

# Provider Public Portal

**Provider License** 

03/25/2024



The information contained in this document is considered the proprietary and confidential information of CITI and shall not be used, duplicated, or disclosed, in whole or in part, without the written approval of CITI except as is necessary by the Government to evaluate the proposal or is required by law. © Creative Information Technology, Inc. All rights reserved.

## TABLE OF CONTENTS

| 1. Introduction                         | 4  |
|---|----|
| 1.1 Registration Process                | 4  |
| 1.1.1 Registration Confirmation Process | 7  |
| 2. Provider Profile                     |    |
| 2.1 Provider Details                    |    |
| 2.2 Point of Contact Details            | 9  |
| 2.3 Background Check                    | 10 |
| 2.4 Account Details                     |    |
| 2.5 Provider Documents                  | 14 |
| 2.6 Acknowledgement                     | 15 |
| 2.7 Summary                             |    |
| 3. Licensing Application                |    |
| 3.1 Orientation                         |    |
| 3.2 Facility Information                | 19 |
| 3.3 Facility Operation Information      | 20 |
| 3.4 Fire Safety Inspection Certificate  |    |
| 3.5 Building Use Agreement              |    |
| 3.7 Supporting Documents                |    |
| 3.8 Acknowledgement                     |    |
| 3.9 Summary                             |    |
| 4. Inspections and license approval     | 27 |
| 4.1 Classrooms                          |    |
| 4.2 Staff                               |    |
| 4.3 Capacity                            |    |
| 4.4 Background Check                    |    |
| 5. Inspection                           | 34 |
| 6. License Approval                     |    |
| 7. Amend Application                    |    |
| 8. Renewal Application                  |    |
| 9. Subsidy Application                  |    |
| 9.1 Supporting Documents                |    |
| 9.2 Summary                             |    |
| 9.3 Submit Facility Subsidy Rates       |    |
| 10. Facility Management                 |    |
| 10.1 Child(ren) Enrollment              |    |
| 10.2 Inspections                        |    |

| 10.3 Plan of Correction       |    |
|-------------------------------|----|
| 10.4 Subsidy Enrollments      |    |
| 10.5 Facility QR Code         |    |
| 10.6 Attendance               |    |
| 10.7 Payments                 |    |
| 10.8 Incidents and Complaints | 51 |
| 10.9 Received Documents       |    |
| 11. UIR & Complaints          |    |
| 12. Resource                  | 54 |
| 13. Contact                   | 54 |
| 14. Conclusion                | 54 |
|                               |    |



### **1. INTRODUCTION**

A provider portal in childcare refers to an online platform or system that is specifically designed for childcare providers to manage various aspects of their operations. This digital tool provides a range of features and functionalities to streamline administrative tasks, enhance communication, and improve the overall quality of childcare services. The provider portal plays a significant role in enhancing the efficiency, communication, and quality of childcare services.

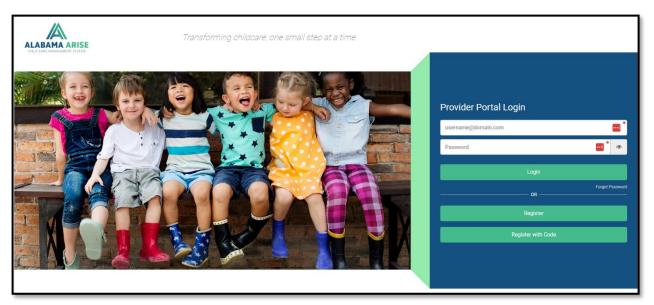


Figure 1: Provider Portal Login Screen

The following are the steps for users to log in to the Provider Portal:

- 1. Enter Username
- 2. Enter Password
- 3. Click on the Login button

### 1.1 Registration Process

#### How to Register for a Child Care License?

- 1. Log in to Provider Portal
- 2. Click on the 'Register' button. You will be navigated to a screen displaying registration details for a new provider
- 3. Enter all the mandatory details indicated with a red asterisk
- 4. Click on the 'Next' button to move to Step 2 Provider Type



| 1                | 2             | 3               | 4                  |
|------------------|---------------|-----------------|--------------------|
| Create Login     | Provider Type | Contact Details | Submitted          |
| Email            |               |                 |                    |
|                  |               |                 |                    |
| Password         |               |                 | _                  |
| Confirm Password |               |                 | ••••] 🖉 🕲          |
|                  |               |                 | ••• * •            |
|                  |               |                 |                    |
| Step 1 of 4      |               |                 | Back to Login Next |



5. On Step 2, the user has to select the type of Provider

|      | <b>~</b> —     | 2  |      | 3                                | 4   |
|------|----------------|--|------|----------------------------------|---|
|      | Create Login   | Provider Type  |      | Contact Details                  | Submitted   |
| ICEN | ISED PROVIDERS |  | LICE | ISED EXEMPT PROVID               | DERS  |
| 0    | Center         | Providers operating in non-residential,<br>commercial building.  | 0    | Faith-Based                      | Pre-school programs offered within a church<br>or religious nonprofit elementary school.                                    |
| 0    | Group Home     | Childcare provided in a private home (serving 7 - 12 children).  | 0    | Relative                         | Childcare provided through a relative of the children being served.   |
| 0    | Family Home    | Childcare provided in a private home (serving up to 6 children). | 0    | Excepted (Out of<br>School Time) | Providers that do not care for children under<br>the age of four-year-old and who operate no<br>more than four hours a day. |
|      |                |  | 0    | Excepted<br>(University/Other)   | Providers that come under the oversight of a<br>university or other government agency.                                      |
|      |                |  |      |                                  |   |
|      |                |  |      |                                  |   |



This document contains data and information Internal to CITI that shall not be disclosed, duplicated, or used—in whole or in part—unless approved in writing by an authorized company representative. CI Document.

5



6. Click on the 'Next' button to move to Step 3 - Contact Details

| Create Login  | Provider Type | Contact Details | 4<br>Submitted |
|---------------|---------------|-----------------|----------------|
| First Name    | Middle Name   | Last Name       |                |
| Date of Birth | Gender        | 7               |                |
| Business Name |               |                 | •              |
|               |               |                 |                |

Figure 4: Contact Details Screen for Child Care License

- 7. Click on 'Submit' to submit the information added
- 8. Once user clicks on 'Submit', user will see a screen confirming that their information was submitted and that a verification email has been sent to them to activate their account

| ✓   | <b>⊘</b>                                     | <b>•</b>                              |           |
|---|--|---------------------------------------|-----------|
| Create Login                              | Provider Type                                | Contact Details                       | Submitted |
|   |  |                                       |           |
| A verification email has been sent to you | Please check your email and click the link p | rovided to activate your new account. |           |
| Login                                     |  |                                       |           |
|   |  |                                       |           |
| Step 4 of 4                               |  |                                       |           |
|   |  |                                       |           |
|   |  |                                       |           |
|   |  |                                       |           |
|   |  |                                       |           |

#### Figure 5: Submitted Screen for Child Care License Registration



### 1.1.1 Registration Confirmation Process

A verification link to activate the family account is sent to the user's email address provided at the time of registration. This process confirms that the information provided by the user is valid. The user, by clicking on the provided hyperlink, will be navigated to provider portal and entering the correct credentials would allow the user to login to their respective accounts.

|   | My Child Care Provider Access Account is successfully created Interview                 |
|---|---|
| • | arise@smtp.citi-us.com<br>to me ▼   |
|   | Dear Daphne Greengrass,   |
|   | You have requested to register your email address for the ARISE Provider Access Portal. |
|   | <u>Click here</u> to activate your account and begin the application process.           |
|   | Regards,  |
|   | Child Care Services Division  |
|   | Department of Human Resources   |
|   | 50 N. Ripley St.  |
|   | (334) 242-1310  |
|   |   |

Figure 6: Email verification for Child Care License Registration

Once the user clicks on 'Login' button user will be redirected to login screen of the provider portal displaying a confirmation message, "Your email has been verified. You can now log in using the credentials you provided"



Figure 7: Login Screen – Email Verification for Childcare License Registration



### 1.1.1.1 Landing Page

A provider, post verifying their registered email address, is allowed to login with credentials entered during registration process. The landing page post login is the "Home" tab that features a grid layout of messages. These messages pertain to the user's submitted applications, their progress, current status, and date of generation.

| ALABAMA ARISE  |   | Home Provider -  | Applications -  | Resource | Contact | පි Greengrass, Daphn |
|--|---|------------------|-----------------|----------|---------|----------------------|
| Profile Setup  |   |                  |                 |          |         |                      |
| Tasks and Notices  |   |                  |                 |          |         |                      |
| Message  | T | Generated Date ↓ |                 |          |         | Ŧ                    |
| Please complete your Provider Profile details.   |   | 06/25/2024       |                 |          |         |                      |
| Please complete provider background check.   |   | 06/25/2024       |                 |          |         |                      |
| H 4 1 H H Show All   |   |                  |                 |          |         | 1 - 2 of 2 items     |
| Broadcast Messages   |   |                  |                 |          |         |                      |
| Message Title Y Message Text Y Received Date   |   | ,                | Expiration Date | e        |         | Ŧ                    |
| H C File Contraction of the Cont |   |                  |                 |          |         | No Messages.         |
| Send Request   |   |                  |                 |          |         |                      |

#### Figure 8: Landing Page

The Application Wizard displays the steps to be performed by the providers. Each step in the application wizard displays the status of the respective step. Users may click on the hyperlink to navigate to the target screen and enter the necessary information.

The 'Provider' case menu consists of following LOVs:

- a. Provider Profile
- b. Payments
- c. Received Documents

The 'Applications' case menu consists of following LOVs:

- a. Facility Applications
- b. Subsidy Applications

### 2. PROVIDER PROFILE

The Provider Profile consists of seven sections which are Provider Details, Provider Documents, Account Details, Background Check, Acknowledgement and Summary. All these sections are to be completed to get the Provider Profile approved.

#### How to complete Provider Profile?

1. Select 'Action Needed' hyperlink below Profile Approval, or Click on the message received under 'Tasks and Notices' > User is redirected to Summary screen of Provider application



- 2. Click on 'Provider' case menu > Click on 'Profile' LOV, you will be redirected to the Provider Details of Provider Profile
- 3. User may now start filling in the required details

### 2.1 Provider Details

The "Provider Details" consists of the provider user's information captured during registration process. Providers demographics, Address, and Legal Entity Type is displayed on the screen.

#### How to add Provider Details?

- 1. Select Legal Entity Type dropdown and select relevant option from the list of values available
- 2. Enter Address
- 3. Add Contact Details
- 4. Enter other mandatory fields
- 5. Click on the Save button to save

|   |   |                        |                        |          | Home Provid | er + Applications | ; <del>-</del> Resource C | Contact 🛛 🔒 Greengrass, Daphr |
|---|---|------------------------|------------------------|----------|-------------|-------------------|---------------------------|-------------------------------|
|   | Provider Details                              |                        |                        |          |             |                   |                           |                               |
| Business Name Greengrass Facility<br>Provider ID P00018<br>Provider Type Center | Provider Details                              |                        |                        |          |             |                   |                           |                               |
| Status Not Submitted  | Business Name                                 |                        |                        | FEIN/SSN |             |                   | Legal Entity Type         |                               |
| Provider Details  | Greengrass Facility                           |                        |                        | FEIN/SSN |             | •                 | Select                    | 7                             |
| Point of Contact Details<br>Background Check<br>Account Details                 | Physical Address                              |                        |                        |          |             |                   |                           |                               |
| Provider Documents<br>Acknowledgement   | Street 1                                      |                        |                        |          |             |                   |                           | <mark>ا</mark> م              |
| Summary   | Street 2                                      |                        |                        |          |             |                   |                           |                               |
|   | City  | •                      | Select                 | Zip Code | •           | - County          |                           | 7                             |
|   | Phone Number Primary Phone Number Type Select | 7                      | Primary Phone Number   |          |             | Ext.              |                           |                               |
|   | Alternate Phone Number Type                   |                        | Alternate Phone Number |          |             | Ext.              |                           |                               |
|   | Select  | Alternate Phone Number |                        |          |             | Ext.              |                           |                               |
|   | First Name                                    |                        | Middle Name            |          |             | Last Name         |                           |                               |
|   | Daphne  | •                      | Middle Name            |          |             | Greengrass        |                           | Y                             |
|   | Email<br>daphne@sharklasers.com               | 01/01/2000             | <b>E</b> *             | Gender   |             | 7                 |                           |                               |
|   | Language Preference                           |                        |                        |          |             |                   |                           |                               |
|   | English                                       |                        | •                      |          |             |                   |                           |                               |
|   | Save  |                        |                        |          |             |                   |                           | Continue                      |
|   |   |                        |                        |          |             |                   |                           |                               |
|   |   |                        |                        |          |             |                   |                           |                               |

Figure 9: Provider Details Screen

### 2.2 Point of Contact Details

The Point of Contact Details page includes a grid where the user will be able to add information regarding a point of contact whose contact information will also be available on the Provider Portal and will be a part of the Provider Profile.



| ALABAMA ARISE<br>CHILD CARE MANAGEMENT SYSTEM | Point Of Cont  | ant Dataila  |     |        |                |
|---|----------------|--------------|-----|--------|----------------|
| Business Name Greengrass Facility             | Point Of Cont  | act Details  |     |        |                |
| Provider ID P00018                            | Add POC Detail |              |     |        |                |
| Provider Type Center                          | Add POC Detail |              |     |        |                |
| Status Not Submitted                          | Name           | Contact Type | DOB | Gender |                |
|   | H 4 0 > H      | Show All     |     |        | No POC Details |
| Provider Details                              |                |              |     |        |                |
| Point of Contact Details                      |                |              |     |        | Continue       |
| Background Check                              |                |              |     |        | Conunue        |
| Account Details                               |                |              |     |        |                |
| Provider Documents                            |                |              |     |        |                |
| Acknowledgement                               |                |              |     |        |                |
| Summary                                       |                |              |     |        |                |



#### How to add Point of Contact Details?

1. Click on the 'Add POC Detail Button' to be directed to the following screen:

|   | Point Of Contact Details |   |               |    |           |   |
|---|--------------------------|---|---------------|----|-----------|---|
| Business Name Greengrass Facility<br>Provider ID P00018<br>Provider Type Center | Point of Contact         |   |               |    |           |   |
| Status Not Submitted  | Contact Type             |   |               |    |           |   |
| Provider Details  | Select                   | ~ |               |    |           |   |
| Point of Contact Details  | First Name               |   | Middle Name   |    | Last Name |   |
| Background Check<br>Account Details   | First Name               |   | Middle Name   |    | Last Name |   |
| Provider Documents  | Email                    |   | Date of Birth |    | Gender    |   |
| Acknowledgement<br>Summary  | Email                    |   |               | E. | Select    | • |
|   |                          |   |               |    |           |   |
|   | Save Back                |   |               |    |           |   |

Figure 11: Point of Contact Details Form

- 2. Fill in all mandatory fields (marked by a red asterisk on the top right corner of the field).
- 3. Click on 'Save' to save the added details and be directed back to the Point of Contact Details Grid (Figure 10).
- 4. Repeat the process as required.

