

ARISE Provider Portal – Applying for a Center License

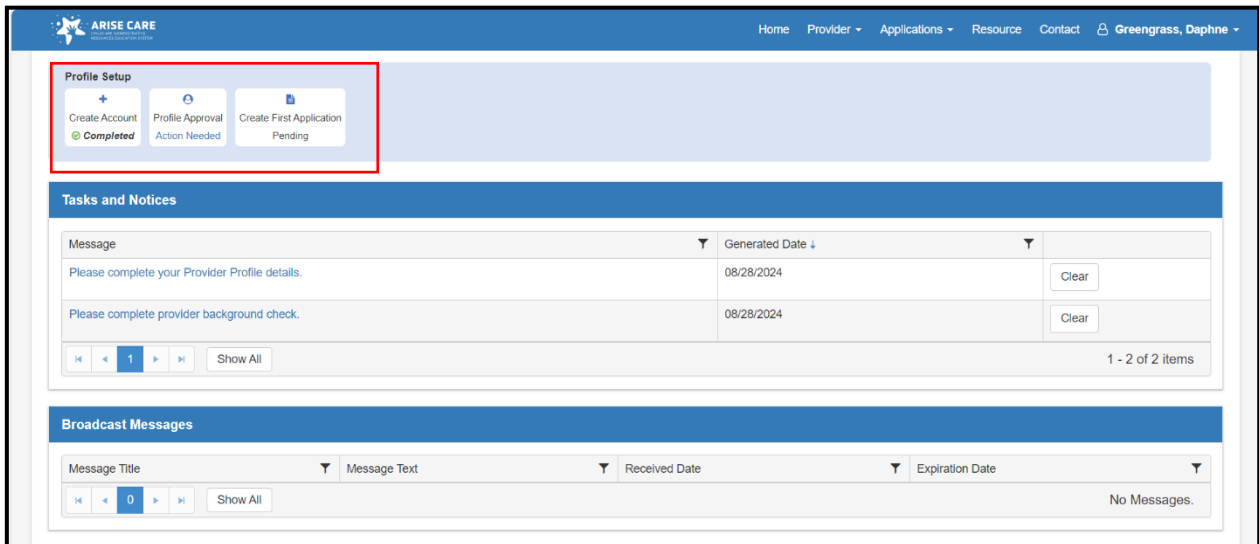
Once Provider's register on the Provider Portal, they can apply for a license or exemption, as per their provider type, using the portal.

How to apply for a center facility license on the Arise Provider Portal?

The following is a quick step-by-step guide to begin and submit your licensing application for a childcare center!

Following the standard registration process, ensure that you select 'Center' as the Provider type when registering as a Provider (please refer to the Quick Reference Guide on Registration or to the Provider User Manual for further details on this).

Once you have completed the registration, having selected 'center', logging in using your registered account will lead to the following landing page:



The screenshot displays the ARISE Provider Portal landing page. At the top, there is a navigation bar with links for Home, Provider, Applications, Resource, and Contact, along with a user profile for Greengrass, Daphne. The main content area is divided into three sections. The first section, 'Profile Setup', contains three cards: 'Create Account' (marked as Completed), 'Profile Approval' (marked as Action Needed), and 'Create First Application' (marked as Pending). The second section, 'Tasks and Notices', lists two messages: 'Please complete your Provider Profile details.' and 'Please complete provider background check.', both dated 08/28/2024. The third section, 'Broadcast Messages', shows 'No Messages.'

Figure 1: Landing page

The landing page is the first page that you see when you log in to the provider portal. This is the screen where you will be able to see your progress, receive notices and messages, and complete the steps required to submit your application.

On the landing page, you will see an application wizard at the top, containing a set of steps. These are the various steps to be completed when submitting your initial license application.

The process begins as follows:

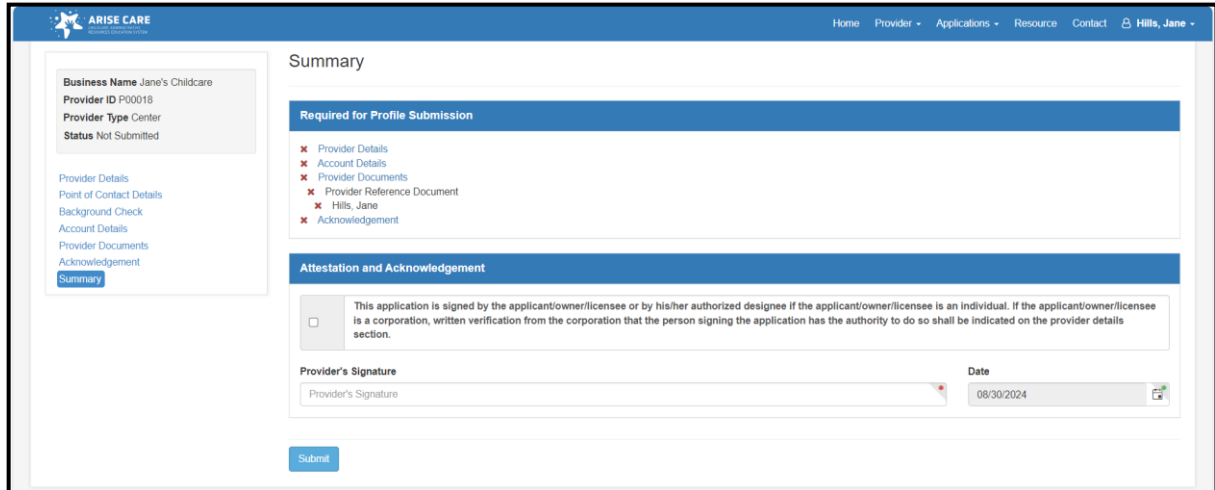
1. Complete Provider Profile (Profile Approval)
2. Initiate License Application (Create First Application)

After these two steps have been completed, you will be able to proceed once your application has been accepted.

