[Save & Exit](#)

BACK
SAVE & NEXT

Fill out the **Accreditations** pop-up window. Select the name 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.



Accreditations

* Accreditations

-- None --

* Accreditation Start Date Accreditation End Date

MM-DD-YYYY MM-DD-YYYY

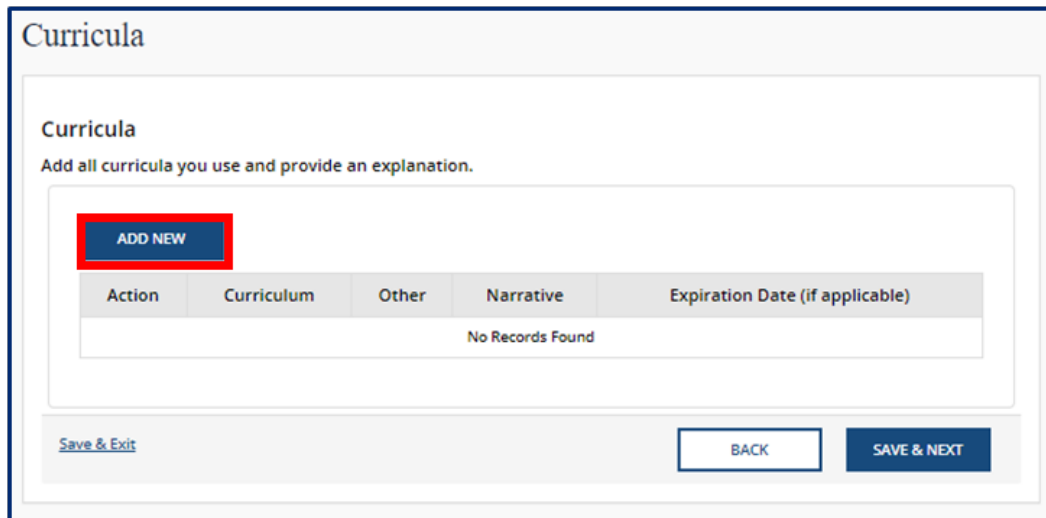
SAVE (CTRL + S)

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

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

Curricula (Child Care Only)

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



Curricula

Curricula

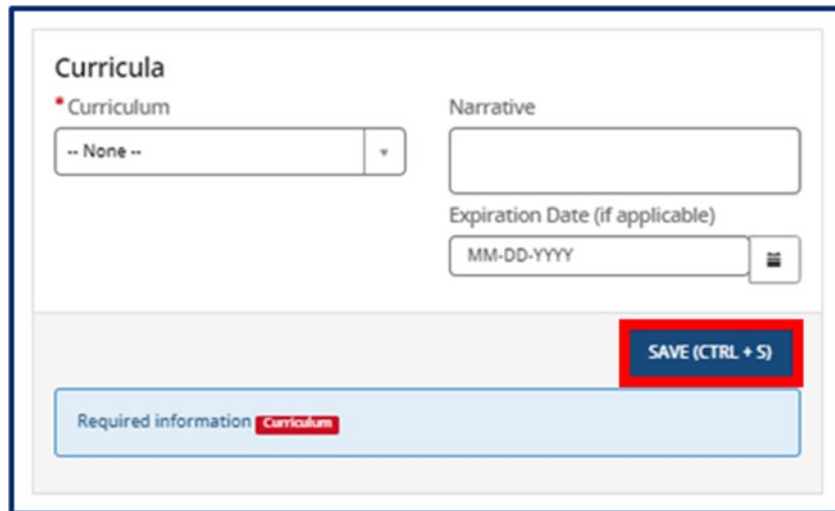
Add all curricula you use and provide an explanation.