### 2.3 Background Check

The Background check screen contains a Provider and Background Check grid where user can view various details such as Background Check ID, Name, Disposition Status, Disposition Date, etc. By clicking on the background check ID, the system redirects the user to the Background Check Details screen as follows:



|  | Background Che        | ck                 |                    |                  |                                  |              |                  |
|--|-----------------------|--------------------|--------------------|------------------|----------------------------------|--------------|------------------|
| Business Name Greengrass Facility<br>Provider ID P00018          | Provider Background C | heck               |                    |                  |                                  |              |                  |
| Provider Type Center   | Background Check ID   | Name               | Disposition Status | Disposition Date | Suitability/Unsuitability Letter | CBC Document | CA/N Document    |
| Status Not Submitted   | BC000033              | Greengrass, Daphne |                    |                  |                                  |              |                  |
|  | BC000036              | Greengrass, Lucy   |                    |                  |                                  |              |                  |
| Provider Details<br>Point of Contact Details<br>Background Check | H K I F H             | Show All           |                    |                  |                                  |              | 1 - 2 of 2 items |
| Account Details  |                       |                    |                    |                  |                                  |              |                  |
| Provider Documents   |                       |                    |                    |                  |                                  |              | Continue         |
| Acknowledgement  |                       |                    |                    |                  |                                  |              |                  |
| Summary  |                       |                    |                    |                  |                                  |              |                  |

Figure 12: Background Check Grid

To complete the background check for the provider and the point of contact, click on the background check ID for each individual respectively and complete the following process:

|  |  |  |                             | Home Provider  | <ul> <li>Applications - Reso</li> </ul>       | urce Contact 🛆 Greengrass, Dap |  |  |  |
|--|--|--|-----------------------------|--|---|--------------------------------|--|--|--|
| Business Name Greengrass Facility                                  | Background Check Detail  | s  |                             |  |   |                                |  |  |  |
| Provider ID P00018<br>Provider Type Center<br>Status Not Submitted | Provider Details - Greengrass, Da  | phne   |                             |  |   | >                              |  |  |  |
| Provider Details<br>Point of Contact Details                       | Criminal Background Check  |  |                             |  |   |                                |  |  |  |
| Background Check<br>Account Details<br>Provider Documents          | Please follow this link to complete your Criminal Background Check.  |  |                             |  |   |                                |  |  |  |
| Acknowledgement<br>Summary   | Add Criminal Background Check  |  |                             |  |   |                                |  |  |  |
|  | CBC Received Date  | CBC Issued Date                                | CBC Expiration Date         | CBC Result   | CBC Attachmen                                 | nt                             |  |  |  |
|  | H 4 0 P H Show All   |  |                             |  | No Criminal                                   | History Checks found.          |  |  |  |
|  | Child Abuse and Neglect Registry   |  |                             |  |   |                                |  |  |  |
|  |  | oad the forms found at this link to complete ; | our Child Abuse and Negle   | ct Registry Check.   |   |                                |  |  |  |
|  |  | oad the forms found at this link to complete y | your Child Abuse and Negle  | ct Registry Check.   |   |                                |  |  |  |
|  | Please follow the instructions and downlo  | CAN Sent Date CAN Expiration E                 |                             | ct Registry Check.<br>Has this person lived in multiple States                                 | i in last 5 years?                            | GA/N Attachment                |  |  |  |
|  | Please follow the instructions and downle<br>Upload CAIN Authorization Document  |  |                             | Has this person lived in multiple States   | i in last 5 years?<br>Id Abuse and Neglect R- |                                |  |  |  |
|  | Please follow the instructions and downle<br>Upload CAN Authorization Document<br>State Name CAN issued Date   |  |                             | Has this person lived in multiple States   |   |                                |  |  |  |
|  | Please follow the instructions and downla<br>Upload CAN Authorization Document<br>State Name CA'N Issued Date<br>N d D H Show All<br>Please upload CA'N Authorization. |  | Central Registry on Child A | Has this person lived in multiple States<br>No Chi<br>buso/Neglect shall be submitted to the D | Id Abuse and Neglect R                        | egistry Checks Found.          |  |  |  |
|  | Please follow the instructions and downla<br>Upload CAN Authorization Document<br>State Name CA'N Issued Date<br>N d D H Show All<br>Please upload CA'N Authorization. | CAN Sent Date CAN Expiration [                 | Central Registry on Child A | Has this person lived in multiple States<br>No Chi<br>buso/Neglect shall be submitted to the D | Id Abuse and Neglect R                        | egistry Checks Found.          |  |  |  |

Figure 13: Background Check Details

#### How to add CBC Background Check?

- 1. By clicking on the 'Add Criminal Background Check' button the system redirects the user to Criminal Background Check Details screen (refer to Figure 14).
- 2. Add 'CBC Issued Date'
- 3. Add 'CBC Received Date'



- 4. Add 'CBC Expiration Date'
- 5. Select result from 'CBC Result' drop down menu.
- 6. Click on 'Select files' button to upload supporting documents.
- 7. Click on the 'Save' button.

|   |                               |                     |                  | Home Provider - Applic | ations - Resource Co  | ntact 👌 Greengrass, Daphne 🗸 |
|---|-------------------------------|---------------------|------------------|------------------------|-----------------------|------------------------------|
| Business Name Greengrass Facility   | Criminal Background           | Check               |                  |                        |                       |                              |
| Provider ID P00018<br>Provider Type Center  | Provider Details - Greengrass | , Daphne            |                  |                        |                       | •                            |
| Status Not Submitted  | Criminal Background Check     | Details             |                  |                        |                       |                              |
| Provider Details<br>Point of Contact Details<br>Background Check<br>Account Details | CBC Issued Date               | CBC Received Date   | CBC Expiration D | ate                    | CBC Result<br>Pending | 7                            |
| Account Details<br>Provider Documents<br>Acknowledgement<br>Summary                 | Upload CBC Supporting Docu    | iments              |                  |                        |                       |                              |
|   | Select files                  |                     |                  |                        |                       |                              |
|   | Document Name                 | Document Type       | Uploaded Date    | Uploaded By            | Uploaded By           |                              |
|   | H 4 0 F H Show                | All                 |                  |                        |                       | No Record Found.             |
|   | Save Cancel Back to Backgr    | round Check Details |                  |                        |                       |                              |

Figure 14: Criminal Background Check Details

#### How to add Child Abuse and Neglect Registry Details?

- 1. By clicking on the 'Upload CA/N Authorization Document' button the system redirects user to Child Abuse and Neglect Registry screen (refer to Figure 15).
- 2. Upload the document by clicking on the 'Select Files' button and uploading the required document
- 3. Click on the 'Save' button

| ALABAMA ARISE   |  |               | Home          | Provider + | Applications + | Resource | Contact | 👃 Greengrass, Daphne 🕶 |
|---|--|---------------|---------------|------------|----------------|----------|---------|------------------------|
|   | Child Abuse and Neglect Registry             |               |               |            |                |          |         |                        |
| Business Name Greengrass Facility<br>Provider ID P00018<br>Provider Type Center | Provider Details - Greengrass, Daphne        |               |               |            |                |          |         | >                      |
| Status Not Submitted  | Upload CA/N Authorization Document           |               |               |            |                |          |         |                        |
| Provider Details<br>Point of Contact Details<br>Background Check                | Select files                                 |               |               |            |                |          |         |                        |
| Account Details<br>Provider Documents<br>Acknowledgement<br>Summary             | Document Name                                | Document Type | Uploaded Date |            | Uploa          | ded By   |         |                        |
|   | Save Cancel Back to Background Check Details |               |               |            |                |          |         |                        |

Figure 15: Child Abuse and Neglect Registry Details

The user must include both, the Criminal Background Check and the Child Abuse and Neglect Registry Details, to complete the background check section. Following this, to proceed:

1. Click on the "Save" button to save the record



- 2. Click on 'Back on Background Check Details' to be directed back to the Background Check Details Page (Figure 13)
- 3. Click on 'Submit' to submit the background check details.

Repeat this process for the Provider and all added Points of Contact to successfully complete the Background Check section of the Provider Profile.

### 2.4 Account Details

This screen allows provider to enter 'Account Details'. If the user wishes to apply for Subsidy, they may select 'Yes', if not, then 'No'.

|                             |                   | 11011001          | Applications •    | Resource          | Contact           | 🐣 Greengrass, Daphne 🗸 |
|-----------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|------------------------|
| Account Details             |                   |                   |                   |                   |                   |                        |
| Apply for Subsidy<br>Yes No |                   |                   |                   |                   |                   |                        |
|                             |                   |                   |                   |                   |                   | Continue               |
|                             | Apply for Subsidy      |

#### Figure 16: Account Details

#### How to add Account Details?

- 1. Click on 'Yes', in response to 'Do you wish to apply for subsidy?'
- 2. Click on 'Create New Account Detail'

| Account Details   |                             |                 |                 |  |  |  |  |  |  |
|---|-----------------------------|-----------------|-----------------|--|--|--|--|--|--|
| Apply for Subsidy       Image: Western State     Image: Western State   |                             |                 |                 |  |  |  |  |  |  |
| Create New Account Detail   |                             |                 |                 |  |  |  |  |  |  |
| Account Type Payment Method on File   | Payment Method Updated Date | Billing Address | Mailing Address |  |  |  |  |  |  |
| Image: All show |                             |                 |                 |  |  |  |  |  |  |

Figure 17: Create New Account Detail Button

3. Users will be redirected to the screen to add the account details:



| ALABAMA ARISE   |   |                         | Home Provider - Applications - Resource Contact 🛆 Gr | eengrass, Dapi |
|---|---|-------------------------|--|----------------|
|   | Add Account Details   |                         |  |                |
| Business Name Greengrass Facility<br>Provider ID P00018<br>Provider Type Center<br>Status Not Submitted | Account Details   |                         |  |                |
| Provider Details<br>Point of Contact Details<br>Background Check  | Viewing or Editing Bank Account Send Code Verification Code | e                       | ent to your email address.                           |                |
| Account Details<br>Provider Documents   | Account Type  | Routing Number          | Account Number                                       |                |
| Acknowledgement<br>Summary  | Select  | Routing Number          | Account Number                                       |                |
|   |   | Confirm Routing Number  | Confirm Account Number                               |                |
|   |   | Confirm Routing Number  | Confirm Account Number                               |                |
|   | Billing Address   |                         |  |                |
|   | Street 1  |                         |  | * Q            |
|   | Street 2  |                         |  |                |
|   | City  | Select 🗸                | Zip Code County                                      | *              |
|   | Is mailing address same                                     | as the billing Address? |  |                |
|   | Mailing Address   |                         |  |                |
|   | Street 1  |                         |  | * Q            |
|   | Street 2  |                         |  |                |
|   | City  | Select 🔻                | Zip Code County                                      | *              |
|   | Save Cancel Back to Ac                                      | ccount Details          |  |                |

Figure 18: Add Account Details

- 4. A verification code is sent to the user's email address in order to add the account details.
- 5. On entering the verification code and the account details, user may click on 'Save' to save the information.

### 2.5 Provider Documents

The Provider Documents interface contains Provider Related Documents and a grid for uploading documents. The Provider Related Documents grid contains a variety of documents required to continue with the Provider Profile.

There are visual indicators in the form of a cross for documents that have not yet been uploaded and a checkmark for submitted documents. Documents can be uploaded by clicking on Select Files button through which user selects files from the local drive and uploads the same for each of the required documents.

#### How to add Provider Documents?

- 1. Click on the respective document hyperlink.
- 2. Click "Select Files" to be uploaded.
- 3. Click on 'upload' button.
- 4. Once all documents have been uploaded, the visual indicator for 'Provider Documents' will be green checked.



|   | Provider Documents                  |  |                                       |               |                  |
|---|-------------------------------------|--|---------------------------------------|---------------|------------------|
| Business Name Greengrass Facility<br>Provider ID P00018<br>Provider Type Center | Note: To complete the provider prol | ile, please upload the following documents | s which are required to be submitted. |               |                  |
| Status Not Submitted  | Provider Reference Document - G     | Greengrass, Daphne [Pending]               |                                       |               |                  |
| Provider Details<br>Point of Contact Details                                    | Provider Reference Document - C     | Sreengrass, Lucy [Pending]                 |                                       |               |                  |
| Background Check<br>Account Details<br>Provider Documents                       | Optional Documents                  |  |                                       |               |                  |
| Acknowledgement   | Application Upload History          |  |                                       |               |                  |
| Summary   | Document Name                       | ▼ Description                              | T Uploaded Date                       | ▼ Uploaded By | т                |
|   | H I O I H Show                      | / All                                      |                                       | No            | Document History |

Figure 19: Provider Documents Screen

### 2.6 Acknowledgement

The Acknowledgement page includes a list of questions and statements that the user must respond to before they can submit their Provider Profile for approval.

#### How to complete the Acknowledgement Section?

- 1. Respond to each question by selecting either 'Yes' or 'No'
- 2. In case required, fill in the mandatory description box with an explanation of the response
- 3. Click on 'Save' to save the responses and proceed

| ALABAMA ARISE   | Home Provider - Applications - Resource Contact  | 占 Greengrass, Da |
|---|--|------------------|
|   | Acknowledgement  |                  |
| Business Name Greengrass Facility<br>Provider ID P00018<br>Provider Type Center<br>Status Not Submitted | NOTE: Please answer all of the following questions by selecting the appropriate answer, "Yes" or "No". Please provide any additional information if required.  |                  |
|   | ACKNOWLEDGEMENT  | •                |
| Provider Details<br>Point of Contact Details<br>Background Check  | 1. Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?  | OYes O No        |
| Account Details<br>Provider Documents<br>Acknowledgement  | 2. Have you ever been convicted of a crime (other than minor traffic violations) not previously reported to the LCU?   | O Yes O No       |
| Summary   | 3. Are you now or have you ever been licensed in any state/jurisdiction? (If Yes, be sure to complete the section below.)  | O Yes O No       |
|   | 4. Has any authority taken adverse action against your license or privileges or informed you of any pending charges not previously reported to this LCU?   | O Yes O No       |
|   | 5. I choose to participate in QRIS   | O No O Yes       |
|   | <ol> <li>Ihereby agree to:</li> <li>Maintain standards prescribed and published by the department.</li> <li>Submit to the department any reports or make available to the department any records required by the department in making an investigation for licensing purposes.</li> <li>Submit to investigation by the department.</li> <li>Admit authorized representatives of the department any reasonable time for the purpose of investigation.</li> <li>Forvide maintain, equip, and keep in safe and sanitary condition the premises established or used for childcare as required under standards prescribed by the department, or otherwise required by any law, regulation or ordinance, applicable to such facility.</li> <li>Bolpaty the license, license exemption or permit.</li> <li>Maintain financial resources adeguate for the satisfactory care of children reserved in regard to upkeep of premises and provisions for personal care, medical services, clothing, learning experience, and other essentials in the proper care, rearing, and training of children.</li> </ol> | O No O Yes       |
|   | 7. I acknowledge in accordance with Title 38, Chapter 7, Section 18 Code of Alabama 1976, any person, group of persons, association or corporation who makes materially failes statements in order to obtain a license, license exemption or permit shall be guilty of a misdemanor and shall be fined not less than \$100.00 or more than \$1,000.00 or be imprisoned in the county jail no longer than one year, or both, and in case of an association or corporation, imprisonment may be imposed upon its officers who knowingly participated in the violation. Understanding the penalties for false statements. I attest that the statements in this application are true and correct, to the best of my knowledge and belief.  | O No O Yes       |
|   | Save Cancel  | Continu          |

Figure 20: Acknowledgement



### 2.7 Summary

On the Summary screen, the user can view the necessary Action Items that are required to complete and submit your profile.

Additionally, there is an Attestation and Acknowledgment grid where user marks a checkbox to confirm that the information you provided is truthful, precise, and comprehensive. Once all previous sections have been satisfactorily completed and you have checked the Required for Profile Submission grid for each section, you can add the Provider's Signature and Date.

Visual indicators such as checkmarks and crosses are used to display the completed and incomplete sections respectively. By clicking on the hyperlink of the incomplete sections, you can complete the action required.

Finally, by clicking on the submit button, you can proceed to submit your provider profile and move on to the License or Subsidy application process.

#### Note:

- 1. Each action item is conveniently signified with intuitive visual cues for your ease. The green check mark represents completed tasks, while a red cross symbol is attributed to those yet to be completed.
- 2. Click on the hyperlink accompanying any pending action item, and it will redirect to the respective task awaiting completion
- 3. Complete all the sections in Provider Profile in order to get the profile approved

|  | Summ  | У   |                      |  |  |      |  |  |
|--|---|---|----------------------|--|--|------|--|--|
| Business Name Greengrass Facility  |   |   |                      |  |  |      |  |  |
| Provider ID P00018   |   |   |                      |  |  |      |  |  |
| Provider Type Center   | Require   | or Profile Submission   |                      |  |  |      |  |  |
| Provider Details<br>Point of Contact Details<br>Background Check<br>Account Dotails<br>Provider Documents<br>Acknowledgement<br>Stummary | <ul> <li>✓ Prc</li> <li>✓ G</li> <li>✓ G</li> <li>✓ Ackn</li> </ul> | Documents<br>vr Reference Document<br>sgrass, Daphne<br>sgrass, Lucy<br>adgement<br>and Acknowledgement<br>This application is signed by the applicant//<br>pplicant/owner/licensee is a corporation, v |                      |  |  |      |  |  |
|  |   | ndicated on the provider details section.   |                      |  |  |      |  |  |
|  |   | ignature  |                      |  |  | Date |  |  |
|  | Provider  | ignature  | Provider's Signature |  |  |      |  |  |

#### Figure 21: Summary screen



### **3. LICENSING APPLICATION**

The initial licensing application for providers in childcare system refers to the formal process through which individuals or organizations apply for a license to operate a childcare facility or provide childcare services. This application is typically submitted to the appropriate regulatory agency at the state or local level and serves as the initial step towards obtaining legal permission to operate a childcare business.

Users can create a new application by clicking Application case menu > Facility Applications and then Create New Application button. After clicking the Create New Application button, the system will redirect the user to Facility Management screen where user has to enter Facility related information.