Step One: Provider Profile

How to Complete Provider Profile?

1. Click on the 'Action Needed' link under the 'Profile Approval' step in the application wizard, to be directed to the following page:



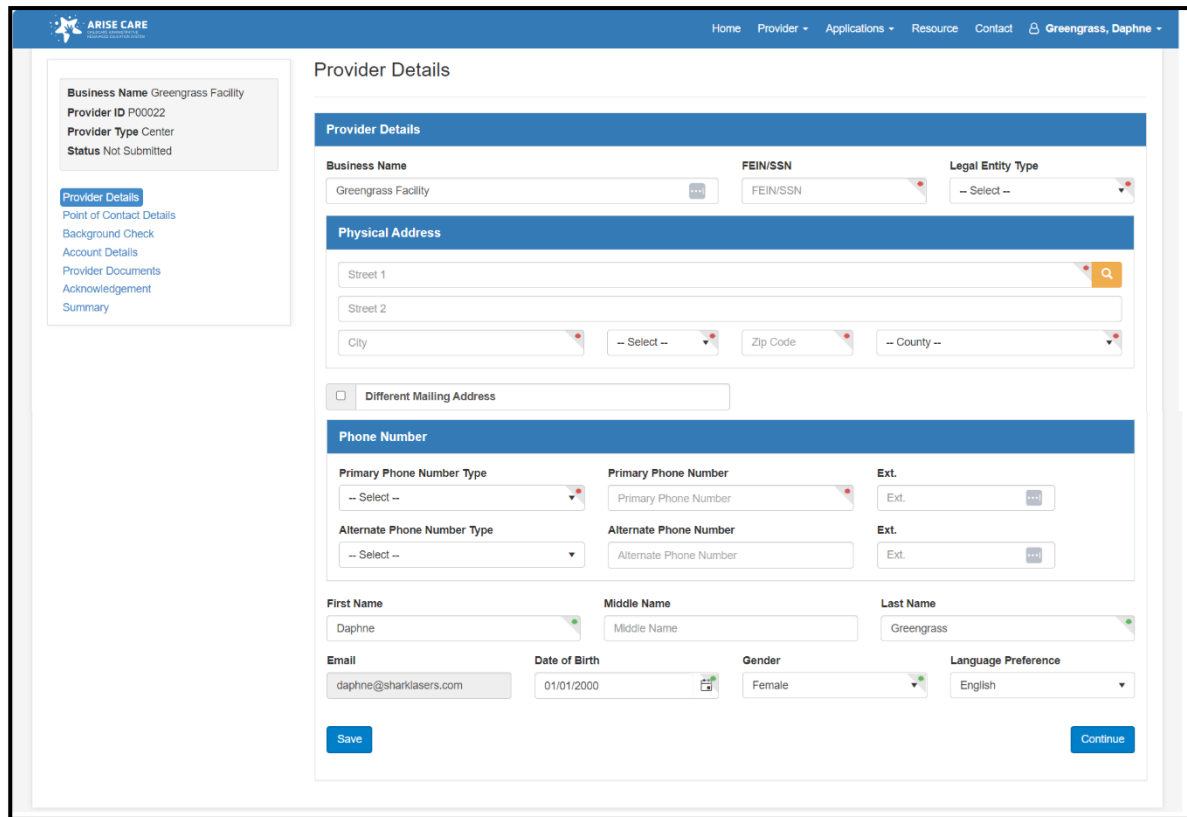
The screenshot shows the 'Summary' page of the ARISE CARE Provider Portal. The page has a blue header with the ARISE CARE logo and navigation links: Home, Provider, Applications, Resource, Contact, and a user profile for 'Hills, Jane'. On the left, there is a sidebar with a list of navigation items: Business Name, Provider ID, Provider Type, Status, Provider Details, Point of Contact Details, Background Check, Account Details, Provider Documents, Acknowledgement, and Summary (which is highlighted). The main content area is titled 'Summary' and contains two sections: 'Required for Profile Submission' and 'Attestation and Acknowledgement'. The 'Required for Profile Submission' section lists four items with red 'X' marks indicating they are not completed: Provider Details, Account Details, Provider Reference Document, and Hills, Jane. The 'Attestation and Acknowledgement' section contains a checkbox for 'This application is signed by the applicant/owner/licensee or by his/her authorized designee...' and a 'Provider's Signature' field with a date of '08/30/2024'. A 'Submit' button is located at the bottom left of the main content area.

Figure 2: Summary Page

The Summary Page depicts a list of actionable items that must be completed in order to finish your profile.

You may click on each item on the list OR use the navigation pane on the left.