ADD NEW

Action	Curriculum	Other	Narrative	Expiration Date (if applicable)
No Records Found				

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

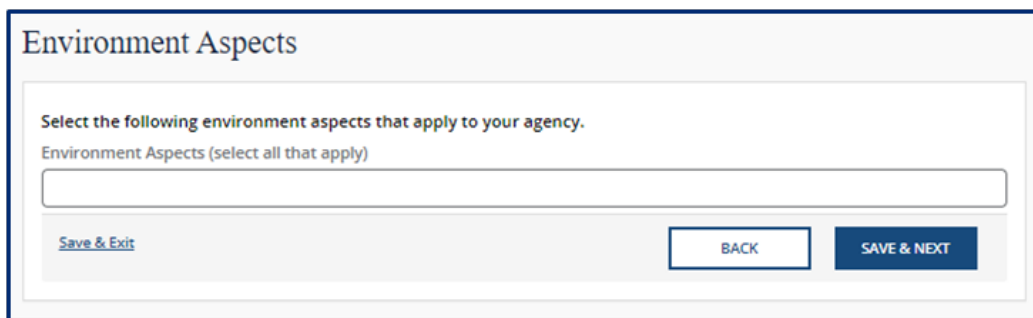
Fill out the **Curricula** pop-up window. Use the **Curriculum** drop-down to select the curriculum you use. You may select **Other** if the one you use is not listed. Optionally, add a narrative that explains this curriculum and when it expires. Once complete, select **Save (CTRL + S)**.



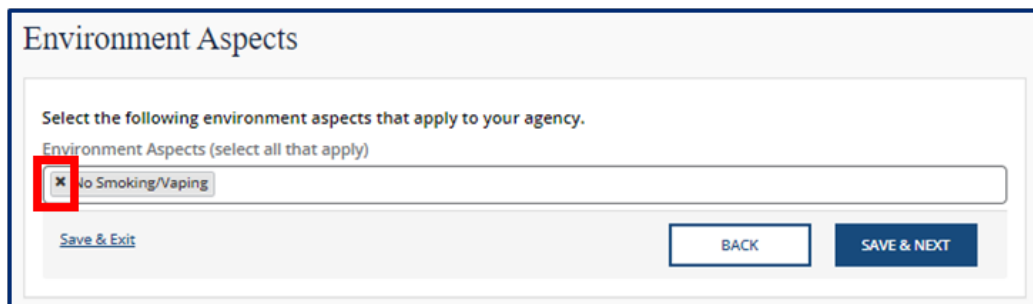
Once you complete filling out this section, click the **Save & Next** button to proceed to the next section.

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.