#### How to create an Initial Licensing Application?

1. Click on the 'action needed' hyperlink displayed in License Application navigation checklist

OR

- 2. Click on the Application module at the top of the screen
- Select Facility Applications. You will be navigated to application summary grid screen, as follows:

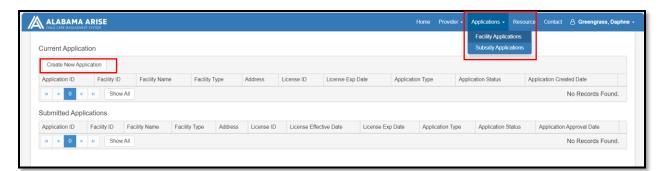


Figure 22: Licensing Application Screen

4. Click on 'Create New Application' from the current application grid. You will be navigated to screen displaying facility application fields as follows:



| reate New Application   |                  |   |    |                   |
|---|------------------|---|----|-------------------|
|   |                  |   |    |                   |
| plication Type  |                  |   |    |                   |
|   |                  |   |    |                   |
| Information   |                  |   |    |                   |
| Name 🟮  |                  |   |    |                   |
| Facility Name   |                  |   |    | Apply for Subsidy |
| Physical Address of Facility  |                  |   |    |                   |
| Street 1  |                  |   |    | <mark>ر</mark> م  |
| Street 2  |                  |   |    |                   |
| City  | •                | Select Zip Code                                 | •  | County            |
|   |                  |   |    |                   |
| Primary Phone Number Type Select  | 7                | Primary Phone Number Primary Phone Number       | •  | Ext.              |
|   | ×1               |   |    |                   |
| Alternate Phone Number Type   | •                | Alternate Phone Number Alternate Phone Number   |    | Ext.              |
|   |                  |   |    | LAL               |
| Facility Email  |                  | Website   |    | Fax Number        |
|   | •                | http://www.domain.com or https://www.domain.com |    | Fax Number        |
| Jon@domain.com  |                  |   |    |                   |
| Jon@domain.com Point of Contact   |                  |   |    |                   |
|   |                  |   |    |                   |
| Point of Contact  | 7                |   |    |                   |
| Point of Contact<br>Contact Type  | 7                | Middle Name                                     |    | Last Name         |
| Point of Contact<br>Contact Type<br>Select  | স<br>ম           | Middle Name<br>Middle Name                      |    | Last Name         |
| Point of Contact Contact TypeSelect First Name Erst Name Contact Name Erst Name |                  |   |    | Last Name Gender  |
| Point of Contact Contact TypeSelect First Name First Name   | بة<br>الم<br>الم | Middle Name                                     | đ  | Last Name         |
| Point of Contact Contact TypeSelect First Name Erst Name Contact Name Erst Name |                  | Middle Name                                     | E. | Last Name Gender  |

Figure 23: Create New Application form

- 5. Enter all the information for all mandatory fields
- 6. In case the user would like to apply for subsidy, select the 'Apply for Subsidy Checkbox'
- 7. Click on 'Continue' to proceed with the application. However, you won't be able to proceed in case of any mandatory field has not been entered.
- 8. Clicking on 'Continue' button will redirect user to the orientation screen

### 3.1 Orientation

Orientation seminars or webinars play a significant role in the initial licensing application process for providers in the US childcare industry. These orientations provide essential information and guidance to prospective providers, helping them understand the requirements, regulations, and expectations associated with running a childcare facility.

#### How to complete Orientation?

1. Click on the 'Click here' hyperlink below the Webinar Link to download the required material



- 2. Click on the Take Orientation Quiz button.
- 3. Attempt to respond to the questions based on the downloaded material. Users will have a maximum of 3 attempts and must score at least 80% to pass the quiz.
- 4. Click on Save button to submit the quiz

|  |   | Home | Provider - | Applications - | Scheduler - | Resource | Contact | 🐣 Greengrass, Daphne 🗸 |
|--|---|------|------------|----------------|-------------|----------|---------|------------------------|
| Application ID AP022<br>Date 6/26/2024<br>Application Type Initial<br>Facility Type Center   | Orientation<br>Standards Document<br>Click here |      |            |                |             |          |         | _                      |
| Name Greengrass Facility<br>Criteritation<br>Facility Information<br>Facility Operation Information<br>Facility Operation Information<br>Facility Stately Inspection Certificate |   |      |            |                |             |          |         |                        |
| Building Use Agreement<br>Supporting Documents<br>Acknowledgement<br>Summary   |   |      |            |                |             |          |         |                        |

Figure 24: Orientation

On successfully completing the quiz:

5. Download Orientation Certificate button along with quiz details such as completion date, score, result etc will be displayed if user meets minimum of 80% criterion

|  |                                     | Hor                    | ne Provider - | Applications - | Scheduler - | Resource | Contact | A Greengrass, Daphne - |
|--|-------------------------------------|------------------------|---------------|----------------|-------------|----------|---------|------------------------|
| Application ID AP022   | Orientation                         |                        |               |                |             |          |         |                        |
| Date 6/26/2024   | Quiz Completion Date                |                        |               |                |             |          |         |                        |
| Application Type Initial   | 6/26/2024                           |                        |               |                |             |          |         |                        |
| Facility Type Center<br>Name Greengrass Facility   | Score<br>93.75%                     | <b>Result</b><br>Pass  |               |                |             |          |         |                        |
| Orientation<br>Facility Information  | Logged in Person                    | Email                  |               |                |             |          |         |                        |
| Facility Operation Information   | Greengrass, Daphne                  | daphne@sharklasers.com |               |                |             |          |         |                        |
| Fire Safety Inspection Certificate<br>Building Use Agreement<br>Supporting Documents<br>Acknowledgement<br>Summary | La Download Orientation Certificate |                        |               |                |             |          |         | Continue               |

Figure 25: Orientation Quiz Results

To proceed:

6. Click on 'Facility Information' tab from the left navigation to proceed with the application. You will be navigated to screen displaying facility details entered while initiating the application.

### 3.2 Facility Information

The Facility Information screen displays the facility details entered while initiating the application. Facility Information, Physical Address of Facility, Phone Number and Point of Contact.



Once all the mandatory fields have been filled, the user can move on to the next section by clicking on Facility Operations Information tab.

|  |  | Home Provider - Applications -                  | Scheduler - Resource Contact 🛆 Greengrass, Daphne - |
|--|--|---|---|
|  | Facility Information                                     |   |   |
| Application ID AP022<br>Date 6/26/2024<br>Application Type Initial                   | Information  |   | <b>v</b>  |
| Facility Type Center<br>Name Greengrass Facility                                     | Name 🗿<br>Greengrass Facility                            |   | Apply for Subsidy                                   |
| Orientation<br>Facility Information<br>Facility Operation Information                | Physical Address of Facility                             |   |   |
| Fire Safety Inspection Certificate<br>Building Use Agreement<br>Supporting Documents | 1506 East Franklin Street United States                  |   | ٩   |
| Acknowledgement<br>Summary   | Street 2<br>Chapel Hill                                  | AL <b>*</b> 27514                               | Autauga   |
|  | Different Mailing Address                                |   |   |
|  | Phone Number   |   |   |
|  | Primary Phone Number Type Cell Phone                     | Primary Phone Number<br>(098) 912-3456          | Ext.  |
|  | Alternate Phone Number Type                              | Alternate Phone Number Alternate Phone Number   | Ext.  |
|  | Facility Email   | Website   | Fax Number  |
|  | daphne@sharklasers.com                                   | http://www.domain.com or https://www.domain.com | Fax Number  |
|  | Point of Contact   |   |   |
|  | Contact Type<br>(Provider - Licensee) Greengrass, Daphne |   |   |
|  | First Name   | Middle Name                                     | Last Name   |
|  | Daphne   | Middle Name                                     | Greengrass  |
|  | Email daphne@sharklasers.com                             | Date Of Birth 01/01/2000                        | Gender<br>Female                                    |
|  |  |   |   |
|  | Save   |   | Continue  |

Figure 26: Facility Information

### 3.3 Facility Operation Information

The Facility Operation Information Page includes details of the operations times, children to be served, types of care provided, and facility closure details. The page captures all details required regarding the real-time operation of the facility.

#### How to add facility operation information?

- 1. Select 'Service Schedule' which indicates the period you will be offering services to child and youth
- 2. Enter 'Proposed number of children to be cared for'
- 3. Enter the opening time.
- 4. Enter the closing time.
- 5. Check the applicable checkboxes from 'Hours of Operation' container



- 6. Click the 'Select Children to be Served' drop-down menu to select, by age category, the children who will be served at the facility.
- 7. Select 'Care Type'
- 8. Select 'Program Type'
- 9. Click on the 'Add Closure' button to declare a holidays
- 10. Enter the holiday's name and date
- 11. Click 'Update' to save the information.
- 12. After completing all required fields, the user can select the Save button to save the information entered and proceed to the next section.

| Application ID AP022   | Facility Operation Inform   |                           |              |                      |                                    |
|--|---|---------------------------|--------------|----------------------|------------------------------------|
| Date 6/26/2024   | Facility Operation Information  |                           |              |                      | ~                                  |
| Application Type Initial<br>Facility Type Center                   |   |                           |              |                      |                                    |
| Name Greengrass Facility   | Service Schedule ()   |                           |              |                      | number of children to be cared for |
| rientation   | Select  |                           |              | → 1                  | \$*                                |
| acility Information  | Hours of Operation  |                           |              |                      |                                    |
| acility Operation Information<br>ire Safety Inspection Certificate |   |                           |              |                      |                                    |
| uilding Use Agreement  | Note: Daytime hours 5 AM - 7 PM,  | Night hours: 7 PM - 5 AM. |              |                      |                                    |
| upporting Documents<br>cknowledgement                              | Opening Time Closing  | a Time                    |              |                      |                                    |
| ummary   |   | C 24 F                    | lours Sar    | ne Time For Selected | Operate on Holidays                |
|  |   |                           |              |                      |                                    |
|  |   |                           |              |                      |                                    |
|  |   | Day Time                  |              | Night Time           |                                    |
|  |   | Opening Time              | Closing Time | Opening Time         | Closing Time                       |
|  | Monday  |                           | ©            |                      |                                    |
|  |   |                           |              |                      |                                    |
|  | Tuesday   | ©                         | 0            |                      | ©                                  |
|  | Wednesday   | G                         | G            |                      | G                                  |
|  | Thursday  | G                         | ©            |                      | ©                                  |
|  | Friday  | G                         | G            | G                    | G                                  |
|  | Saturday  | ©                         | ©            | G                    | G                                  |
|  |   |                           |              |                      |                                    |
|  | Sunday  | G                         | G            | G                    | ©                                  |
|  | Children To Be Served Select all that apply Type of Care Category Traditional | Non Traditional           |              |                      |                                    |
|  | Weekend Care  | Evening Care              | 24           | Hours                |                                    |
|  |   |                           |              |                      |                                    |
|  | Program Type  | Out of Scho               | ol Time      |                      |                                    |
|  | Program Type  | O Yes                     | No           |                      |                                    |
|  |   |                           |              |                      |                                    |
|  | Facility Closures/Holidays  |                           |              |                      |                                    |
|  | Add Closure   |                           |              |                      |                                    |
|  | Closure Reason/Holiday Name   |                           |              |                      |                                    |
|  |   | Show All                  |              |                      |                                    |
|  |   | 5.10H / H                 |              |                      |                                    |
|  |   |                           |              |                      |                                    |
|  |   |                           |              |                      |                                    |

Figure 27: Facility Operation Information

21



### 3.4 Fire Safety Inspection Certificate

A fire safety inspection of the facility must necessarily be conducted before the facility can be licensed or approved. The Fire Safety Inspection Certificate allows the user to add details of the fire safety inspection and its results.

|  | Home Provider - Applications - Scheduler - Resource Contact 🔒 Greengrass, Daph  |
|--|---|
| ALPOARTA AROSE<br>Cons 2 advancements<br>Application ID AP022<br>Date G/26/2024<br>Application ID AP022<br>Date G/26/2024<br>Application ID pe Initial<br>Facility Type Center<br>Name Greengrass Facility<br>Orientation<br>Facility Operation Information<br>Facility Operation Information<br>Facility Operation Information<br>Facility Operation Information<br>Building Use Agreement<br>Supporting Documents<br>Acknowledgement | Fire Safety Inspection Details<br>Fire Safety Inspection Details<br>Fire Safety Inspection Date<br>Show All<br>Continue<br>Continue<br>Continue |

Figure 28: Fire Safety Inspection Certificate

#### How to Add Fire Safety Inspection Certificate?

1. Click on 'Add Fire Safety Inspection Details'. You will be navigated to screen displaying required fields for Fire Safety Inspection Certificate:

|   |  | Home  | Provider + | Applications - | Scheduler - | Resource | Contact | පි Greengrass, Daphn |
|---|--|---|------------|----------------|-------------|----------|---------|----------------------|
|   | Add Fire Safety Inspection Informati   | ion   |            |                |             |          |         |                      |
| Application ID AP022<br>Date 6/26/2024<br>Application Type Initial  | Fire Safety Inspection Information   |   |            |                |             |          |         |                      |
| Facility Type Center<br>Name Greengrass Facility  | Fire Safety Inspection Date  | Source  |            | •              |             |          |         |                      |
| Orientation<br>Facility (progration Information<br>Facility Operation Information<br>File Safety Inspection Certificate<br>Building Use Agreement<br>Supporting Documents<br>Acknowledgement<br>Summary | Fire Safety Inspection Status Select Note. Please upload the Fire inspection certificate docume Documents Select files | Fire Safety Inspection Numbe<br>Fire Safety Inspection Numbe<br>Int that you received from the agen | 91         |                |             |          |         |                      |
|   | Save Cancel Back To Fire Safety Inspection   |   |            |                |             |          |         |                      |

Figure 29: Fire Safety Inspection Information Form

- 2. Enter Fire Safety Inspection Date
- 3. Select Source (defaults to Department of Buildings)
- 4. Enter Fire Safety Inspection Status
- 5. Enter Fire Safety Inspection Approval Date if status is selected as 'Approved'
- 6. Enter Fire Safety Inspection Number
- 7. Upload the supporting document
- 8. Click on the "Save" button to save.



### 3.5 Building Use Agreement

A Building Use Agreement in the context of childcare refers to a legal contract or agreement between a childcare provider or organization and the owner or operator of a building or facility where the childcare services are provided. This agreement outlines the terms and conditions of the arrangement between the parties involved.

|   | Home | Provider - | Applications - | Scheduler - | Resource | Contact | 🛆 Greengrass, Daphne - |
|---|------|------------|----------------|-------------|----------|---------|------------------------|
| Application ID AP022<br>Date 8/26/2024<br>Application Type Initial<br>Facility Type Center<br>Name Greengrass Facility<br>Orientation<br>Facility Operation Information<br>Facility Operation Information<br>Facility Operation Information<br>Fire Sately Inspection Certificate<br>Building Use Agreement<br>Supporting Documents<br>Acknowledgement<br>Summary |      |            |                |             |          | Condu   | Continue               |

Figure 30: Building Use Agreement

#### How to submit a Building Use Agreement?

- 1. Select 'Yes' if you are willing to submit a Building Use Agreement or else 'No'. The system will load the form as per the selection
- 2. In case you select 'No', you will be required to upload a supporting document before you proceed.
- 3. In case you select 'Yes', the following form will appear:



|  | Building Use Agreement                |                             |                          |   |                      |
|--|---------------------------------------|-----------------------------|--------------------------|---|----------------------|
| Application ID AP022   | Building ober igreement               |                             |                          |   |                      |
| Date 6/26/2024   | Do you have a Building Use Agreement? |                             |                          |   |                      |
| Application Type Initial<br>Facility Type Center                   | Yes                                   | <b>2</b>                    |                          |   |                      |
| Name Greengrass Facility   | Property Occupancy Status             |                             | Emergency Provider's Con | tact Information (Contingency Location  | on)                  |
| Drientation  | - Select                              | 7                           | Emergency Provider's Con | tact Information (Contingency Location) |                      |
| acility Information  | Purpose of Use                        | Guidelines and Requirements | S                        | User Responsibilities                   |                      |
| acility Operation Information<br>ire Safety Inspection Certificate | •                                     |                             |                          |   |                      |
| Building Use Agreement   |                                       |                             |                          |   |                      |
| Supporting Documents   | 4                                     |                             | 4                        |   |                      |
| ummary   | 500 character(s) left.                |                             | 500 character(s) left.   |   | 500 character(s) lef |
|  |                                       |                             |                          |   |                      |
|  |                                       |                             |                          |   |                      |
|  |                                       |                             |                          |   |                      |
|  | 500 character(s) left.                |                             |                          |   |                      |
|  | Physical Address                      |                             |                          |   |                      |
|  | Street 1                              |                             |                          |   | • Q                  |
|  | Street 2                              |                             |                          |   |                      |
|  |                                       |                             |                          |   |                      |
|  | City                                  | Select 😯                    | Zip Code                 | County                                  | 7                    |
|  | Phone Number                          |                             |                          |   |                      |
|  | Primary Phone Number Type             | Primary Phone Number        |                          | Ext.                                    |                      |
|  | Select                                | Primary Phone Number        | 4                        | Ext                                     |                      |
|  | Alternate Phone Number Type           | Alternate Phone Number      |                          | Ext.                                    |                      |
|  | Select 🔻                              | Alternate Phone Number      |                          | Ext.                                    |                      |
|  | Fax Number                            |                             |                          |   |                      |
|  | Fax Number                            |                             |                          |   |                      |
|  |                                       |                             |                          |   |                      |
|  | Documents                             |                             |                          |   |                      |
|  |                                       |                             |                          |   |                      |
|  | Documents<br>Select files             |                             |                          |   |                      |

Figure 31: Add Building Use Agreement Details

- 4. Enter the emergency provider's contact information (Contingency Location)
- 5. Enter the purpose of use
- 6. Enter Guidelines and Requirements
- 7. Enter User Responsibilities
- 8. Enter User Restriction.
- 9. From the drop-down menu, choose Yes or No for the facility usage fee
- 10. Enter the Physical Address
- 11. Enter contact details
- 12. Click on 'Select Files" button in the Documents section to upload relevant file
- 13. Click on the "Upload" button to add the documents to your application
- 14. Save your work by clicking the "Save" button.



### **3.7 Supporting Documents**

The Supporting Documents screen displays the list of mandatory documents that the user must upload to complete their licensing application.