2. First click on 'Provider Details' on the left to be taken to the following page:



Provider Details

Business Name Greengrass Facility
Provider ID P00022
Provider Type Center
Status Not Submitted

Physical Address

Street 1
 Street 2
 City -- Select -- Zip Code -- County --

☐ Different Mailing Address

Phone Number

Primary Phone Number Type -- Select -- **Primary Phone Number** Primary Phone Number **Ext.** Ext.
Alternate Phone Number Type -- Select -- **Alternate Phone Number** Alternate Phone Number **Ext.** Ext.

First Name Daphne **Middle Name** Middle Name **Last Name** Greengrass

Email daphne@sharklasers.com **Date of Birth** 01/01/2000 **Gender** Female **Language Preference** English

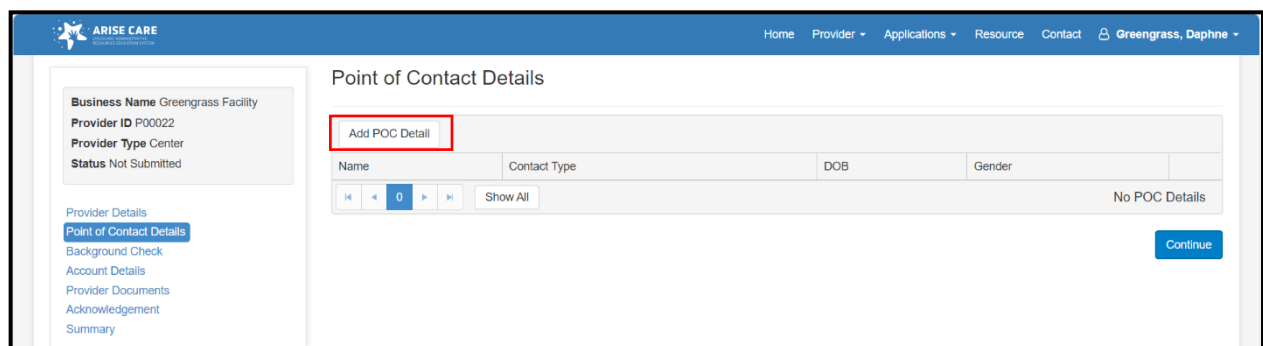
Save **Continue**

Figure 3: Provider Details

- On this page, fill in all mandatory details (marked by a red asterisk on the top right corner of the respective data fields).
- Click on 'save' once all details have been filled.
- To proceed, click on the 'Continue' button on the bottom right of the page

OR

Click on 'Point of Contact Details' on the left navigation pane to be redirected to the following page:



Point of Contact Details

Add POC Detail

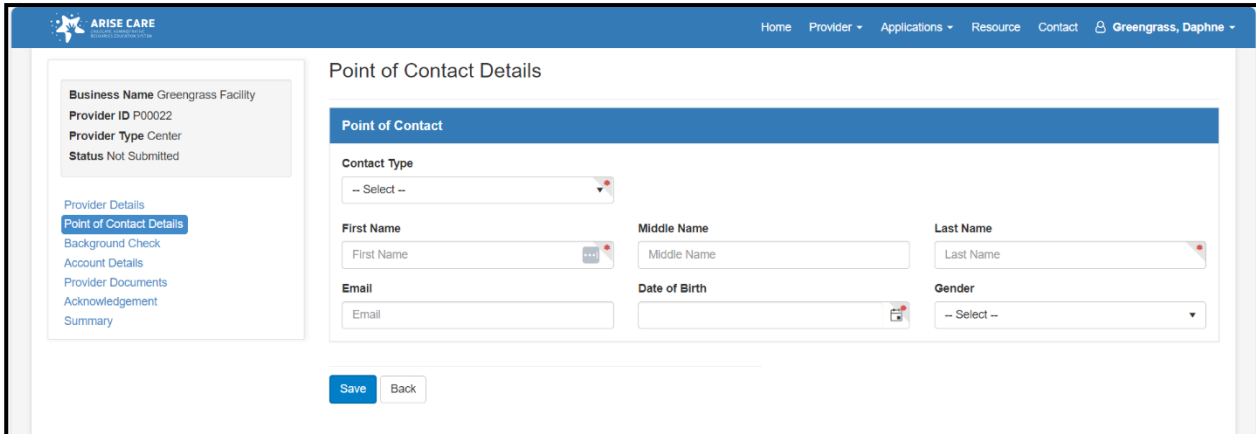
Name	Contact Type	DOB	Gender
No POC Details			

Continue

Figure 4: Point of Contact Details Grid

To add point of contact details:

- Click on the 'Add POC Detail' button on the grid (refer to Figure 4), to be redirected to the following form:



Business Name Greengrass Facility
Provider ID P00022
Provider Type Center
Status Not Submitted

Provider Details
[Point of Contact Details](#)
[Background Check](#)
[Account Details](#)
[Provider Documents](#)
[Acknowledgement](#)
[Summary](#)

Point of Contact Details

Point of Contact

Contact Type
 -- Select --

First Name
 First Name

Middle Name
 Middle Name

Last Name
 Last Name

Email
 Email

Date of Birth
 [Calendar Icon]