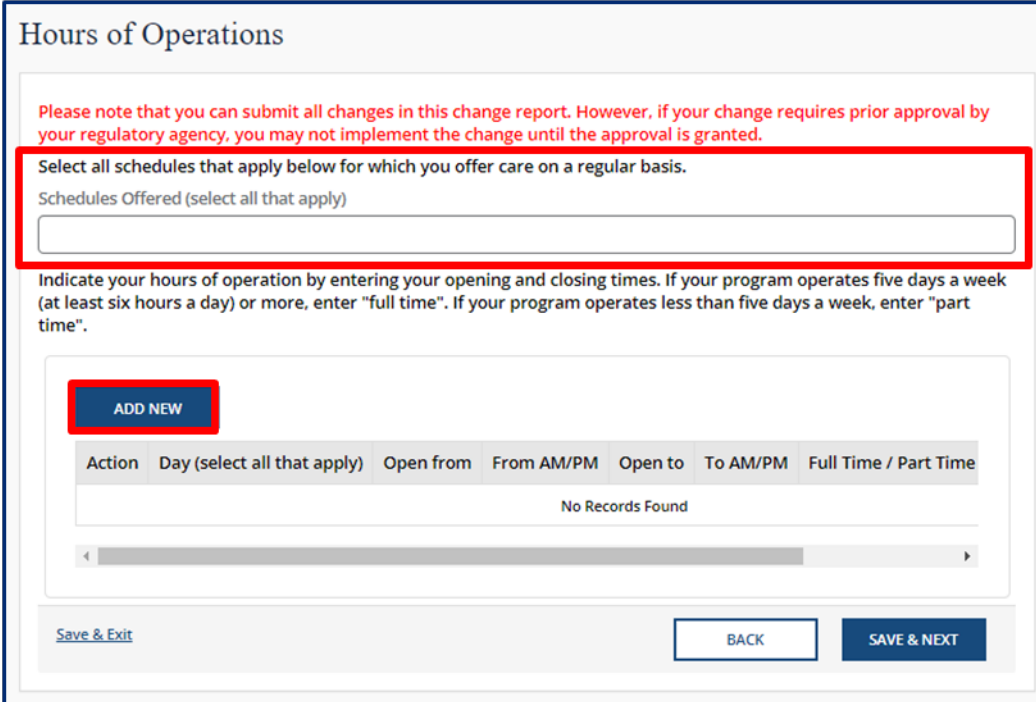


Once you complete filling out this section, click the **Save & Next** button to proceed to the next section.

Hours of Operation

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

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



Hours of Operations

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

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

Schedules Offered (select all that apply)

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

ADD NEW

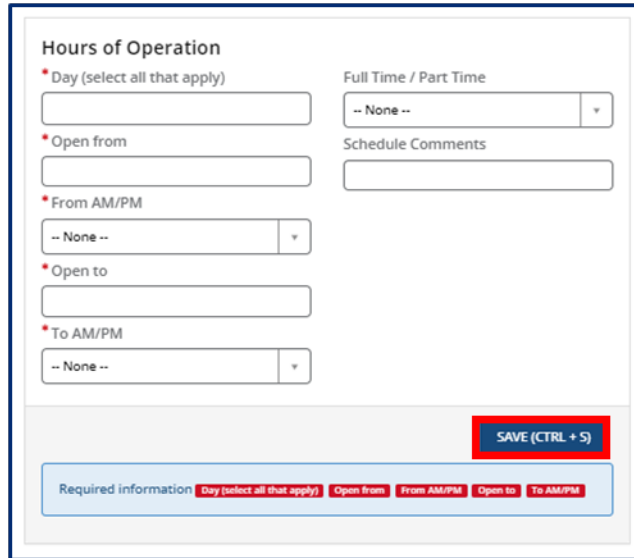
Action	Day (select all that apply)	Open from	From AM/PM	Open to	To AM/PM	Full Time / Part Time
No Records Found						

Save & Exit BACK SAVE & NEXT

You must provide:

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

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



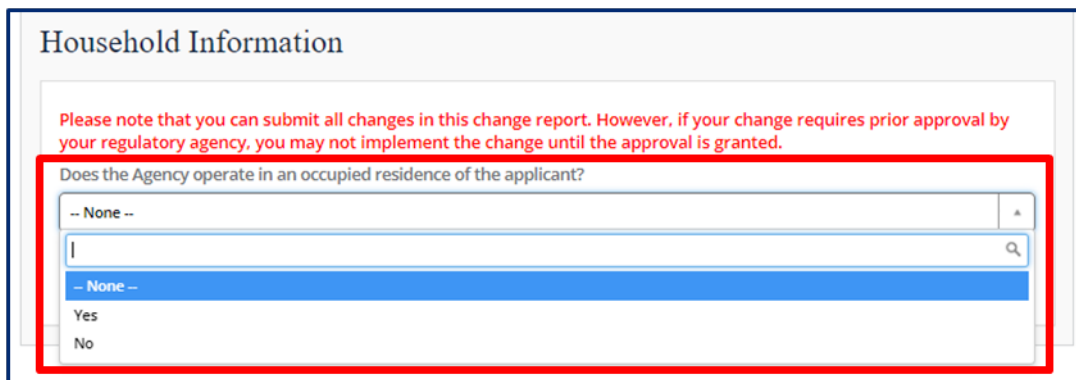
Once you complete filling out this section, click the **Save & Next** button to proceed to the next section.

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

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/Temporary 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.