Visual cues such as green checkmarks and red crosses indicate whether a required document has been successfully uploaded or not. Users will also be able to see an application upload history where they will be able to access all the documents that are uploaded.

#### How to upload a document?

- 1. Click on the respective document's hyperlink
- 2. Select the file to be uploaded
- 3. Click on 'Upload Document

|  | Supporting Documents   |  |   |                                    |   |           |                     |          |
|--|--|--|---|------------------------------------|---|-----------|---------------------|----------|
| Application ID AP022<br>Date 6/26/2024<br>Application Type Initial<br>Facility Type Center |  | please upload the following documents which are required to be submitted |   |                                    |   |           |                     |          |
| Name Greengrass Facility   | × Medical Health Form [Pending]  |  |   |                                    |   |           |                     |          |
| Drientation<br>Facility Information  | × Floor Plan [Pending]   |  |   |                                    |   |           |                     |          |
| acility Operation Information<br>Fire Safety Inspection Certificate                        | Emergency Preparedness and Response  | e Plan (EPRP) [Pending]  |   |                                    |   |           |                     |          |
| Building Use Agreement   | X Catering Plan/Food Permit [Pending]  |  |   |                                    |   |           |                     |          |
| upporting Documents  |  |  |   |                                    |   |           |                     |          |
| Supporting Documents<br>Acknowledgement<br>Summary   | Health Inspection (Pending)  |  |   |                                    |   |           |                     |          |
| cknowledgement   |  |  |   |                                    |   |           |                     |          |
| cknowledgement   | Health Inspection [Pending]  |  |   |                                    |   |           |                     | <b>.</b> |
| cknowledgement   | Health Inspection (Pending)     Optional Documents     Application Upload History  | Description  | Ŧ | Uploaded Date                      |   | T Uploade | d By                | v<br>T   |
| cknowledgement   | Health Inspection (Pending)     Optional Documents     Application Upload History  | Description<br>Fire Safety Inspection Certificate                        |   | Uploaded Date<br>6/26/2024 2:47 PM |   |           | d By<br>ass, Daphne |          |
| cknowledgement   | Health Inspection (Pending)     Optional Documents     Application Upload History     Document Name                        |  |   |                                    |   | Greengr   |                     |          |
| cknowledgement   | Health Inspection (Pending)     Optional Documents     Application Upload History     Document Name     Test Document docx | Fire Safety Inspection Certificate                                       |   | 6/26/2024 2:47 PM                  | 2 | Greengr   | ass, Daphne         |          |

Figure 32: Supporting Documents

### 3.8 Acknowledgement

The Acknowledgement screen presents a series of questions, each with a Yes or No option. The user must answer all questions by selecting the appropriate option and then click on the save button to store the entered details.

If required, the user must also fill in a mandatory description box to explain their responses.

Clicking on the Acknowledgement section of the left navigation pane will direct the user to the following screen:



|   | Acknowledgement  |       |      |      |
|---|--|-------|------|------|
| Application ID AP022<br>Date 6/26/2024<br>Application Type Initial    | NOTE: Please answer all of the following questions.  |       |      |      |
| Facility Type Center<br>Name Greengrass Facility                      | I/we understand the requirements to report known or suspected child abuse.   | ⊖ Yes | 0    | No   |
| Orientation<br>Facility Information<br>Facility Operation Information | I/we shall obtain approval from the licensing agency before making changes in our license capacity, or to our home.  | ⊖ Yes | 0    | No   |
| Fire Safety Inspection Certificate Building Use Agreement             | I/we have a valid lease and permission from the owner/landlord to operate a child development facility on the premises.  | ⊖ Yes | 0    | No   |
| Supporting Documents<br>Acknowledgement                               | I/we shall notify the licensing agency when we want to discontinue operating a licensed child development facility.  | ⊖ Yes | 0    | No   |
| Summary   | I/we have read the laws and regulations governing the operation of this licensed facility and it is the intention of this applicant to comply. I/We understand that I/we are responsible for meeting and always maintaining compliance with all applicable childcare licensing laws and regulations. | ○ Yes | 0    | No   |
|   | I/we attest, under penalty of perjury, that to the best of my (our) knowledge, the contents of this application and the information provided with it are true, accurate, and complete.   | O Yes | 0    | No   |
|   | Save Cancel  | 1     | Cont | inue |

Figure 33: Acknowledgement Screen

### 3.9 Summary

The Summary screen includes an Action Items grid. Each action item is conveniently indicated with intuitive visual cues for your ease. The green check mark represents completed tasks, while a cross symbol is attributed to those yet to be completed.

Simply click on the hyperlink accompanying any pending action item, and it will smoothly guide you to the respective task awaiting completion.

#### How to to Attest, Acknowledge and Submit the application?

- 1. Check if all the required action items are green ticked
- 2. Click on 'here' hyperlink to download Rights and Responsibilities document
- 3. Check the Rights and Responsibilities checkbox
- 4. Check the acknowledgement checkbox
- 5. Add Signature
- 6. Submit the Application



|  | Summary  |                                     |                             |             |
|--|--|-------------------------------------|-----------------------------|-------------|
| Application ID AP022                             |  |                                     |                             |             |
| Date 6/26/2024                                   | Required for Application Submission  |                                     |                             |             |
| Application Type Initial                         | Required for Application Submission  |                                     |                             |             |
| Facility Type Center<br>Name Greengrass Facility | ✓ Orientation  |                                     |                             |             |
| Name Greengrass Facility                         | <ul> <li>Facility Operation Information</li> </ul>   |                                     |                             |             |
| Prientation                                      | <ul> <li>Building Use Agreement</li> </ul>   |                                     |                             |             |
| acility Information                              | <ul> <li>Fire Safety Inspection Certificate</li> <li>Supporting Documents</li> </ul>                   |                                     |                             |             |
| acility Operation Information                    | <ul> <li>Medical Health Form</li> </ul>  |                                     |                             |             |
| ire Safety Inspection Certificate                | <ul> <li>Floor Plan</li> </ul>   |                                     |                             |             |
| uilding Use Agreement                            | <ul> <li>Emergency Preparedness and Response Plan (EPRP)</li> <li>Ontering Plan/Eard Premit</li> </ul> |                                     |                             |             |
| upporting Documents                              | Catering Plan/Food Permit     Health Inspection  |                                     |                             |             |
| cknowledgement                                   | <ul> <li>Acknowledgement</li> </ul>  |                                     |                             |             |
| Summary  |  |                                     |                             |             |
|  | Attestation  |                                     |                             |             |
|  | This application shall be signed by the applican<br>applicant/owner/licensee is a corporation, writte  | hat the person signing the applicat | ion has the authority to do | so shall be |
|  | received by FAX cannot be accepted.  |                                     |                             |             |
|  | indicated on the first page of the application for   |                                     | Date                        | C.          |

#### Figure 34: Summary

### 4. INSPECTIONS AND LICENSE APPROVAL

Once the provider's initial license application has been submitted and accepted, a facility inspection will be conducted to determine whether the facility meets the prescribed standards.

In order for the inspection to be conducted, the provider will need to complete a few more steps and provide Classroom, Staff, Capacity, and Background Check information that will be reviewed and assessed during the inspection. These steps will automatically appear on the provider's dashboard once their initial application has been accepted, as follows:

| Profile Setup                   |                            | Initial Application - | Greengrass Fac              | ility (F00024)         |                           |                                       |                                    |                   |                                 |                                |               |     |
|---------------------------------|----------------------------|-----------------------|-----------------------------|------------------------|---------------------------|---------------------------------------|------------------------------------|-------------------|---------------------------------|--------------------------------|---------------|-----|
| + Oreate Account<br>O Completed |                            | License Application   | Classrooms<br>Action Needed | Staff<br>Action Needed | Capacity<br>Action Needed | Q<br>Background Checks<br>In Progress | Facility Inspection<br>In Progress | Clicense Approval | \$<br>Facility Rates<br>Pending | Subsidy Application<br>Pending |               |     |
| Tasks and Notices               |                            |                       |                             |                        |                           |                                       |                                    |                   |                                 |                                |               |     |
| Message                         |                            |                       |                             |                        |                           |                                       |                                    | Ŧ                 | Generated Date                  | ¢.                             | Ŧ             |     |
| Please complete staff back      | ground check.              |                       |                             |                        |                           |                                       |                                    |                   | 06/26/2024                      |                                |               |     |
| Your Provider Profile has t     | een Approved.              |                       |                             |                        |                           |                                       |                                    |                   | 06/26/2024                      |                                |               |     |
| Your Provider Subsidy App       | lication FSA00021 is pendi | ng a submission.      |                             |                        |                           |                                       |                                    |                   | 06/26/2024                      |                                |               |     |
| Please complete provider        | ackground check.           |                       |                             |                        |                           |                                       |                                    |                   | 06/26/2024                      |                                |               |     |
| Please complete provider        | ackground check.           |                       |                             |                        |                           |                                       |                                    |                   | 06/26/2024                      |                                |               |     |
| H 4 1 F H                       | Show All                   |                       |                             |                        |                           |                                       |                                    |                   |                                 |                                | 1 - 5 of 5 it | ems |
| Broadcast Messages              |                            |                       |                             |                        |                           |                                       |                                    |                   |                                 |                                |               |     |
| Message Title                   |                            | Message Text          |                             |                        | T Rec                     | eived Date                            |                                    | Ŧ                 | Expiration Date                 | 0                              |               | Ŧ   |





### 4.1 Classrooms

The classrooms section will allow the user to add details of all planned classrooms, staff members responsible for each classroom, and the care level that will be catered to in the classroom. These details will be recorded and evaluated during the inspection.

To proceed, the user will need to click on the 'Action Needed' link in the 'Classrooms' step on the application wizard. This will navigate you to the following screen:

| -                  | 1             | 쓭             | -             | Q                 |    | 6              | S                | \$             | 0                   |                  |
|--------------------|---------------|---------------|---------------|-------------------|----|----------------|------------------|----------------|---------------------|------------------|
| icense Application | Classrooms    | Staff         | Capacity      | Background Checks |    | ity Inspection | License Approval | Facility Rates | Subsidy Application |                  |
|                    | Action Needed | Action Needed | Action Needed | In Progress       | In | Progress       | In Progress      | Pending        | Pending             |                  |
| Add New Classr     |               |               | - 0 1         |                   | •  | <b>T</b> 1     | •                | A              |                     | _                |
| <b>Y</b> C         | lass Name     |               | T Care Lev    | 61                | Υ. | Teacher        | Ť                | Assistant Tea  | cner                | T                |
| • • 0 ►            | ► Show        | All           |               |                   |    |                |                  |                | No                  | Classroom Found. |
| All classro        | oms have been | added.        |               |                   |    |                |                  |                |                     |                  |
|                    |               |               |               |                   |    |                |                  |                |                     |                  |

Figure 36: Classrooms

#### How to add Classroom Details?

1. Click on the 'Add New Classroom' button to be directed to the following page:

| assroom                              |                |               |  |
|--------------------------------------|----------------|---------------|--|
| assroom Name                         | Care Level     |               |  |
| Classroom Name                       | Select         |               |  |
| art Date                             | End Date       |               |  |
| ÷.                                   | Ē              | Special Needs |  |
| DTE: Please save the page to add the | Staff details. |               |  |
| ve Cancel Back To Classroor          | n              |               |  |



- 2. Fill in all mandatory details
- 3. Save the page to enable the staff form as follows:



| Classroom Name          |                 | Care Level  |                            |        |   |                    |   |                |            |
|-------------------------|-----------------|-------------|----------------------------|--------|---|--------------------|---|----------------|------------|
| Class 1                 | *               | Infant 😆    | ×                          |        |   |                    |   |                |            |
| Start Date              |                 | End Date    |                            |        |   |                    |   |                |            |
| 06/01/2024              | ti i            |             | <b>•••</b>                 |        |   | Special Needs      |   |                |            |
|                         |                 |             |                            |        |   |                    |   |                |            |
| Staff Details Add Staff |                 |             |                            |        |   |                    |   |                |            |
| Add Staff               | te of Appointme | nt <b>T</b> | Date of Leaving this Class | ssroor | m | ▼ Daily Start Time | Ţ | Daily End Time | • <b>T</b> |

Figure 38: Staff Details

4. Click on 'Add Staff' to access the Staff form:

| Staff Name | T | Date of Appointment | T | Date of Leaving this Classroom | Daily Start Time | Daily End Time |                  |
|------------|---|---------------------|---|--------------------------------|------------------|----------------|------------------|
| Select     | • | 06/26/2024          | E |                                | C                | C              | Update           |
|            |   |                     |   |                                |                  |                | Cancel           |
| 1          | • | Show All            |   |                                |                  |                | 1 - 1 of 1 items |

Figure 39: Add Staff Details

- 5. Enter all mandatory details about the staff member
- 6. Click on 'Update' to update staff information to the classroom details
- 7. Click on 'Save' to save the information and proceed
- 8. Click on 'Back to Classroom' to be directed back to the Classrooms page (Figure 36)
- 9. Repeat the process until all classrooms have been added
- 10. Select the checkbox to indicate that all classrooms have been added, once complete.



| Add New Class | room                  |            |                  |                   |                  |
|---------------|-----------------------|------------|------------------|-------------------|------------------|
| ID <b>T</b>   | Class Name            | Care Level | Teacher <b>Y</b> | Assistant Teacher |                  |
| C00022        | Class 1               | Infant     |                  |                   | Delete           |
| H 4 1 F       | Show All              |            |                  |                   | 1 - 1 of 1 items |
| All classro   | ooms have been added. |            |                  |                   |                  |



### 4.2 Staff

The staff section will allow the user to add details of all staff members. These details will also be recorded and evaluated during the inspection.

To proceed, the user will need to click on the 'Action Needed' link in the 'Staff' step on the application wizard. This will navigate you to the following screen:

| Add New    | Staff                             |                |                       |                        |                |                   |                |              |
|------------|-----------------------------------|----------------|-----------------------|------------------------|----------------|-------------------|----------------|--------------|
| Staff ID 🍸 | Name <b>T</b>                     | Staff Type 🛛 🝸 | Background Check ID 📍 | Date Of Birth <b>Y</b> | Date Of Hire 📍 | Separation Date 📍 | Phone/Email    | Clearance 🝸  |
| S00024     | Greengrass, Daphne                | Owner/Director | BC000033              | 01/01/2000             | 06/26/2024     |                   | (098) 912-3456 |              |
|            | Greengrass, Lucy                  |                | BC000036              | 01/01/2001             |                |                   |                |              |
|            | 1  Show All taff have been added. |                | 1                     |                        |                |                   | 1 -            | 2 of 2 items |

Figure 41: Staff Management

The screen will already display the staff details that had been added via the classroom form, as well as any point of contact details added during the provider profile submission. Users will also be able to add additional staff members from this screen.