Gender
 -- Select --

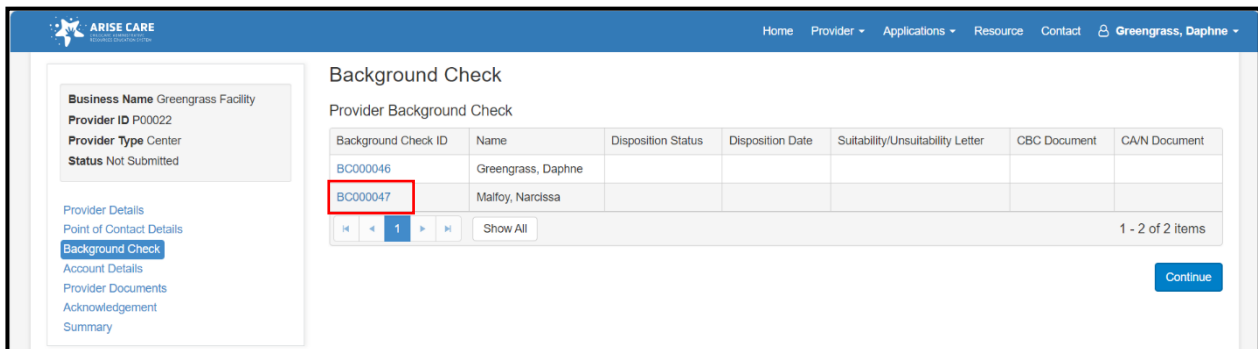
Save **Back**

Figure 5: Point of Contact Details Form

2. Add all mandatory details
3. Click on 'Save' to save your information and be directed back to the Point of Contact Details Grid (Figure 4)
4. Click on the 'Continue' button on the bottom right of the page

OR

Click on 'Background Check' on the left navigation pane to be redirected to the following page:



Business Name Greengrass Facility
Provider ID P00022
Provider Type Center
Status Not Submitted

Provider Details
[Point of Contact Details](#)
[Background Check](#)
[Account Details](#)
[Provider Documents](#)
[Acknowledgement](#)
[Summary](#)

Background Check

Provider Background Check

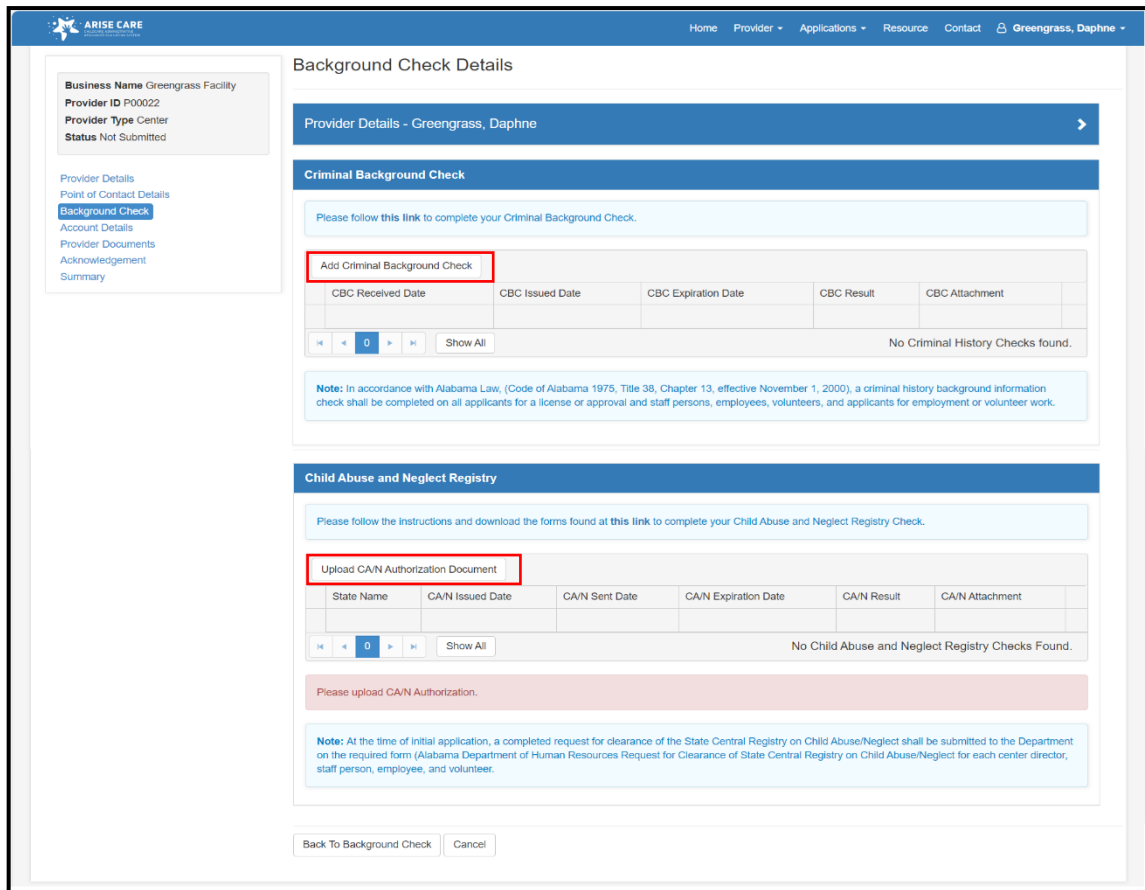
Background Check ID	Name	Disposition Status	Disposition Date	Suitability/Unsuitability Letter	CBC Document	CA/N Document
BC000046	Greengrass, Daphne					
BC000047	Malfoy, Narcissa					

1 - 2 of 2 items

Continue

Figure 6: Background Check

5. On this page, click on the background check ID to be redirected to the Background Check Summary Page:



Background Check Details

Business Name Greengrass Facility
Provider ID P00022
Provider Type Center
Status Not Submitted

Provider Details
Point of Contact Details
Background Check
Account Details
Provider Documents
Acknowledgement
Summary

Provider Details - Greengrass, Daphne

Criminal Background Check

Please follow this link to complete your Criminal Background Check.