Please list out all household members, including children

ADD NEW

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

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

Household Members

* First Name

* Last Name

* Date of Birth

* Relationship to Applicant

* Last 4 digits of SSN

Does not have SSN



SAVE (CTRL + S)

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

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

Please list out all household members, including children

ADD NEW

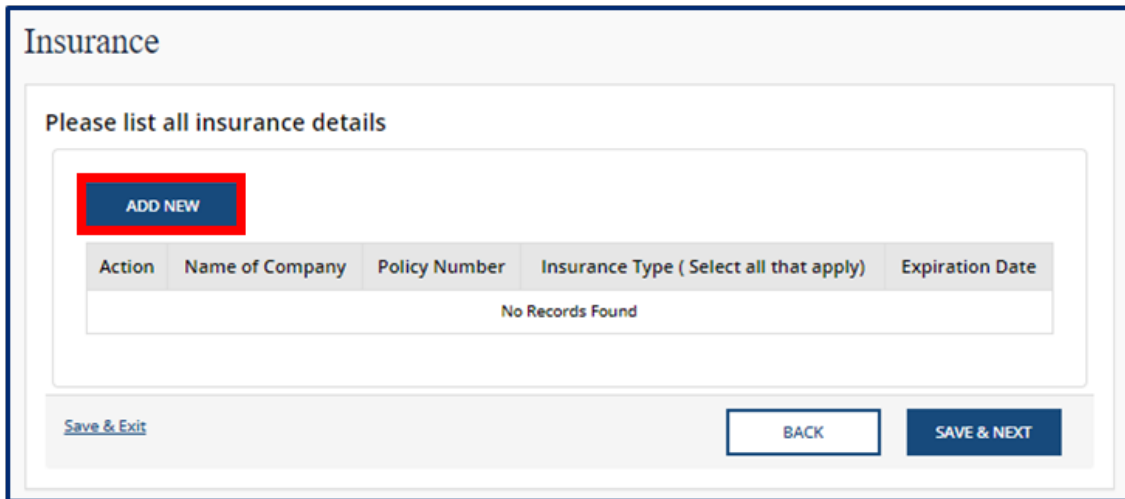
Action	First Name	Last Name	Date of Birth	Relationship to Applicant	Last 4 digits of SSN	Does not
 	John	Smith	01-11-1998	Son	*****	false

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

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

Insurance

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



Insurance

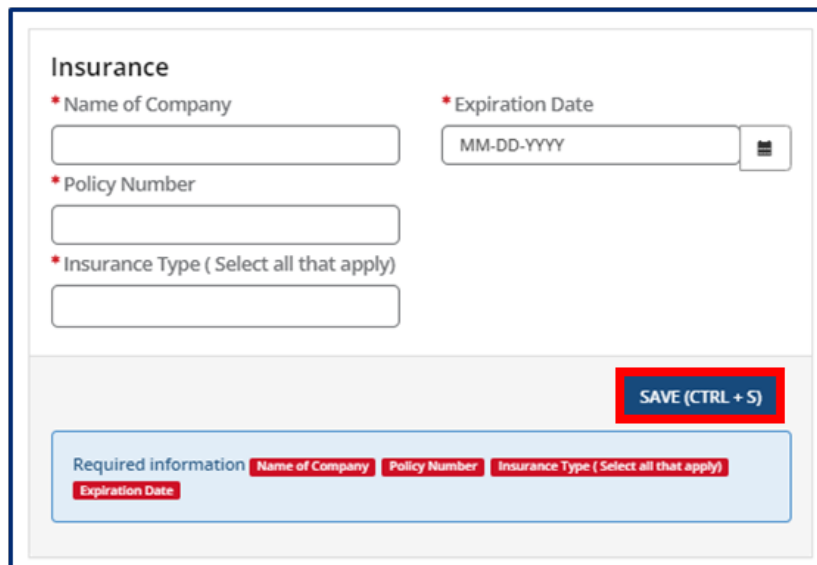
Please list all insurance details

ADD NEW

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

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

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



Insurance

* Name of Company

* Expiration Date

* Policy Number

* Insurance Type (Select all that apply)



SAVE (CTRL + S)

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

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

Please list all insurance details

ADD NEW

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

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

Staff Information

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

Staff Information

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

ADD NEW

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

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

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

Staff Records and Qualifications

* First Name

* Last Name

Position
-- None --

Does not have SSN

* Last 4 digits of SSN

* Date of Birth

Work Start Date

Work Termination Date

Date of Staff Orientation

TNPAL ID

SAVE (CTRL + S)