#### How to add Staff Details?

1. Click on the 'Add New Staff' button to be navigated to the following page:



| nonis<br>more provided and the series of the s   |   |   |                                  |                 |          |          |
|--|---|---|----------------------------------|-----------------|----------|----------|
| nonis<br>morphics<br>the Name Middle Name Last Name<br>Physical Address<br>Sect 1<br>Sect 1<br>Sect 2<br>Cy - Sect - 2 Co Code - Codey -<br>Offerent Malleg Address<br>Phone Number<br>Phone Number Type Phone Number Ct.<br>Sect - 2 Code - Codey -<br>Offerent Malleg Address<br>Phone Number Type Phone Number Ct.<br>Sect - 2 Code - Codey -<br>Offerent Malleg Address<br>Phone Number Type Phone Number Ct.<br>Sect - 2 Code - Codey -<br>Ct.<br>Sect - 2 Code - 2 Code - Codey -<br>Ct.<br>Sect - 2 Code - 2 C   | Details   |   |                                  |                 |          |          |
| In Series In Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec.   |   |   |                                  |                 |          |          |
| th Name Middle Name Last Name Proceeding Second Sec   | nographics  |   |                                  |                 |          |          |
| th Name Middle Name Last Name Proceeding Second Sec   | Demographics  |   |                                  |                 |          |          |
| Text Name Not dide Name     Physical Address     Steed 1     Steed 1     Steed 2     Cay        Different Mailing Address     Phone Number        Phone Number <b>Fax Fax Fax</b> <td></td> <td>Middle Nam</td> <td>e Last Name</td> <td><u>.</u></td> <td></td> <td></td>   |   | Middle Nam  | e Last Name                      | <u>.</u>        |          |          |
| Seed 1 Call Call Call Call Call Call Call Ca   |   |   |                                  |                 |          |          |
| Seed 1 Call Call Call Call Call Call Call Ca   | Physical Address  |   |                                  |                 |          |          |
| Steel 2<br>Ciy - Select - Zo Code County -<br>Different Mailing Address<br>Frome Number<br>From Number Type Primary Phone Number Ect.<br>- Select -<br>Pirmary Phone Number Type Ect.<br>- Select -<br>- |   |   |                                  |                 |          |          |
| Cay - Select - Zo Code - County -<br>To freeret Mailing Address  Primary Phone Number  Primary Phone Number Type  Primary Phone Number Ect  Select - Select - Primary Phone Number Ect  Select - Sele  |   |   |                                  |                 |          | <b>Q</b> |
| Different Mailing Address  Proma Venuber  Primary Phone Number Type Primary Phone Number Ext Select  | Street 2  |   |                                  |                 |          |          |
| Priore Number Primary Phone Number Type Primary Phone Number Primary Phone Number Primary Phone Number Est Select Select Number Primary Phone Number Est Select Sel   | City  | •   | Select                           | Zip Code        | County   | <b>→</b> |
| Priore Number Primary Phone Number Type Primary Phone Number Primary Phone Number Primary Phone Number Est Select Select Number Primary Phone Number Est Select Sel   | Different Mailing Address   |   |                                  |                 |          |          |
| Primary Phone Number Type   Primary Phone Number Et. Et. Et. Immary Phone Number Et. Et. Immary Phone Number Immary Pho  |   |   |                                  | J               |          |          |
| - Select  Primary Phone Number Ext Select  Alternate Phone Number Ext Select  -  -  -  Select  -  -  Select  -  -  -  Select  -  -  -  Select  -  -  -  -  -  -  -  -  -  -  -  -   |   |   |                                  |                 |          |          |
| Alternate Phone Number Type   Alternate Phone Number ExtSelect   |   |   |                                  |                 |          |          |
| - Select       Atternate Phone Number  Et  Atternate Phone Number  Et  Atternate Phone Number  Et  Et   Atternate Phone Number  Et  Et   | Alternate Phone Number Type   |   |                                  |                 |          |          |
| Imal Fax     In o SSN     If Additional Details     aff Additional Details     aff Additional Details     If Type   Yrs. of Teaching Exp Language      Select        Care Level to be Served              If Works at Multiple Facilities        Select        Care Level to be Served             Works at Multiple Facilities   Select            tanguage   third            tanguage    Care Level to be Served Select Se   |   | •   | Alternate Phone Numb             | ber 🛄           | Ext.     |          |
| Imal Fax     In o SSN     If Additional Details     aff Additional Details     aff Additional Details     If Type   Yrs. of Teaching Exp Language      Select        Care Level to be Served              If Works at Multiple Facilities        Select        Care Level to be Served             Works at Multiple Facilities   Select            tanguage   third            tanguage    Care Level to be Served Select Se   | 5   | <b>F</b>  |                                  | Dete of Dieth   | Quardan  |          |
| No SSN   at 4 SN   | Email   |   |                                  | Date of Birth   |          |          |
| af A dditional Details   Aff Additional Details If Type Yrs. of Teaching Exp Language  | No SSN  |   |                                  |                 |          |          |
| aff Additional Details   If Type Ys. of Teaching Exp Language Language Care Level to be Served Care Level to be Served Select Select Te Hired Separation Date cupation Interface of the System NOTE: Selecting the permission below will allow them to login to the Arise - Access. you want to create a credential for this staff and allow them to access the Data in the application. Yes I want them to access the application Interface of the System TE: Please save the page to add the Education , Accreditation , Certification , Trainings and have access to the Document,  |   |   |                                  |                 |          |          |
| Aff Type Yrs. of Teaching Exp Language   Select     Care Level to be Served   Works at Multiple Facilities   Select   te Hired   Separation Date   cupation Athorization To Access The System NCTE: Selecting the permission below will allow them to login to the Arise - Access. you want to create a credential for this staff and allow them to access the Data in the application. Yes I want them to access the application INTE: Please save the page to add the Education , Accreditation , Certification , Trainings and have access to the Document,   | Last 4 55N  |   |                                  |                 |          |          |
| Aff Type Yrs. of Teaching Exp Language   Select     Care Level to be Served   Works at Multiple Facilities   Select   te Hired   Separation Date   cupation Athorization To Access The System NCTE: Selecting the permission below will allow them to login to the Arise - Access. you want to create a credential for this staff and allow them to access the Data in the application. Yes I want them to access the application INTE: Please save the page to add the Education , Accreditation , Certification , Trainings and have access to the Document,   |   |   |                                  |                 |          |          |
| Select  Care Level to be Served Care Level to be Served Care Level to be Served Select  Select Te Hired Separation Date Cupation Cupation Comparison below will allow them to login to the Arise - Access Cupation CTE: Selecting the permission below will allow them to login to the Arise - Access You want to create a credential for this staff and allow them to login to the Arise - Access You want to create a credential for this staff and allow them to access the Data in the application. Yes I want them to access the application CE: Please save the page to add the Education , Accreditation , Certification , Trainings and have access to the Document,   |   |   |                                  |                 |          |          |
| Care Level to be Served  Works at Multiple Facilities  Separation Date  te Hired Separation Date  cupation  thorization To Access The System  NOTE: Selecting the permission below will allow them to login to the Arise - Access.  you want to create a credential for this staff and allow them to access the Data in the application. Yes I want them to access the application  TE: Please save the page to add the Education , Certification , Trainings and have access to the Document,   | Staff Additional Details  |   |                                  |                 |          |          |
| Works at Multiple Facilities     te Hired     Separation Date     cupation        athorization To Access The System     NOTE: Selecting the permission below will allow them to login to the Arise - Access.    you want to create a credential for this staff and allow them to access the Data in the application.   Yes I want them to access the application   TE: Please save the page to add the Education , Accreditation , Certification , Trainings and have access to the Document,  | Staff Type  |   | Yrs. of Teaching Exp             |                 |          |          |
| te Hired Separation Date  cupation  cupation  thorization To Access The System  NOTE: Selecting the permission below will allow them to login to the Arise - Access.  you want to create a credential for this staff and allow them to access the Data in the application.  Yes I want them to access the application  TE: Please save the page to add the Educaton , Accreditation , Certification , Trainings and have access to the Document,   | Staff Additional Details Staff Type Select  | v   | Yrs. of Teaching Exp             | ¢               |          |          |
|  | Staff Type<br>Select  | ~   | Care Level to be Served          | I               |          |          |
| cupation  thorization To Access The System  NOTE: Selecting the permission below will allow them to login to the Arise - Access.  you want to create a credential for this staff and allow them to access the Data in the application.  Yes I want them to access the application  We I want them to access the application  TE: Please save the page to add the Educaton , Accreditation , Certification , Trainings and have access to the Document,   | Staff Type Select Works at Multiple Facilities  | 7   | Care Level to be Served          |                 |          |          |
| atthorization To Access The System         NOTE: Selecting the permission below will allow them to login to the Arise - Access.         you want to create a credential for this staff and allow them to access the Data in the application.         Yes I want them to access the application         Image: Please save the page to add the Education , Accreditation , Certification , Trainings and have access to the Document,   | Staff Type<br>Select  |   | Care Level to be Served          |                 |          |          |
| NOTE: Selecting the permission below will allow them to login to the Arise - Access.   | Staff Type Select Works at Multiple Facilities Date Hired   | ~   | Care Level to be Served          |                 |          |          |
| NOTE: Selecting the permission below will allow them to login to the Arise - Access.   | Staff Type Select Works at Multiple Facilities  | <b>7</b>  | Care Level to be Served          |                 |          |          |
| NOTE: Selecting the permission below will allow them to login to the Arise - Access.   | Staff Type Select Works at Multiple Facilities Date Hired   | ×   | Care Level to be Served          |                 |          | <b>F</b> |
| NOTE: Selecting the permission below will allow them to login to the Arise - Access.   | Staff Type Select Works at Multiple Facilities Date Hired   |   | Care Level to be Served          |                 |          |          |
| you want to create a credential for this staff and allow them to access the Data in the application. Yes I want them to access the application Item Please save the page to add the Education , Accreditation , Certification , Trainings and have access to the Document,   | Staff Type - Select Works at Multiple Facilities Date Hired Occupation  |   | Care Level to be Served          |                 |          |          |
| Yes I want them to access the application                 Yes I want them to access the application                  Presses save the page to add the Education , Accreditation , Certification , Trainings and have access to the Document,   | Staff Type - Select Works at Multiple Facilities Date Hired Occupation  |   | Care Level to be Served          |                 |          |          |
| Yes I want them to access the application                 Yes I want them to access the application                  Presses save the page to add the Education , Accreditation , Certification , Trainings and have access to the Document,   | Staff Type Select Works at Multiple Facilities Date Hired Occupation Authorization To Access The Sys  | tem   | Care Level to be Served          | Separation Date |          |          |
| TE: Please save the page to add the Education , Accreditation , Certification , Trainings and have access to the Document,   | Staff Type - Select Works at Multiple Facilities Date Hired Occupation Authorization To Access The Sys NOTE: Selecting the permission below   | stem  | Care Level to be Served Select   | Separation Date |          |          |
|  | Staff Type Select Works at Multiple Facilities Date Hired Occupation Authorization To Access The Sys NOTE: Selecting the permission below Do you want to create a credential for thi  | tem<br>w will allow ther<br>is staff and allo                                   | Care Level to be Served Select   | Separation Date | Language |          |
|  | Staff Type Select Works at Multiple Facilities Date Hired Occupation Authorization To Access The Sys NOTE: Selecting the permission below Do you want to create a credential for thi  | tem vill allow ther   | Care Level to be Served Select   | Separation Date | Language |          |
| Cancel Back To Staff Management  | Staff Type Select Works at Multiple Facilities Date Hired Occupation Authorization To Access The Sys NOTE: Selecting the permission below Do you want to create a credential for thi Yes I want them to access the                                      | tem<br>w will allow ther<br>is staff and allo<br>application                    | Care Level to be Served C Select | ess.            | Language |          |
|  | Staff Type Select Works at Multiple Facilities Date Hired Occupation Authorization To Access The Sys NOTE: Selecting the permission below Do you want to create a credential for thi Yes I want them to access the                                      | tem<br>w will allow ther<br>is staff and allo<br>application                    | Care Level to be Served C Select | ess.            | Language |          |
|  | Staff TypeSelect Works at Multiple Facilities Date Hired Cocupation Authorization To Access The Sys NOTE: Selecting the permission below Do you want to create a credential for thi Yes I want them to access the NOTE: Please save the page to add the | stem<br>w will allow ther<br>is staff and allo<br>application<br>Education , Ac | Care Level to be Served C Select | ess.            | Language |          |

Figure 42: Add Staff Details



- 2. Fill in all mandatory details (marked by a red asterisk on the top right corner of the field)
- 3. Select the checkbox to determine whether you would like to give this particular staff member access to the application and provider portal
- 4. Click on 'Save' to save the details and access the forms required to add the staff member's education details, accreditation, certification, training, and documentation, as required
- 5. Fill in all required details
- 6. Click on 'Save' to save your information
- 7. Click on 'Back to Staff Management' to be directed back to the Staff Management page (Figure 41)
- 8. Repeat the process until all staff members have been added
- 9. Select the checkbox to indicate that all staff have been added, once complete.

| Add New    | Staff              |                |                     |                        |                       |                          |                |                    |
|------------|--------------------|----------------|---------------------|------------------------|-----------------------|--------------------------|----------------|--------------------|
| Staff ID 📍 | Name <b>T</b>      | Staff Type 🛛 🝸 | Background Check ID | Date Of Birth <b>Y</b> | Date Of Hire <b>T</b> | Separation Date <b>Y</b> | Phone/Email    | Clearance <b>T</b> |
| S00024     | Greengrass, Daphne | Owner/Director | BC000033            | 01/01/2000             | 06/26/2024            |                          | (098) 912-3456 |                    |
|            | Greengrass, Lucy   |                | BC000036            | 01/01/2001             |                       |                          |                |                    |
| All s      | 1 Now All          |                | 1                   | 1                      |                       |                          | 1 -            | 2 of 2 items       |

Figure 43: 'All staff have been added' checkbox

### 4.3 Capacity

The capacity section allows users to add details regarding the facility's capacity. This includes the number of planed enrollments and staff to manage those enrollments at different care levels, as well as physical capacity such as square footage, the availability of toilets and other infrastructure, and more. All these details will also be evaluated during the facility inspection.

To proceed, the user will need to click on the 'Action Needed' link in the 'Capacity' step on the application wizard. This will navigate you to the following screen:



| city - Day Time                  |                    |   |                   |         |            |               |                         |
|----------------------------------|--------------------|---|-------------------|---------|------------|---------------|-------------------------|
| Day Time Capacity     Care Level | Planned Enrollment | Planned No. of Staf   | f Current Enrollr | nent    | Curr       | ent Staff     | Max Capacity            |
| Infant (0 - 18 Months)           | <b>Å</b>           |   | 0                 | A<br>V  | 0          | ÷             | \$                      |
| Toddlers (18 - 30 Months)        | <b>*</b>           | , in the second | 0                 | Å<br>T  | 0          | ÷             | <b>*</b>                |
| Exception (24 - 36 Months)       | Å.                 |   | 0                 | Å.<br>V | 0          | Å.            | \$                      |
| PreSchool (2.5 - 4 Years)        |                    |   | 0                 | Å       | 0          | ÷             | \$                      |
| PreSchool (4 - 5 Years)          | Å.                 |   | 0                 | Å.<br>V | 0          | ÷             | \$                      |
| School-Age (5 - 8 Years)         |                    |   | 0                 | Å       | 0          | Å.            | \$                      |
| School-Age (8 - 17 Years)        | <b>*</b>           |   | 0                 | Å<br>V  | 0          | ÷             | Å                       |
| Total                            | 0                  |   | 0                 |         |            |               | 0                       |
|                                  |                    |   |                   |         |            |               |                         |
| city - Night Time                |                    |   |                   |         |            |               |                         |
| Night Time Capacity              |                    |   |                   |         |            |               |                         |
| Care Level                       | Planned Enrollment | Planned No. of Staff  | Current Enrolln   | nent    | Curr       | ent Staff     | Max Capacity            |
| nfant (0 - 18 Months)            | \$                 | ÷   | 0                 | Å.<br>V | 0          | Å             | 4                       |
| Foddlers (18 - 30 Months)        | \$                 | \$  | 0                 | Å       | 0          | Å             | \$                      |
| Exception (24 - 36 Months)       | \$                 | \$  | 0                 | Å<br>V  | 0          | Å<br>T        | \$                      |
| PreSchool (2.5 - 4 Years)        | \$                 | ¢   | 0                 | Å.      | 0          | Å             | *                       |
| PreSchool (4 - 5 Years)          | \$                 | \$  | 0                 | Å<br>V  | 0          | Å.            | *                       |
| School-Age (5 - 8 Years)         | \$                 | \$  | 0                 | Å<br>T  | 0          | *             | *                       |
| School-Age (8 - 17 Years)        | \$                 | \$  | 0                 | *       | 0          | *             | *                       |
| Total                            | 0                  |   | 0                 |         |            |               | 0                       |
| Information                      |                    |   |                   |         |            |               |                         |
| er of Changing Tables            | Number of Sinks    | N   | umber of Toilets  |         |            | Playground    | Square Footage          |
| ÷                                |                    | ÷   |                   |         | <b>*</b> * |               | \$                      |
| Bathrooms                        | Number of Cribs    | N   | umber of Cots     |         | <b>*</b>   | Facility/Clas | sroom Square Footage    |
| playground fenced in with 4 ft f |                    | V   |                   |         | •          |               | · · · · ·               |
|                                  | lo                 |   |                   |         |            |               |                         |
| city Comment                     |                    |   |                   |         |            |               |                         |
|                                  |                    |   |                   |         |            |               |                         |
|                                  |                    |   |                   |         |            |               |                         |
|                                  |                    |   |                   |         |            |               | 5000 character(s) left. |

Figure 44: Capacity Details

33



#### How to add Capacity Details?

- 1. Fill in all mandatory information
- 2. Click on 'Save' to save your information
- 3. Select the 'All capacity data has been added' checkbox once the form has been completed

### 4.4 Background Check

In order to complete the final step before the facility inspection, the user will need to add background check details of all staff members who have been added on the staff management page (if any).

To complete this section, the user may follow the same process that was followed when submitting the provider profile (refer to section 2.3).

### **5. INSPECTION**

Once the user has completed the steps leading up to the inspection, an inspection will be scheduled. Once the inspection has been scheduled, the user will have the option to select one of three scheduled dates for the inspection to be conducted.