Add Criminal Background Check

CBC Received Date	CBC Issued Date	CBC Expiration Date	CBC Result	CBC Attachment
No Criminal History Checks found.				

Note: In accordance with Alabama Law, (Code of Alabama 1975, Title 38, Chapter 13, effective November 1, 2000), a criminal history background information check shall be completed on all applicants for a license or approval and staff persons, employees, volunteers, and applicants for employment or volunteer work.

Child Abuse and Neglect Registry

Please follow the instructions and download the forms found at this link to complete your Child Abuse and Neglect Registry Check.

Upload CA/N Authorization Document

State Name	CA/N Issued Date	CA/N Sent Date	CA/N Expiration Date	CA/N Result	CA/N Attachment
No Child Abuse and Neglect Registry Checks Found.					

Please upload CA/N Authorization.

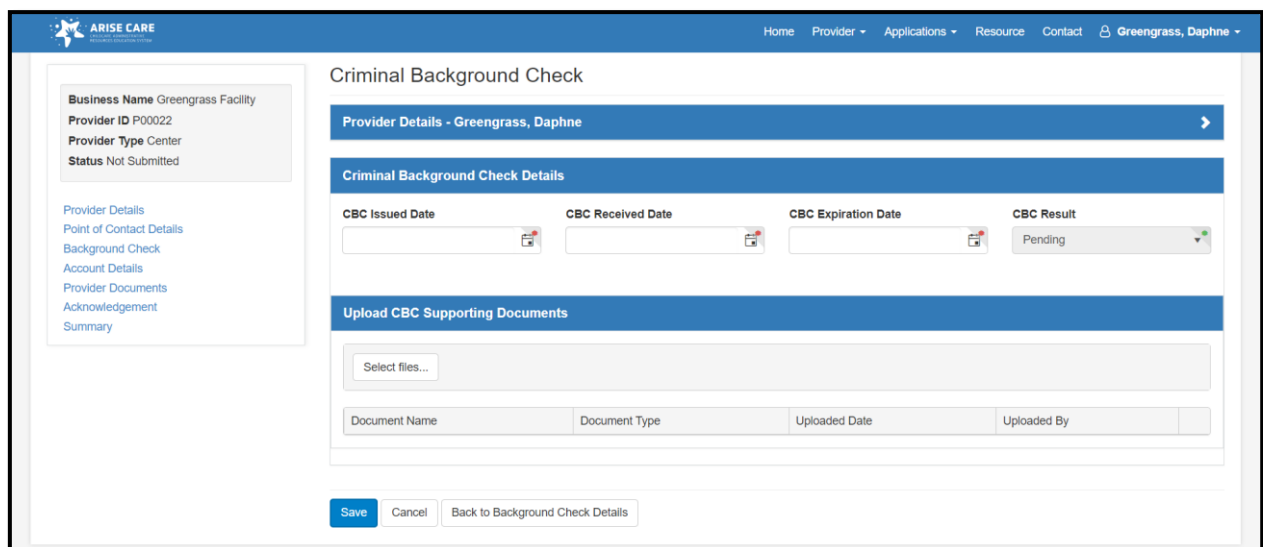
Note: At the time of initial application, a completed request for clearance of the State Central Registry on Child Abuse/Neglect shall be submitted to the Department on the required form (Alabama Department of Human Resources Request for Clearance of State Central Registry on Child Abuse/Neglect for each center director, staff person, employee, and volunteer.

Back To Background Check Cancel

Figure 7: Background Check Summary Page

Here, you are expected to fill in your 'Criminal Background Check' details, as well as your 'Child Abuse and Neglect Registry' details.

- To complete this – first click on 'Add Criminal Background Check' to be redirected to the following screen:



Criminal Background Check

Business Name Greengrass Facility
Provider ID P00022
Provider Type Center
Status Not Submitted

Provider Details
Point of Contact Details
Background Check
Account Details
Provider Documents
Acknowledgement
Summary

Provider Details - Greengrass, Daphne

Criminal Background Check Details

CBC Issued Date	CBC Received Date	CBC Expiration Date	CBC Result
			Pending

Upload CBC Supporting Documents

Select files...

Document Name	Document Type	Uploaded Date	Uploaded By

Save Cancel Back to Background Check Details

Figure 8: Criminal Background Check Page

- On this page, fill in all mandatory details and click 'save' to proceed (marked by a red asterisk on the top right corner of the field).
- Ensure that you upload relevant documents as well (if any).
- Click on 'Back to Background Check Details' to return to the Background Check Summary Page (Figure 7).