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

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

Staff Records

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

ADD NEW

Action	First Name	Last Name	Position	Other	Does not have SSN	Last 4 digits of SSN	E
<div style="border: 2px solid red; padding: 2px; display: inline-block;"> </div>	John	Doe	Caregiver/Direct Staff		false	*****	0

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

After staff records have been updated, you will be prompted to upload your staffing pattern in the **Supporting Documentation** section. Click the **Save & Next** button to proceed to the next section.

Staff Patterns

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

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

Supporting Documentation

In this section, you must upload supporting documentation that relates to the changes made in your report. The specific list of documents is listed within the Provider Portal.

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

Child Care

Supporting Documentation

Supporting Documents

Please upload the following documents:

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

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

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

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

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

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

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

Yes

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

Select Document Type: None ADD DOCUMENT

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

Adult Day Services

Supporting Documentation

Supporting Documents

Please upload the following documents:

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

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

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

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

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

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

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


-None-

Select Document Type: None ADD DOCUMENT

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

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

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
	1	Staff schedule.docx	Staffing Patterns (Staff Schi

Once all documents have been added, you may press the **Save & Next** button.

Declaration and E-Signature

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

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

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

Declaration and E-signature

***Role**

Owner ▼

Submission Date Timestamp

02-13-2023 15:39

***Enter Your Name**

Jane Doe

[Save & Exit](#) BACK SUBMIT

Submission

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

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

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

YOUR CHANGE REPORT SUMMARY

You may now start or view any prior Change reports.


Change Report ID	Change Report Type	Regulatory Individual	Provider	Change Report Status	Action
CHA0001192	Child Care	RACHEL PETERS	ABC BABIES	Pending	View Submit Documents
CHA0001190	Child Care	RACHEL PETERS	ABC BABIES	Approved	View
CHA0001118	Child Care	RACHEL PETERS	ABC BABIES	Approved	View
CHA0001102	Child Care	Train Test	ABC BABIES	Approved	View
CHA0001012	Child Care	State Tester	ABC BABIES	Approved	View

< 1 2 > Rows 1 - 5 of 6


Revision Required

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

CC Provider,
Welcome to the Tennessee provider portal




What would you like to do?




Start a New Application

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




View and Finish Existing Application

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




Request Site Access



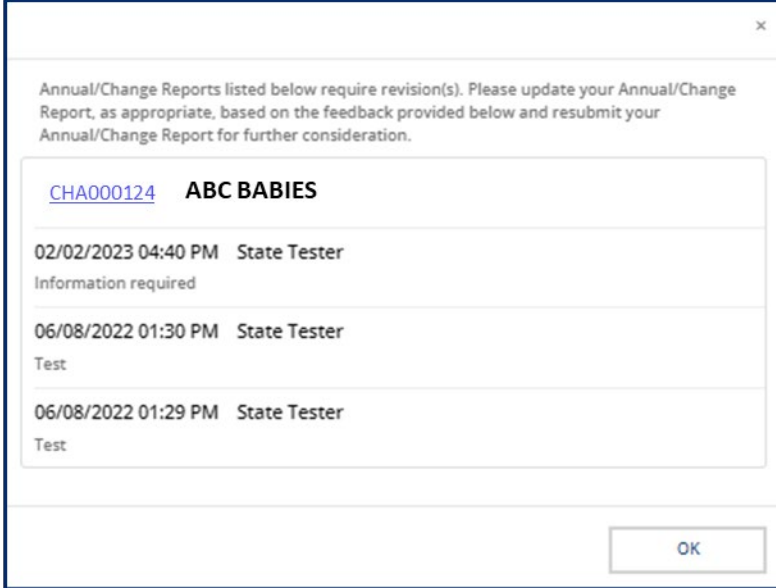
Manage My Sites

⚠ Revision required



Change of Owner, Agency Type, Location, or Regulating Authority

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



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