#### How to select an Inspection Date?

To view the inspection date options, the user may either click on the notification that they will receive in the Tasks and Notices section of their dashboard

OR

- 1. Navigate to the Scheduler Module at the top of the screen
- 2. Select the 'Licensing Scheduler' option from the drop-down menu to be directed to the following screen:

|                       |                  |               |                    |  |                | Licensing Scheduler |                | Calender View            |
|-----------------------|------------------|---------------|--------------------|--|----------------|---------------------|----------------|--------------------------|
| Pending Appointments  |                  |               |                    |  |                |                     |                |                          |
| Scheduler Type        | Facility Name    |               | Appointment Status |  | Scheduled Date |                     |                |                          |
| Initial inspection    | Greengrass Facil | ity           | Pending            | anding 6/28/2024 9:30:00 AM - 6/28/2024 1:30:00 PM<br>6/27/2024 1:00:00 PM - 6/27/2024 5:00:00 PM<br>6/27/2024 8:30:00 AM - 6/27/2024 1:2:30:00 PM |                |                     |                |                          |
| H I F F St            | iow All          |               |                    |  |                |                     |                | 1 - 1 of 1 items         |
| Upcoming Appointments |                  |               |                    |  |                |                     |                |                          |
| Scheduler Type        |                  | Facility Name |                    | Appointment Status   |                |                     | Scheduled Date |                          |
| K A O F H Sh          | IIA wo           |               |                    |  |                |                     |                | No Schedule Assign Found |

Figure 45: Scheduler

3. Click on the scheduler type link (refer to Figure 45) to view the schedule details and select a date and time:



| eduler Type Initial inspe          | ection                          | Facility Name Greengrass Facility  | Inspector / Investigator Licensing and Subsidy<br>Specialist |
|------------------------------------|---------------------------------|--|--|
| t Type Announced                   |                                 | Facility Address 1506 East Franklin Street Uni<br>States, Chapel Hill, AL 27514, Autauga | ted  |
| roposed Appointme                  | ents                            |  |  |
| Choose one                         | Start Date                      | End Date   | Appointment Status   |
| 0                                  | 6/27/2024 8:30:00 AM            | 6/27/2024 12:30:00 PM  | Pending  |
| 0                                  | 6/27/2024 1:00:00 PM            | 6/27/2024 5:00:00 PM   | Pending  |
| 0                                  | 6/28/2024 9:30:00 AM            | 6/28/2024 1:30:00 PM   | Pending  |
| H <b>4 1</b> ► H                   | Show All                        |  | 1 - 3 of 3 items   |
| nments<br>iease add a reason to de | cline the appointment and sugge | st 3 other best suitable time options  | 500 character(s) l   |

Figure 46: Schedule Date Selection

- 4. Select a date and time from the options given
- 5. Click on 'Confirm' to confirm your selection

The facility inspection will be conducted at the selected date and time accordingly

### **6. LICENSE APPROVAL**

Once the facility inspection has been successfully completed, if no deficiencies are identified, the facility will be approved and licensed.

The user will receive a notification regarding the approval and licensing of their facility in the Tasks and Notices section of the dashboard.

### 7. AMEND APPLICATION

Once a license application has been submitted and approved, a licensed provider can make changes in the submitted application and go through the complete approval process of licensing once again, if required. The process is very similar to the 'Initial Licensing Application'. The potential reasons behind amending a license application can be:

- a. Expansion or Modification
- b. Change in Ownership or Management



c. Ensuring Updated Information

#### How to Initiate Amend Application?

- 1. Log in to the Provider Portal
- 2. Select 'License Status' from the Provider Module drop-down menu:

|                |                  |                          |                       |               | Home        | Provider - Applic | cations +           | Facility N | lanagement Sc       | heduler - UIR 8  | Complaints -   | Resource Co        | ntact 🛛 e Greengrass, Daphne |
|----------------|------------------|--------------------------|-----------------------|---------------|-------------|-------------------|---------------------|------------|---------------------|------------------|----------------|--------------------|------------------------------|
| Profile Setup  |                  |                          | Initial Application - | Groongrass Ex | sility (E00 | Profile           |                     |            |                     |                  |                |                    |                              |
| +              | 0                | <b>B</b>                 |                       | engrass r a   |             | License Status    |                     | ٩          | - <b>I</b> S        | C C C            | s              | 0                  |                              |
| Create Account | Profile Approval | Create First Application | License Application   | Classrooms    | Star        | Payments          | grou                | und Checks | Facility Inspection | License Approval | Facility Rates | Subsidy Applicatio | 1                            |
|                |                  |                          | ⊘ Completed           |               |             | Received Docume   | ents <sup>Col</sup> | mpleted    |                     |                  | Action Needed  | Action Needed      |                              |

Figure 47: Provider Module – License Status

You will be navigated to the following screen displaying a list of 'Licensed Facilities':

|              |                     |                          |                          | Home Pro                | vider + | Applications - | Facility Managem | ent Scheduler+ | UIR & Complair | nts - Resource  | Contact & G         | reengrass, Daphn |
|--------------|---------------------|--------------------------|--------------------------|-------------------------|---------|----------------|------------------|----------------|----------------|-----------------|---------------------|------------------|
| Licensed F   | acilities           |                          |                          |                         |         |                |                  |                |                |                 |                     |                  |
| Facility ID  | Facility Name       | Facility Address         |                          |                         |         | Facility Type  | License Status   | License Number | Issue Date     | Expiration Date | Subsidy Status      |                  |
| F00024       | Greengrass Facility | 1506 East Franklin Stree | et United States, Chapel | Hill, AL 27514, Autauga | а       | Center         | Full License     | Center-10024   | 06/01/2024     | 06/01/2026      | Requested           | Amend            |
| Facility Lic | Show Al             |                          |                          |                         |         |                |                  |                |                |                 | 1                   | - 1 of 1 items   |
| Facility ID  | Facility Name       | Facility Address         | Facility Type            | License Type            | License | e Status       | License Number   | Issue Date     | Expiratio      | on Date         | Amend Application S | tatus            |
| н • (        | D N Show A          |                          |                          |                         |         |                |                  |                |                |                 | No Re               | cords Found.     |
|              |                     |                          |                          |                         |         |                |                  |                |                |                 |                     |                  |
|              |                     |                          |                          |                         |         |                |                  |                |                |                 |                     |                  |

Figure 48: Create Amend Application

- 3. Click on the 'Amend' button to the facility you wish to make changes to
- 4. Click on 'OK' to confirm. You will be redirected to Application screens where a record for amendment is displayed in the 'Current Application' grid with status as 'Pending'

| Application ID | Facility ID | Facility Name          | Facility Type | Address  |                   | Lice              | nse ID     | License Exp Date | Application Type | Application Status | Application Created Date  |           |
|----------------|-------------|------------------------|---------------|--|-------------------|-------------------|------------|------------------|------------------|--------------------|---------------------------|-----------|
| AP025          | F00024      | Greengrass<br>Facility | Center        | 1506 East Franklin Street United States,<br>Autauga                        | Chapel Hill, AL 2 | 7514, Cen<br>1002 |            | 06/01/2026       | Amend            | Pending            | 06/26/2024                | Delete    |
| н н 1          | <b>H</b>    | Show All               |               |  |                   |                   |            |                  |                  |                    | 1-10                      | f 1 items |
| Application ID | Facility ID | Facility Name          | Facility Type | Address  | License ID        | License Effec     | tive Date: | License Exp Date | Application Type | Application Status | Application Approval Date |           |
| AP022          | F00024      | Greengrass             | Center        | 1506 East Franklin Street United States,<br>Chapel Hill, AL 27514, Autauga | Center-<br>10024  | 06/01/2024        |            | 06/01/2026       | Initial          | Approved           | 06/26/2024                | View      |
| и ч 1          | ► H         | Show All               |               |  |                   |                   |            |                  |                  |                    | 1 - 1 0                   | f 1 items |

Figure 49: Current Application

5. Click on the hyperlink to get started with an 'Amend Application'.



- 6. Make the changes as required.
- 7. Complete the pending action items, to submit the application.
- 8. Click on 'Submit' to submit the application.

## 8. RENEWAL APPLICATION

The issued license expiration date is 3 years from the date of issuance of the license. The renewal application hyperlink gets generated in license application screen 90 days before the expiration date. The providers who wish to continue providing services to the children and youth are required to submit the renewal application adhering to the expiration date. All the trigger values for e.g., 3 years, 90 days etc are configurable values and can be modified as per state requirements.

#### How to Initiate a Renewal Application?

- 1. Log in to Provider Portal
- 2. Click on License Applications from Applications drop down.
- 3. Click on 'Application ID' hyperlink which is generated 90 days prior to expiration of license in 'Current Application' grid.

| Create New                | Application |                             |      |                             |  |                       |                    |                  |                                |                  |                                |   |         |
|---------------------------|-------------|-----------------------------|------|-----------------------------|--|-----------------------|--------------------|------------------|--------------------------------|------------------|--------------------------------|---|---------|
| Application ID            | Facility ID | Facility Name               | FEIN | Facility Type               | Address  |                       |                    | License ID       | License Exp Date               | Application Type | Application Status             | Application Created Date                |         |
| AP00040                   | F00040      | Castle Era                  |      | Child Care<br>Center        | 1098 Confederate Boulevard Unite<br>Appomattox, VA 24522             | ed States,            |                    | Center-<br>10040 | 07/15/2023                     | Renewal          | Pending                        | 07/10/2023                              | Delete  |
| н к 1                     | нн          | Show All                    |      |                             |  |                       |                    |                  |                                |                  |                                | 1 - 1 ol                                | 1 items |
| Application ID<br>AP00039 |             | Facility Name<br>Castle Era | FEIN | Facility Type<br>Child Care | Address<br>1098 Confederate Boulevard                                | License ID<br>Center- | License<br>07/15/2 |                  | License Exp Date<br>07/15/2023 | Application Type | Application Status<br>Approved | Application Approval Date<br>07/10/2023 | Mari    |
| AP00039                   | F00040      | Castle Era                  |      | Child Care<br>Center        | 1098 Confederate Boulevard<br>United States, Appomattox, VA<br>24522 | Center-<br>10040      | 07/15/2            | :020             | 07/15/2023                     | Initial          | Approved                       | 07/10/2023                              | View    |
| н к 1                     | <b>F</b> H  | Show All                    |      |                             |  |                       |                    |                  |                                |                  |                                | 1 - 1 of                                | 1 items |

Figure 50: Renewal Application Record Generated

- 4. The renewal application consists of information spilled over from the initial licensing application, update the information (if required)
- 5. Click on 'Summary' tab from left navigation
- 6. Complete all the action items, Required for Application Submission

Note: Follow the steps explained in the Initial Licensing Application

- 7. Acknowledge, that the provided information is accurate, true and complete
- 8. Add Signature
- 9. Submit the application



## 9. SUBSIDY APPLICATION

The subsidy application procedure entails submitting financial information to determine eligibility, such as income verification for the provider and the people they assist. The exact criteria for subsidy eligibility and the amount of financial help provided can vary based on the program and the individual circumstances of the provider and the families they support.

Applying for subsidy programs allows licensed childcare providers to offer discounted rates or sliding-scale fees to qualifying families, allowing them to access excellent childcare services that they might not otherwise be able to afford. These subsidies are intended to improve general childcare accessibility and cost, as well as to promote early childhood development and aid families in managing work and family commitments.

#### How to Apply for Subsidy?

To apply for subsidy, the foremost criterion for the providers is, they should be Licensed.

- 1. Log in to Provider Portal
- 2. Click on 'Subsidy Applications' from the Applications drop down menu. You will be navigated to screen displaying Current Subsidy Application

|                          |                               |  | Home Provide            | - Applications - | Facility Mar | nagement    | Scheduler- | JIR & Complaints -   | Resource ( | Contact | 은 Greengrass, Daphne |
|--------------------------|-------------------------------|--|-------------------------|------------------|--------------|-------------|------------|----------------------|------------|---------|----------------------|
| Current Subsidy Applic   | ation                         |  |                         |                  |              |             |            |                      |            |         |                      |
| Application Number       | Provider ID                   | Facility Name                            | FEIN/SSN                | Application Type |              | Application | Status     | Application Cre      | ated Date  |         |                      |
| FSA00021                 | P00018                        | Greengrass Facility                      | 990099897               | Initial          |              | In Progress | 6          | 06/26/2024           |            |         | Delete               |
| H 4 1 > H                | Show All                      |  |                         |                  |              |             |            |                      |            |         | 1 - 1 of 1 items     |
| NOTE: To edit a saved ap | plication, please click on th | e Application ID to open the application | on form for any update. |                  |              |             |            |                      |            |         |                      |
| Submitted Subsidy Ap     | plications                    |  |                         |                  |              |             |            |                      |            |         |                      |
| Application Number       | Provider ID                   | Facility Name FEI                        | V/SSN Applic            | ation Type       | Applicatio   | n Status    | Appl       | ication Created Date |            | Effec   | tive Date            |
| H 4 0 F H                | Show All                      |  |                         |                  |              |             |            |                      |            |         | No Records Found.    |
|                          |                               |  |                         |                  |              |             |            |                      |            |         |                      |

#### Figure 51: Provider Subsidy Application

3. Click on Application number hyperlink to initiate the provider subsidy application and be directed to the following page:



| ALABAMA ARISE<br>CHILD CARE MANAGEMENT SYSTEM  | Home Provider + Applications + Facility Management Scheduler + UIR & Complaints + Resource Contact 🛆 Greengrass, Dap  |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|
|  | Summary   |  |  |  |  |  |  |  |  |  |
| Application Id FSA00021<br>Date Created 6/26/2024<br>Application Type Initial<br>Facility Name Greengrass Facility | Note: To submit the application, please complete the following action items, all the action items, should be marked as green.   |  |  |  |  |  |  |  |  |  |
| Facility Id F00024   | Required for Application Submission   |  |  |  |  |  |  |  |  |  |
| Supporting Documents<br>Summary  | Facility Licensed     Account Details     Submt Facility Subsidy Rates     Supporting Documents     W.9 Form  |  |  |  |  |  |  |  |  |  |
|  | Acknowledgement   |  |  |  |  |  |  |  |  |  |
|  | IWe have read and understood the provider subsidy registration policies and procedures. (see details here)  |  |  |  |  |  |  |  |  |  |
|  | I/We have read and understood the child abuse/neglect reporting laws. (see details here)  |  |  |  |  |  |  |  |  |  |
|  | This application shall be signed by the applicant/owner/licensee or by his/her authorized designee if the applicant/owner/licensee is an individual. If the applicant/owner/license is a corporation, written verification from the corporation that the person signing the application has the authority to do so shall be indicated on the first page of the application form. The original application form must be submitted. Copies of the application forms received by FAX cannot be accepted. |  |  |  |  |  |  |  |  |  |
|  | Owner/Agent Signature Date  |  |  |  |  |  |  |  |  |  |
|  | Owner/Agent Signature 06/26/2024  |  |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |  |
|  | Submit  |  |  |  |  |  |  |  |  |  |
|  | Download Application  |  |  |  |  |  |  |  |  |  |

Figure 52: Provider Subsidy Summary Page

## 9.1 Supporting Documents

The supporting Documents screen displays the list of mandatory documents that user must upload to complete the subsidy application.

#### How to upload a document?

- 1. Click on the respective document's hyperlink
- 2. Select the file to be uploaded
- 3. Click on 'Upload Document

| ALABAMA ARISE  |   | Home        | Provider +      | Applications -   | Facility M   | anagement     | Scheduler-    | UIR & Complaints | Resource    | Contact | 은 Greengrass, Daphne - |
|--|---|-------------|-----------------|------------------|--------------|---------------|---------------|------------------|-------------|---------|------------------------|
| Application Id ESA00021  | Supporting Documents                      |             |                 |                  |              |               |               |                  |             |         |                        |
| Application Id FSA00021<br>Date Created 6/26/2024<br>Application Type Initial<br>Facility Name Greengrass Facility | Note: To complete the subsidy application | ition, plea | se upload the t | following docume | nts which ar | e required to | be submitted. |                  |             |         |                        |
| Facility Name Greengrass Facility<br>Facility Id F00024  | × W-9 Form [Pending]                      |             |                 |                  |              |               |               |                  |             |         |                        |
| Supporting Documents<br>Summary  | Optional Documents                        |             |                 |                  |              |               |               |                  |             |         |                        |
|  | Application Upload History                |             |                 |                  |              |               |               |                  |             |         | ~                      |
|  | Document Name                             |             | T Descript      | ion              | Ŧ            | Uploaded D    | )ate          | T                | Uploaded By |         | T                      |
|  | H 4 0 F H Show A                          | I           |                 |                  |              |               |               |                  |             | No Do   | cument History         |
|  |   |             |                 |                  |              |               |               |                  |             |         | Continue               |
|  |   |             |                 |                  |              |               |               |                  |             |         |                        |





#### 9.2 Summary

On the Summary screen, user can view the necessary Action Items that are required to complete and submit your profile.

Visual indicators such as checkmarks and crosses are used to display the completed and incomplete sections respectively. By clicking on the hyperlink of the incomplete sections, you can complete the action required.

Finally, by clicking on the submit button, the user can proceed to submit their Subsidy application.

| Application Id FSA00021 Date Created 6/26/2024 Application Type Initial Facility Name Greengrass Facility Facility Id F00024 Supporting Documents Summary | IMMARY<br>ote: To submit the application, please complete the foll<br>equired for Application Submission   | owing action items, all the action items, should | t be marked as green.                  |                                   |  |  |  |  |  |  |
|---|--|--|--|-----------------------------------|--|--|--|--|--|--|
| Application Type Initial Facility Name Greengrass Facility Facility Id F00024 Supporting Documents Summary  | equired for Application Submission   | owing action Items, all the action items, should | d be marked as green.                  |                                   |  |  |  |  |  |  |
| Facility Id F00024 g  |  |  |  |                                   |  |  |  |  |  |  |
| Summary   |  |  |  |                                   |  |  |  |  |  |  |
|   | Facility Licensed     Account Details     Submit Facility Subsidy Rates     Supporting Documents   |  |  |                                   |  |  |  |  |  |  |
|   | ✓ W-9 Form   |  |  |                                   |  |  |  |  |  |  |
|   |  |  |  |                                   |  |  |  |  |  |  |
|   | I/We have read and understood the provider subsidy registration policies and procedures. (see details here)  |  |  |                                   |  |  |  |  |  |  |
|   | I/We have read and understood the child abuse/neglect reporting laws. (see details here)   |  |  |                                   |  |  |  |  |  |  |
|   | This application shall be signed by the applic<br>applicant/owner/licensee is a corporation, wr<br>indicated on the first page of the application<br>FAX cannot be accepted. | itten verification from the corporation that     | the person signing the application has | s the authority to do so shall be |  |  |  |  |  |  |
| (   | wner/Agent Signature   |  |  | Date                              |  |  |  |  |  |  |
|   | Owner/Agent Signature  |  |  | 06/26/2024                        |  |  |  |  |  |  |

#### Figure 54: Summary

### 9.3 Submit Facility Subsidy Rates

Creating Facility Rates is essential for Subsidy Application submission. This feature allows users to create a rate set for the services they provide at their facility.