To complete the next part of the background check:

- Click on 'Upload CA/N Authorization Document' (refer to Figure 7) to be redirected to the following screen:

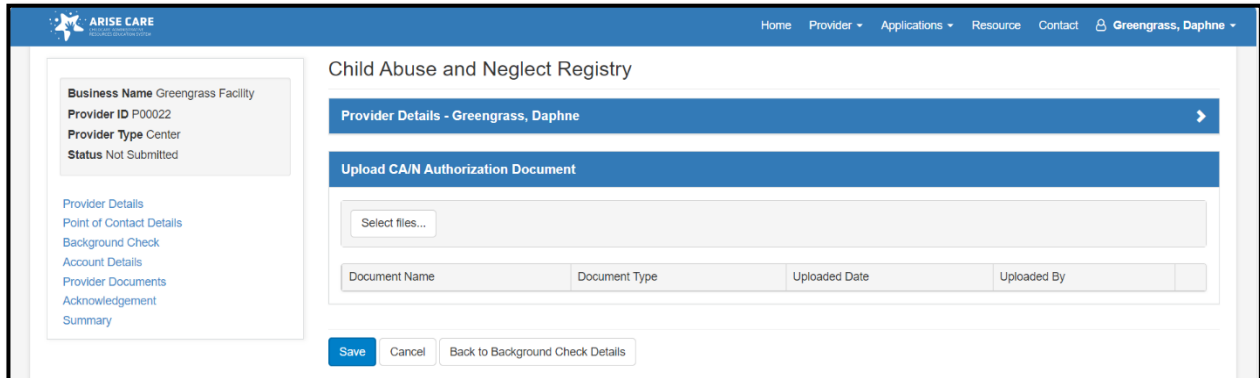


Figure 9: Child Abuse and Neglect Registry

- On this page, upload the required documents and click 'save' to proceed
- Click on 'Back to Background Check Details' to return to the Background Check Summary Page (Figure 7).
- Click on the 'Submit' button that now appears:



Figure 10: Submit Button

To proceed to the next stage:

- Click on the next step on the navigation pane – Account Details.

This action will direct you to the following page:

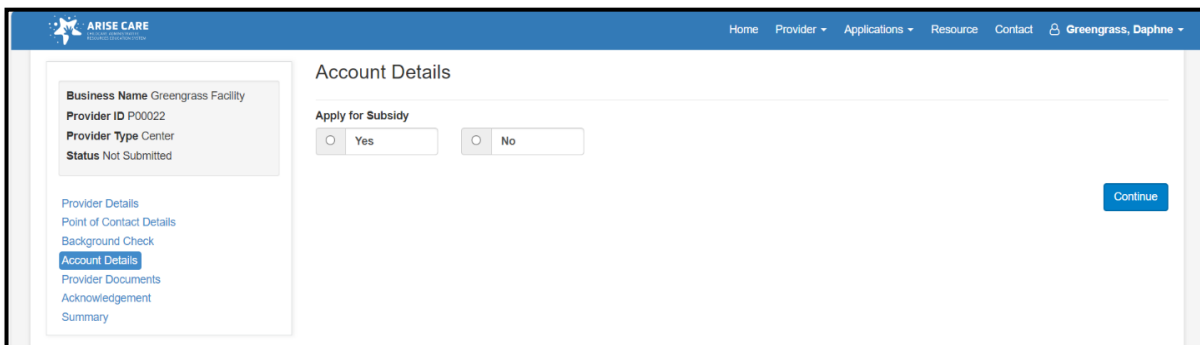


Figure 11: Account Details

On this page:

1. Click on 'no' if you do not wish to apply for subsidy, following which you may proceed to the next stage.
2. Click on 'yes' if you wish to apply for subsidy. This action will display the following grid:

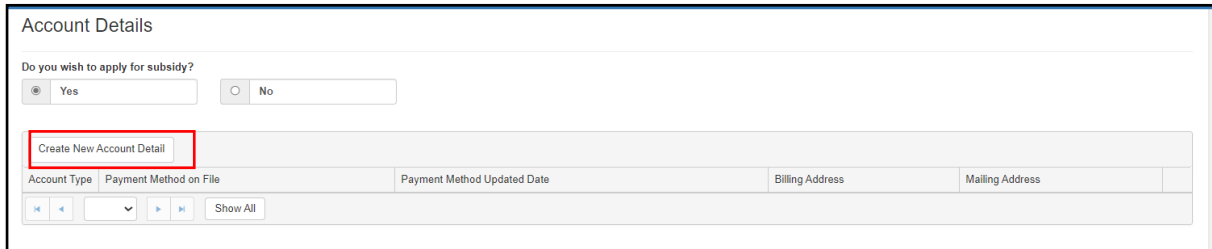


Figure 12: Account Details Grid

To proceed:

1. Click on the 'Create New Account Detail' button to be directed to the following form:

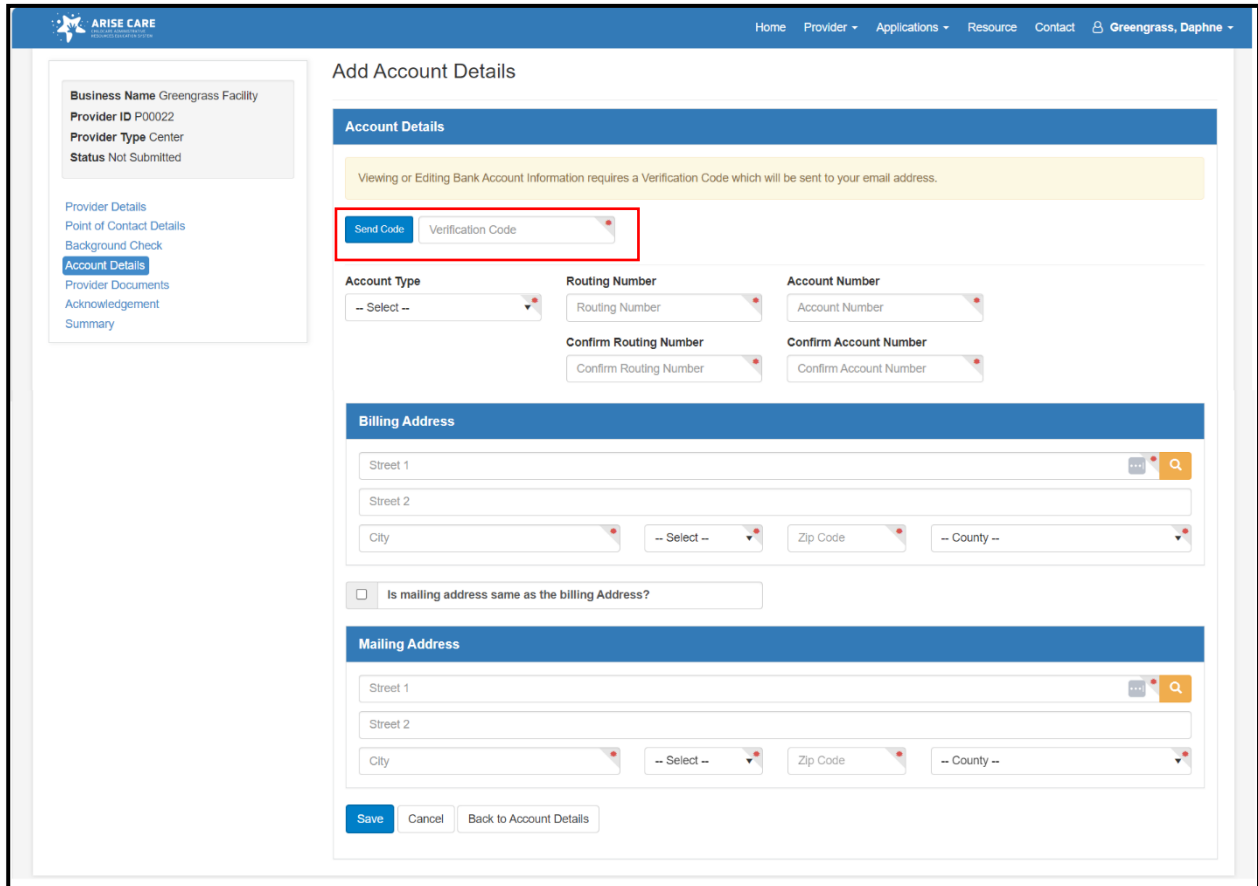
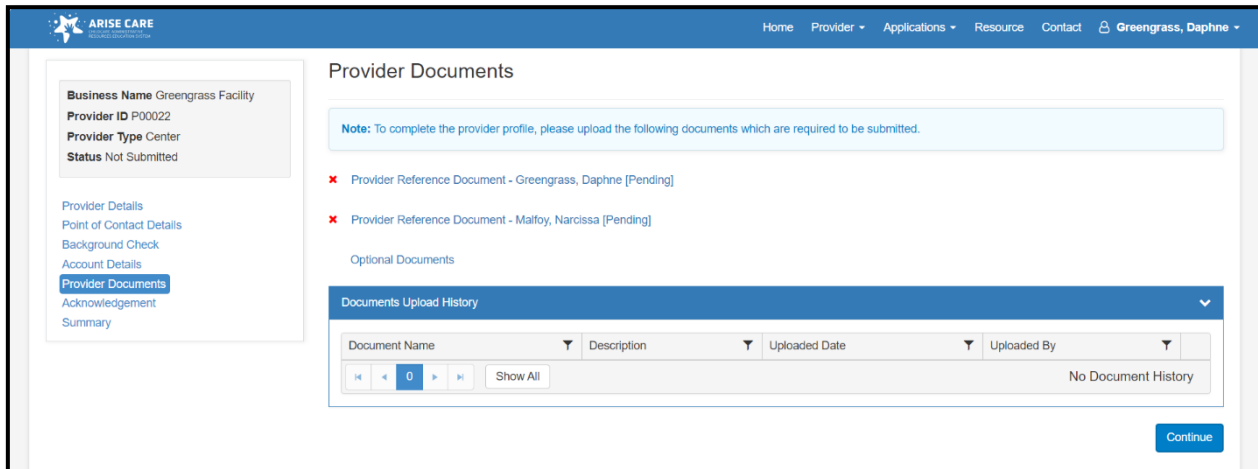


Figure 13: Add New Account Details Page

2. Fill in all mandatory details, including the verification code that will be sent to your associated email address once you click on the 'Send Code' button.
3. Click on 'Save' to save all your details and be taken back to the Account Details Grid (Figure 12). The grid should now reflect your saved account details.

Once the Account Details section has been completed, to proceed:

1. Click on the next step on the navigation pane – Provider Documents. This action will direct you to the following page:



Provider Documents

Note: To complete the provider profile, please upload the following documents which are required to be submitted.