#### How to create a new rate set?

1. Click on 'Submit Facility Subsidy Rates' hyperlink under Summary section of the Subsidy application, to be redirected to the following screen:



| Rates               |   |        |                   |
|---------------------|---|--------|-------------------|
| Create New Rate Set |   |        |                   |
| Effective Date      | T | Status | T                 |
| K C P F Show All    |   |        | No Rate Set Found |
|                     |   |        |                   |
|                     |   |        |                   |

Figure 55: Facility Subsidy Rates

2. Click on the 'Create New Rate Set' button to be directed to the following page:

| ates                     |              |        |            |
|--------------------------|--------------|--------|------------|
| ective Date              | e.           |        |            |
| Care Level               | Unit of Care | Rate   |            |
| Infant                   | Full-Time    | \$0.00 | <b>*</b> * |
|                          | Part-Time    | \$0.00 | ¢*         |
| PreSchool                | Full-Time    | \$0.00 | ¢*         |
|                          | Part-Time    | \$0.00 | ¢*         |
| School-Age               | Full-Time    | \$0.00 | \$*        |
|                          | Part-Time    | \$0.00 | \$*        |
| Registration Fee         |              | \$0.00 | **<br>*    |
|                          |              |        |            |
| Facility offers discount | rates        |        |            |
| ubmit                    |              |        |            |
| ave Cancel Back          |              |        |            |

Figure 56: Create Rate Set

- 3. Enter 'Effective Date'
- 4. Enter Rates for each Care Level
- 5. If the facility offers discounts, enter the discount percentage.
- 6. Click on 'Save'



## **10. FACILITY MANAGEMENT**

The facility management module allows licensed providers to manage their licensed facilities and navigate to the required sections to perform all facility management functions.

Clicking on the Facility Management Module leads to the following page where the user will be able to see a grid of all licensed facilities:

|             | MA | ARISE               | Home Provider - App   | plications - | Facility Management | Scheduler - UIR & Com | plaints - Resource Contact | 🛆 Greengrass, Daphne |
|-------------|----|---------------------|---|--------------|---------------------|-----------------------|----------------------------|----------------------|
| Facility ID | T  | Facility Name       | Facility Address  | Ŧ            | Facility Type       | License Issue Date    | License Expiration Date    | License Status       |
| F00024      |    | Greengrass Facility | 1506 East Franklin Street United States, Chapel Hill, AL 27514, Autauga |              | Center              | 06/01/2024            | 06/01/2026                 | Full License         |
| н н 1       |    | ► Show All          |   |              |                     |                       |                            | 1 - 1 of 1 items     |

Figure 57: Facility Management Module

From the page, the user will be able to navigate to any of their licensed facilities by clicking on the Facility ID on the extreme left of the grid. Clicking on the ID will lead to the following page:

| ALABAMA ARISE                                  |  |                                |                            |                          |                               |                      |                                 |                            |
|--|--|--------------------------------|----------------------------|--------------------------|-------------------------------|----------------------|---------------------------------|----------------------------|
|  | Initial Application  |                                |                            |                          |                               |                      |                                 |                            |
| cility Greengrass Facility<br>cility ID F00024 | License Application Classrooms   | Staff Capac                    | Q<br>Ity Background Checks | E<br>Facility Inspection | C License Approval            | \$<br>Facility Rates | Subsidy Applica                 | tion                       |
| cility Type Center                             |  |                                | eted O Completed           | ⊘ Completed              | ⊘ Completed                   | ⊘ Completed          | ⊗ Complete                      | d                          |
| cense Type Full License                        | Facility Details   |                                |                            |                          |                               |                      |                                 |                            |
| License Status Active                          | Facility Details   |                                |                            |                          |                               |                      |                                 |                            |
| icense Number Center-10024                     |  |                                |                            |                          |                               |                      |                                 |                            |
| Facility Details<br>Applications               | Information  |                                |                            |                          |                               |                      |                                 |                            |
| Manage Facility                                | Facility Name  | Facility ID                    |                            | License ID               |                               |                      |                                 |                            |
| Child(ren) Enrollment                          | Greengrass Facility  | F00024                         |                            | Center-1002              |                               |                      |                                 |                            |
| nspections<br>Plan of Correction               | Facility Address   | Fax Number                     |                            | Facility Tier            | r                             |                      |                                 |                            |
| Plan of Correction<br>Background Checks        | 1506 East Franklin Street United S<br>Chapel Hill, AL 27514,   | States,                        |                            |                          |                               |                      |                                 |                            |
| Subsidy  | Autauga  |                                |                            |                          |                               |                      |                                 |                            |
| Incident and Complaints                        | Facility Email   |                                |                            |                          |                               |                      |                                 |                            |
| Received Documents                             | daphne@sharklasers.com   |                                |                            |                          |                               |                      |                                 |                            |
|  | Primary Phone Number Type  |                                | Primary Phone Number       | r                        |                               | Ext.                 |                                 |                            |
|  | Cell Phone   | •                              | (098) 912-3456             |                          |                               | Ext.                 |                                 |                            |
|  | Alternate Phone Number Type  |                                |                            |                          |                               | Ext.                 |                                 |                            |
|  | Pinternate i none namber type  |                                | Alternate Phone Number     | er                       |                               | EXt.                 |                                 |                            |
|  | - Select Point of Contact Full Name  | •                              | Alternate Phone Numb       |                          | •••                           | Ext.                 |                                 |                            |
|  | Select Point of Contact  |                                | Alternate Phone Numb       |                          |                               |                      |                                 |                            |
|  | - Select -<br>Point of Contact<br>Full Name<br>Greengrass Daphne<br>Contact Type   | Date Of Bir                    | Alternate Phone Numb       | Gender                   |                               | Ext.                 | Ēmail                           |                            |
|  | - Select - Point of Contact Full Name Greengrass Daphne  |                                | Alternate Phone Numb       | er                       |                               | Ext.                 | E <b>mail</b><br>Japhno@sharkle | sers.com                   |
|  | - Select -<br>Point of Contact<br>Full Name<br>Greengrass Daphne<br>Contact Type   | Date Of Bir                    | Alternate Phone Numb       | Gender                   |                               | Ext.                 |                                 | sers.com                   |
|  | - Select -<br>Point of Contact<br>Full Name<br>Greengrass Daphne<br>Contact Type<br>Provider - Licensee  | Date Of Bir                    | Alternate Phone Numb       | Gender<br>F              | Etaff Type                    | Ext.                 |                                 | sers.com                   |
|  | - Select -<br>Point of Contact<br>Full Name<br>Greengrass Daphne<br>Contact Type<br>Provider - Licensee<br>Staff Details   | Date Of Bir                    | Alternate Phone Numb       | Gender<br>F<br>Y         | Estaff Type<br>Owner/Director | Ext.                 |                                 |                            |
|  | - Select -<br>Point of Contact<br>Full Name<br>Greengrass Daphne<br>Contact Type<br>Provider - Licensee<br>Staff Details<br>Staff Name   | <b>Date of Bir</b><br>1/1/2000 | Alternate Phone Numb       | Gender<br>F<br>Y         |                               | Ext.                 |                                 |                            |
|  | - Select -<br>Point of Contact<br>Full Name<br>Greengrass Daphne<br>Contact Type<br>Provider - Licensee<br>Staff Details<br>Staff Name<br>Greengrass, Daphne   | <b>Date of Bir</b><br>1/1/2000 | Alternate Phone Numb       | Gender<br>F<br>Y         |                               | Ext.                 |                                 | Ŧ                          |
|  | - Select Point of Contact Full Name Greengrass Daphne Contact Type Provider - Licensee Staff Details Staff Name Greengrass, Daphne if < 1 + k Show   | <b>Date of Bir</b><br>1/1/2000 | Alternate Phone Numb       | Gender<br>F<br>Y         | Owner/Director                | Ext.                 |                                 | Ŧ                          |
|  | - Select -<br>Point of Contact<br>Full Name<br>Greengrass Daphne<br>Contact Type<br>Provider - Licensee<br>Staff Details<br>Staff Name<br>Greengrass, Daphne<br>w < 1 + w Show<br>Uploaded Documents                   | <b>Date of Bir</b><br>1/1/2000 | Alternate Phone Numb       | Gender<br>F<br>T<br>C    | Owner/Director                | Ext.                 |                                 | T - 1 of 1 items           |
|  | - Select -<br>Point of Contact<br>Full Name<br>Greengrass Daphne<br>Contact Type<br>Provider - Licensee<br>Staff Details<br>Staff Name<br>Greengrass, Daphne<br>K d 1 + K Show<br>Uploaded Documents<br>Staff Name     | Date Of Bir<br>1/1/2000        | Alternate Phone Numb       | Gender<br>F<br>T<br>C    | Owner/Director                | Ext.                 |                                 | T - 1 of 1 items           |
|  | - Select -<br>Point of Contact<br>Full Name<br>Greengrass Daphne<br>Contact Type<br>Provider - Licensee<br>Staff Details<br>Staff Name<br>Greengrass, Daphne<br>Uploaded Documents<br>Staff Name<br>Greengrass, Daphne | Date Of Bir<br>1/1/2000        | th                         | Gender<br>F<br>T<br>C    | Owner/Director                | Ext.                 | Japhno@sharkle                  | T<br>1 - 1 of 1 items<br>T |

Figure 58: Facility Details



On this page, the user will be able to see a comprehensive overview of their facility details, while on the left-hand side of the page is the navigation pane that can be used to access the various facility management options and sections.

The navigation pane includes the following options:

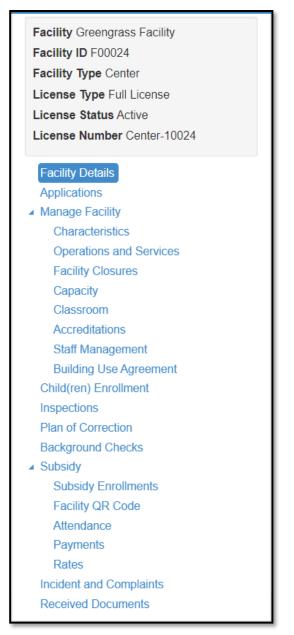


Figure 59: Facility Management Navigation Pane

The first set of sections under the 'Manage Facility' sub-heading reflect the information entered during the license application process. These sections can be used to amend or update details as required.



## 10.1 Child(ren) Enrollment

The Child(ren) Enrollment section can be used to view and manage all children placed or enrolled at the facility. Clicking on the link will lead the user to the following page:

| ALABAMA ARISE<br>HILD CARE MANAGEMENT SYSTEM                                      | Home Provider - Applications - Facility Management Scheduler - UIR & Complaints - Resource Contact 👌 Greengrass,   |
|---|--|
|   | Initial Application  |
| Facility Greengrass Facility<br>Facility ID F00024<br>Facility Type Center        | Image: Completed  |
| License Type Full License<br>License Status Active<br>License Number Center-10024 | Child(ren) Enrollment  |
| Facility Details<br>Applications<br>▶ Manage Facility                             | NOTE: This screen displays the children enrolled in this facility for both subsidy and Private Pay   |
| Child(ren) Enrollment   | Subsidized   |
| Plan of Correction  | Child Name         Y         Parent / Guardian Name         Y         Placement Begin Date         Y         Placement End Date         Y  |
| Background Checks Subsidy   | K     Image: Constraint of the second s |
| Subsidy Enrollments<br>Facility QR Code<br>Attendance                             | Private Pay  |
| Payments<br>Rates   | Add New Child  |
| Incident and Complaints<br>Received Documents                                     | Child ID Y Child Name Y Age (Yrs) Y Program Type Y   |
|   | No Children Record Found.  |

Figure 60: Child(ren) Enrollment

On this page, the user will be able to see all children placed at their facility under the subsidized category.

Users will also be able to add records of any children being enrolled at their facility under the private pay category.

#### How to add Details of Children under Private Pay?

1. Click on the 'Add New Child' button to be directed to the following page:



| nrollment Details                   |                  |              |          |            |           |   |
|-------------------------------------|------------------|--------------|----------|------------|-----------|---|
| hild Details                        |                  |              |          |            |           |   |
|                                     |                  |              |          |            |           |   |
| Demographics                        |                  |              |          |            |           |   |
| First Name                          | Middle N         | ame          |          | Last Name  |           |   |
| First Name                          | Middle           | Name         |          | Last Name  |           |   |
| Date of Birth                       | Gender           | Race         |          |            | Ethnicity |   |
| <b>:</b>                            | Select           | Select       |          | <b>*</b> * | Select    | • |
| Program Type                        | Enrollme         | ent Status   |          |            |           |   |
| Select                              | - Selec          | zt           | <b>*</b> |            |           |   |
| Enrollment Start Date               | Enrolime         | ent End Date |          |            |           |   |
|                                     | <b>:</b>         |              | <b>H</b> |            |           |   |
| Enroll for Day Time?                | Enroll for Night | t Time?      |          |            |           |   |
| Save Cancel Back to Child(ren) Enro | ollment          |              |          |            |           |   |

Figure 61: Add New Child Form

- 2. Fill in all mandatory information
- 3. Click on 'Save' to save the record

### **10.2 Inspections**

The inspections section of the facility management navigation pane will allow users to view records of all inspections that have been conducted or scheduled at the facility.

The inspection grid also allows users to view details and the status of an inspection that has been conducted.

|  | Initial Application |              |                 |                |                      |                     |                  |                |                     |                     |  |
|--|---------------------|--------------|-----------------|----------------|----------------------|---------------------|------------------|----------------|---------------------|---------------------|--|
| Facility Greengrass Facility                     | B B                 | (F)          | *               | -              | ٩                    | 6                   |                  | \$             |                     |                     |  |
| Facility ID F00024                               | License Application | Classrooms   | Staff           | Capacity       | Background Checks    | Facility Inspection | License Approval | Facility Rates | Subsidy Application |                     |  |
| Facility Type Center                             | ⊘ Completed         | Completed    | Completed       |                |                      | ⊘ Completed         | Completed        |                | ⊘ Completed         |                     |  |
| License Type Full License                        | la su s sti su s    |              |                 |                |                      |                     |                  |                |                     |                     |  |
| License Status Active                            | Inspections         |              |                 |                |                      |                     |                  |                |                     |                     |  |
| License Number Center-10024                      |                     |              |                 |                |                      |                     |                  |                |                     |                     |  |
|  | Facility Inspect    | ion          |                 |                |                      |                     |                  |                |                     |                     |  |
| Facility Details                                 |                     |              |                 |                |                      |                     |                  |                |                     |                     |  |
| Applications <ul> <li>Manage Facility</li> </ul> | Inspection T        | /pe          | Scheduled Date  | Vis            | sit Type Inspe       | tor/Investigator    | Inspect          | ion Status     | Is Sync From        | Mobile              |  |
| Child(ren) Enrollment                            |                     |              |                 |                |                      |                     |                  |                | ,                   |                     |  |
| Inspections                                      | Initial inspective  | tion         |                 |                |                      |                     |                  |                |                     |                     |  |
| Plan of Correction                               | . ik ik 1 j         | N St         | now All         |                |                      |                     |                  |                |                     | 1 - 1 of 1 items    |  |
| Background Checks                                |                     |              |                 |                |                      |                     |                  |                |                     |                     |  |
| <ul> <li>Subsidy</li> </ul>                      |                     |              |                 |                |                      |                     |                  |                |                     |                     |  |
| Incident and Complaints                          | Fire Inspection     |              |                 |                |                      |                     |                  |                |                     |                     |  |
| Received Documents                               |                     |              |                 |                |                      |                     |                  |                |                     |                     |  |
|  | Add New Fire        | nspection    |                 |                |                      |                     |                  |                |                     |                     |  |
|  |                     |              |                 |                |                      |                     |                  |                |                     |                     |  |
|  | Fire Safety Ins     | pection numb | er Fire Inspect | ion Approval [ | Date Fire Inspection | Date Received D     | Date Expiration  | Date Source    | Fire Safety Inspec  | tion Status Documen |  |
|  | Current Insp        | ections      |                 |                |                      |                     |                  |                |                     |                     |  |
|  |                     |              |                 |                |                      |                     |                  |                |                     |                     |  |
|  | ie ie 1 i           | N St         | now All         |                |                      |                     |                  |                |                     | 1 - 1 of 1 items    |  |

Figure 62: Inspections



## 10.3 Plan of Correction

In case a deficiency has been identified during the facility inspection, the user will be able to see a record of the deficiency on the plan of correction page.

The page includes a deficiency summary grid that displays all deficiencies that have been identified. Additionally, the user will also be able to view deficiency details and add a plan of action to address each of these deficiencies within the prescribed timeframe.

Target dates and plans of action can be added to the deficiency summary, while actions can also be marked complete prior to the required follow-up inspection.

| Plan  | of Correction  |                 |                    |                   |                                |
|-------|----------------|-----------------|--------------------|-------------------|--------------------------------|
| Defic | iency Summary  |                 |                    |                   |                                |
|       | Deficiency     | Inspection Type | Date of Inspection | Deficiency Source | Staff/Child                    |
| M     | <b>◀ 0 ► ►</b> | Show All        |                    | No de             | ficiencies found in Inspection |

#### Figure 63: Plan of Correction

## 10.4 Subsidy Enrollments

The Subsidy Enrollments section on the navigation pane will lead the user to the following screen, where you will be able to see the details of all subsidized children placed at the facility. The grid on this page only displays children enrolled in the subsidy category:

| Subsidy Enrollments  |   |                      |   |                              |   |
|--|---|----------------------|---|------------------------------|---|
| NOTE: This screen displays the subsidized Children enrollments   |   |                      |   |                              |   |
| Subsidized   |   |                      |   |                              |   |
| Child Name <b>Y</b> Parent / Guardian Name   | T | Placement Begin Date | T | Placement End Date           | r |
| Image: Market of the second se |   |                      |   | No subsidized children found |   |
|  |   |                      |   |                              |   |

Figure 64: Subsidy Enrollments

On this page, the name of each child will also be clickable, and the user will be able to simply click on the child's name to view further details regarding the enrollment.



## 10.5 Facility QR Code

The Facility QR Code section of the facility management navigation pane will lead the user to the following page:



Figure 65: Facility QR Code

Using this page, the provider will be able to generate a unique QR code every day, as required. A generated QR code will only be valid for a single day and a fresh QR code must be generated every day. Once generated, the provider will also be able to print the QR code, if needed.

Parents and guardians of children enrolled at the facility will then be able to scan this QR code using a mobile application, to check their child in and out of the facility and thereby automatically mark their attendance.

### 10.6 Attendance

Parents and guardians of enrolled children will be able to mark attendance by scanning the facility QR code, as described in section 10.5. Scanning the code to check the child in and out of the facility will directly lead to attendance records being created.

These records will then be automatically synced to the provider portal where the provider will be able to access and review them as required.



Clicking on the attendance section of the navigation pane will lead to the following page, where the provider will be able to see the service periods that have been completed:

| Attendance   |                    |   |                   |
|--|--------------------|---|-------------------|
| Click on a Service Period to View/Edit attendance. |                    |   |                   |
| Service Period ↓                                   | Status             | T | Children Received |
| June 23 2024                                       | Attendance Pending |   | 0/1               |
| June 16 2024                                       | Attendance Pending |   | 0/1               |
| June 9 2024  | Attendance Pending |   | 0/1               |
| June 2 2024  | Attendance Pending |   | 0/1               |
| May 26 2024  | Attendance Pending |   | 0/1               |
| K I > N Show All                                   |                    |   | 1 - 5 of 5 items  |
|  |                    |   |                   |

Figure 66: Attendance Service Periods

On this page, clicking on any of the service periods will lead to a complete account of the attendance of all children enrolled at the facility for that service period, as follows:

| Attendance Search  |                                   |   |                          |                      |         |
|--|-----------------------------------|---|--------------------------|----------------------|---------|
| Attendance Log Mobile Checkin/Checkout   |                                   |   |                          |                      |         |
| Period     June 16 2024       # of Children     1       Status     Attendance Period | nding                             |   |                          |                      |         |
| Child  | 06/16 06/17<br>Sun Mon            | 06/18 06/19<br>Tue Wed                  | 06/20 06<br>Thu Fr       | 6/21 06/22<br>ri Sat |         |
| Johnson, Steve<br>(M00022)   | A                                 |   | A                        | A                    | •       |
| H 4 1 Þ H  |                                   |   |                          | 1 - 1 of 1           | T items |
|  |                                   |   |                          |                      |         |
| I have reviewed the attendance for   | orm for this service period and v | vill contact DHR if I believe the atten | dance data is not correc | ct.                  |         |
| Submit   |                                   |   |                          |                      |         |
| Back To Search   |                                   |   |                          |                      |         |

#### Figure 67: Attendance Details for a Specific Service Period



The provider will be able to review and submit attendance records, if required, from this page, by selecting the checkbox indicating that they have reviewed the attendance (refer to Figure 67).

#### **10.7 Payments**

The payments screen will allow providers to view a detailed account of all pending and paid payments, based on the enrollments, automatically calculated by the system.

Clicking on the payments section will lead the user to the following page where they will be able to view the details of every service period and the payment or reimbursement associated with that period:



| str   | ments                      |           |          |               |              |               |           |       |       |         |           |               |             |
|-------|----------------------------|-----------|----------|---------------|--------------|---------------|-----------|-------|-------|---------|-----------|---------------|-------------|
| eques | t Adjustment: Registra     | ation Fee | School   | Closure E     | xtended Stay | Unscheduled A | ttendance | •     | Other |         |           |               |             |
| Cre   | eated Date ↓               |           |          | Туре          | Facility     |               | Amount    |       |       | Balance |           | Status        | 6           |
|       | 0 🕨 🕨 Sho                  | ow All    |          |               |              |               |           |       |       |         | No Pay    | /ment Adjustm | ents Found. |
|       |                            |           |          |               |              |               |           |       |       |         |           |               |             |
| aid P | ayments                    |           |          |               |              |               |           |       |       |         |           |               |             |
|       | Service Period             |           |          | Т             | ype          | Facility      |           |       | Amoun | t       |           | Status        |             |
| • •   | 0 🕨 🕨 Sho                  | ow All    |          |               |              |               |           |       |       |         |           | No Paym       | ents Found. |
| endin | g Payments                 |           |          |               |              |               |           |       |       |         |           |               |             |
|       | Туре                       |           | Facility |               |              |               | Amount    |       |       | Status  |           |               |             |
| ∡ Ser | vice Period: 6/2/2024 - \$ | \$100.00  |          |               |              |               |           |       |       |         |           |               |             |
| •     | Child Care                 |           | Greeng   | rass Facility |              |               | \$100.00  |       |       | Pending | g Payment |               |             |
| ₄ Ser | vice Period: 6/9/2024 - 9  | \$100.00  |          |               |              |               |           |       |       |         |           |               |             |
| •     | Child Care                 |           | Greeng   | rass Facility |              |               | \$100.00  |       |       | Pending | g Payment |               |             |
| ₄ Ser | vice Period: 6/16/2024 -   | \$100.00  |          |               |              |               |           |       |       |         |           |               |             |
| 4     | Child Care                 |           | Greeng   | rass Facility |              |               | \$100.00  |       |       | Pending | g Payment |               |             |
|       | Child                      | Authoriza | ation    | Rate Type     | Unit Of Care | Care Level    | Rate S    | ource | Rate  | 9 G     | Quantity  | Copayment     | Total       |
|       | Johnson, Steve             | Full-Time | Э        | Weekly        | Full-Time    | Infant        | Facility  |       | \$10  | 0.00 1  | I         | \$0.00        | \$100.00    |
| ser 4 | vice Period: 6/23/2024 -   | \$100.00  |          |               |              |               |           |       |       |         |           |               |             |
|       | Child Care                 |           | Greeng   | rass Facility |              |               | \$100.00  |       |       | Pending | g Payment |               |             |
|       | Child                      | Authoriza | ation    | Rate Type     | Unit Of Care | Care Level    | Rate S    | ource | Rate  | e G     | Quantity  | Copayment     | Total       |
|       | Johnson, Steve             | Full-Time | Э        | Weekly        | Full-Time    | Infant        | Facility  |       | \$10  | 0.00 1  |           | \$0.00        | \$100.00    |
| ₄ Ser | vice Period: 6/30/2024 -   | \$100.00  |          |               |              |               |           |       |       |         |           |               |             |
|       | Child Care                 |           | Greeng   | rass Facility |              |               | \$100.00  |       |       | Pending | g Payment |               |             |
|       | Child                      | Authoriza | ation    | Rate Type     | Unit Of Care | Care Level    | Rate S    | ource | Rate  | e G     | Quantity  | Copayment     | Total       |
|       | Johnson, Steve             | Full-Time | Э        | Weekly        | Full-Time    | Infant        | Facility  |       | \$10  | 0.00 1  |           | \$0.00        | \$100.00    |
| ∡ Ser | vice Period: 7/7/2024 - \$ | \$100.00  |          |               |              |               |           |       |       |         |           |               |             |
| •     | Child Care                 |           | Greeng   | rass Facility |              |               | \$100.00  |       |       | Pending | g Payment |               |             |
| ∡ Ser | vice Period: 7/14/2024 -   | \$100.00  |          |               |              |               |           |       |       |         |           |               |             |
| •     | Child Care                 |           | Greeng   | rass Facility |              |               | \$100.00  |       |       | Pending | g Payment |               |             |
| A Ser | vice Period: 7/21/2024 -   | \$100.00  |          |               |              |               |           |       |       |         |           |               |             |
|       | Child Care                 |           | Greeng   | rass Facility |              |               | \$100.00  |       |       | Pending | g Payment |               |             |
|       | vice Period: 7/28/2024 -   | \$100.00  |          |               |              |               |           |       |       |         |           |               |             |
| ₄ Ser |                            |           | Greeng   | rass Facility |              |               | \$100.00  |       |       | Pending | g Payment |               |             |
| ₄ Ser | Child Care                 |           |          |               |              |               |           |       |       |         |           |               |             |
| •     | Child Care                 | \$100.00  |          |               |              |               |           |       |       |         |           |               |             |

Figure 68: Payments

Users will also be able to submit adjustment requests on the same page, by selecting an adjustment type from the adjustment grid at the top of the screen (refer to Figure 68) and filling out the associated form, as follows:

50



| Payment                |               |      |
|------------------------|---------------|------|
| Description            |               |      |
|                        |               |      |
| Туре                   |               |      |
| Registration Fee 🔻     |               |      |
| Facility               |               |      |
| Greengrass Facility    |               |      |
| Related Service Period |               |      |
|                        |               |      |
| Child Name             | Authorization | Rate |
| Amount                 |               |      |
| \$0.00                 |               |      |
| Save Back              |               |      |

Figure 69: Adjustment Request Form

Once the adjustment request form has been submitted and approved, the adjustment will also be automatically reflected in the pending payments section of the page.

### **10.8 Incidents and Complaints**

The incidents and complaints section of the facility management navigation pane will lead the user to the following page:

| omplaints       |                              |                   |                           |                    |
|-----------------|------------------------------|-------------------|---------------------------|--------------------|
| Complaint ID    | Allegation Category          | Allegation Status | Incident/Complaint Status | Enforcement Status |
|                 |                              |                   |                           | No Complaint Found |
| <b>⋈ ∢ 0 </b> ► | <ul> <li>Show All</li> </ul> |                   |                           | No complaint round |
| ₩ 4 0 ►         | Snow All                     |                   |                           |                    |
| r dent          | Snow All                     |                   |                           | no company ound    |
| ident           | Snow All                     |                   |                           |                    |

Figure 70: Incident and Complaints



On this page, the provider will be able to view an account of all incidents or complaints that have been reported against the facility. Clicking on the Incident or Complain ID will also allow the user to view further details regarding the report.

#### **10.9 Received Documents**

The Received Documents section is a repository of all documents that the provider has received from the State, and all documents that they have been requested to submit. Clicking on the 'Received Documents' section will lead to the following page where all these documents will be visible and accessible:

| eceived Docume                 | nts               |        |   |                     |                        |                     |
|--------------------------------|-------------------|--------|---|---------------------|------------------------|---------------------|
| Received Documents             |                   |        |   |                     |                        |                     |
| Document                       |                   |        |   |                     | Date/Time              |                     |
| Deficiency report for standard | ls20240626-175930 |        |   |                     | 06/26/2024 05:59:34 PM |                     |
| H 4 1 F H                      | Show All          |        |   |                     |                        | 1 - 1 of 1 items    |
|                                |                   |        |   |                     |                        |                     |
| Requested Documents            |                   |        |   |                     |                        |                     |
| Description                    | T                 | Status | T | Requested Date/Time |                        | T                   |
| ₩ 4 0 ► ₩                      | Show All          |        |   |                     |                        | No Document History |
|                                |                   |        |   |                     |                        |                     |

Figure 71: Received Documents

On this page, users will also be able to download all required documents by clicking on the document link. This will automatically download the document into the user's system where they will then be able to access it as required.

## **11. UIR & COMPLAINTS**

The UIR & Complaints Module at the top of the screen allows users to report any incidents or log a complaint against the facility.

To report an incident or log a complaint, the user would be required to use the UIR & Complaints module drop-down menu and select the Incident Reports option as follows:



|                           |               |               |   | Home          | Provid | er - Applications | <ul> <li>Facility Mar</li> </ul> | nagem | ent Scheduler- | UI | R & Complaints + | Resource | Contact     | ය G  | reengrass | , Daphn |
|---------------------------|---------------|---------------|---|---------------|--------|-------------------|----------------------------------|-------|----------------|----|------------------|----------|-------------|------|-----------|---------|
| Incident & Complaints     | Report List   |               |   |               |        |                   |                                  |       |                | ŀ  | ncident Reports  |          |             |      |           |         |
| Add New Incident Report   |               |               |   |               |        |                   |                                  |       |                |    |                  |          |             |      |           |         |
| Incident ID Y Report Type | Facility Name | ▼ Facility ID | Ŧ | Facility Type | Facil  | ty Address 🔻      | Reported By                      | Ŧ     | Incident Date  | Ŧ  | Incident Time    | T Incide | nt Location | Ŧ    | Status    | T       |
| H A O F H Show All        |               |               |   |               |        |                   |                                  |       |                |    |                  |          |             | No F | Report Fo | und.    |

Figure 72: UIR & Complaints

| Report Type  |            | Intake Method |                                 |        | Sour     | се Туре     |        |                 |   | Report Sou | urce |                  |
|--|------------|---------------|---------------------------------|--------|----------|-------------|--------|-----------------|---|------------|------|------------------|
| Incident   | <b>*</b> * | Select        |                                 |        | • _ 5    | Select      |        |                 | • | Select -   |      | •                |
| First Name   |            |               | Middle Name                     |        |          |             |        | Last Name       |   |            |      |                  |
| Daphne   |            |               | Middle Name                     |        |          |             |        | Greengrass      | S |            |      | •                |
| Reported Date  |            | Reported Time |                                 |        | Title    | or Position |        |                 |   |            |      |                  |
| 06/26/2024   | <b>;</b>   | 9:42 PM       |                                 | i      | <u> </u> | Select      |        |                 | • |            |      |                  |
| Email Address  |            |               |                                 |        |          |             |        |                 |   |            |      |                  |
| daphne@sharklasers.com   |            | *             |                                 |        |          |             |        |                 |   |            |      |                  |
| 1506 East Franklin Street United States<br>Street 2                                |            |               |                                 |        |          |             |        |                 |   |            |      | <mark>۹</mark> ۹ |
|  |            |               | AL                              |        | • 27:    | 514         | •      | Autauga         |   |            |      | ۹<br>۹           |
| Street 2   |            |               | AL                              | ,      | 27       | 514         | •      | Autauga         |   |            |      |                  |
| Street 2<br>Chapel Hill  |            | ٦             | AL.                             |        | 27:      | 514         | ٦      | Autauga<br>Ext. |   |            |      |                  |
| Street 2<br>Chapel Hill<br>Phone Number  |            | ्<br>र        |                                 | Number | 27       | 514         | ۲<br>۲ |                 |   |            |      |                  |
| Street 2<br>Chapel Hill<br>Phone Number<br>Primary Phone Number Type               |            |               | Primary Phone                   | Number | 27:      | 514         | ۲<br>۲ | Ext.            |   |            |      |                  |
| Street 2<br>Chapel Hill<br>Phone Number<br>Primary Phone Number Type<br>Cell Phone |            |               | Primary Phone<br>(098) 912-3456 | Number | 275      | 514         | ~      | Ext.            |   |            |      |                  |

Clicking on Incident Reports will direct the user to the following page:

Figure 73: Incident Report Form

On this page, a user with access to the provider portal will be able to record details of an incident or complaint by filling in the provided form. Filling in all mandatory details (marked with a red asterisk on the top right corner of the field) and clicking on 'Save' will allow the user to submit the form and carry out to process of reporting an incident or logging a complaint.



## **12. RESOURCE**

The Resource Module at the top of the screen includes a set of training videos and material that can be used for guidance, should the user require any assistance while using the Provider Portal.

# **13. CONTACT**

In case any additionally support is required, the user will be able to access support contact information via the Contact Module at the top of the screen.

# 14. CONCLUSION

As seen above, using the modules and functions that are available on the Arise Provider Portal, users will be able to complete the various steps required to create and submit their license or license exemption applications, as well as their subsidy applications. Additionally, they will also be able to manage their facilities and enrollments, renew their licenses and perform all other facility management functions using the Provider Portal.