- ✖ Provider Reference Document - Greengrass, Daphne [Pending]
- ✖ Provider Reference Document - Malloy, Narcissa [Pending]

Optional Documents

Documents Upload History

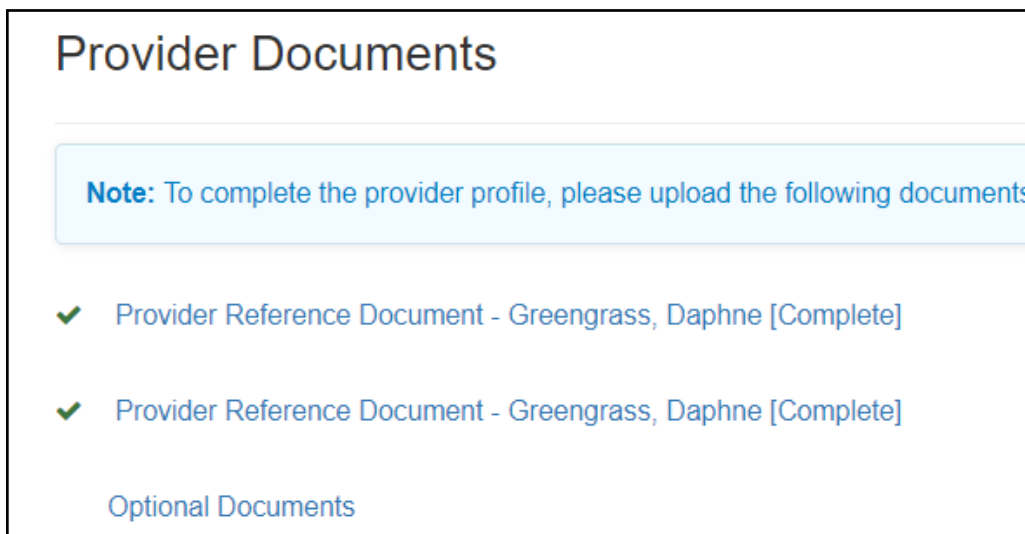
Document Name	Description	Uploaded Date	Uploaded By
No Document History			

[Continue](#)

Figure 14: Provider Documents

2. On this page, upload all relevant documents by first clicking on the respective links and then clicking on the 'select file' button.

On uploading the documents, you will see that the red cross next to each item turns green.



Provider Documents

Note: To complete the provider profile, please upload the following documents


- ✔ Provider Reference Document - Greengrass, Daphne [Complete]
- ✔ Provider Reference Document - Greengrass, Daphne [Complete]

Optional Documents

[Continue](#)

Figure 15: Uploaded Provider Documents

3. To proceed from here, click on the 'Acknowledgement' link on the left navigation pane, to be redirected to the following page:



Home
Provider
Applications
Resource
Contact
Greengrass, Daphne

Business Name Greengrass Facility
Provider ID P00022
Provider Type Center
Status Not Submitted

Provider Details
Point of Contact Details
Background Check
Account Details
Provider Documents
Acknowledgement
Summary

Acknowledgement

NOTE: Please answer all of the following questions by selecting the appropriate answer, "Yes" or "No". Please provide any additional information if required.

ACKNOWLEDGEMENT

1. Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?

2. Have you ever been convicted of a crime (other than minor traffic violations) not previously reported to the LCU?

3. Are you now or have you ever been licensed in any state/jurisdiction? (If Yes, be sure to complete the section below.)

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?

5. I choose to participate in QRIS

6. I hereby agree to:

6.1. Maintain standards prescribed and published by the department.

6.2. 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.

6.3. Submit to investigation by the department.

6.4. Admit authorized representatives of the department at any reasonable time for the purpose of investigation.

6.5. Provide 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.

6.6. Display the license, license exemption or permit.

6.7. Maintain financial resources adequate 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.

7. I acknowledge in accordance with Title 38, Chapter 7, Section 16 Code of Alabama 1975, any person, group of persons, association or corporation who makes materially false statements in order to obtain a license, license exemption or permit shall be guilty of a misdemeanor and shall be fined not less than \$100.00 nor 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.


Save

Cancel

Continue

Figure 16: Acknowledgement

- On this page, respond to the questions by selecting 'yes' or 'no' options.
- In certain cases, your response may require further elaboration which will lead to a description box appearing – fill the description box as required.
- Click on the 'save' button, once completed.
- Finally, click on 'Summary' on the left navigation pane to be guided to the following page:



Home
Provider
Applications
Resource
Contact
Greengrass, Daphne

Business Name Greengrass Facility
Provider ID P00022
Provider Type Center
Status Not Submitted

Provider Details
Point of Contact Details
Background Check
Account Details
Provider Documents
Acknowledgement
Summary

Summary

Required for Profile Submission

✓ Provider Details

✓ Account Details

✓ Provider Documents

✓ Provider Reference Document

✓ Greengrass, Daphne

✓ Malfoy, Narcissa

✓ Acknowledgement

Attestation and Acknowledgement

☐
This application is signed by the applicant/owner/licensee or by his/her authorized designee if the applicant/owner/licensee is an individual. If the applicant/owner/licensee 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 provider details section.

Provider's Signature

Provider's Signature

Date

08/28/2024

Submit

Figure 17: Summary Page

This time, you will see that each required actionable item on the list also displays a green tick next to it, since you have completed all relevant sections.

To proceed:

1. Click on the Attestation and Acknowledgement checkbox to accept.
2. Fill in your signature.
3. Ensure that the pre-filled date is correct.
4. Click on 'submit'.

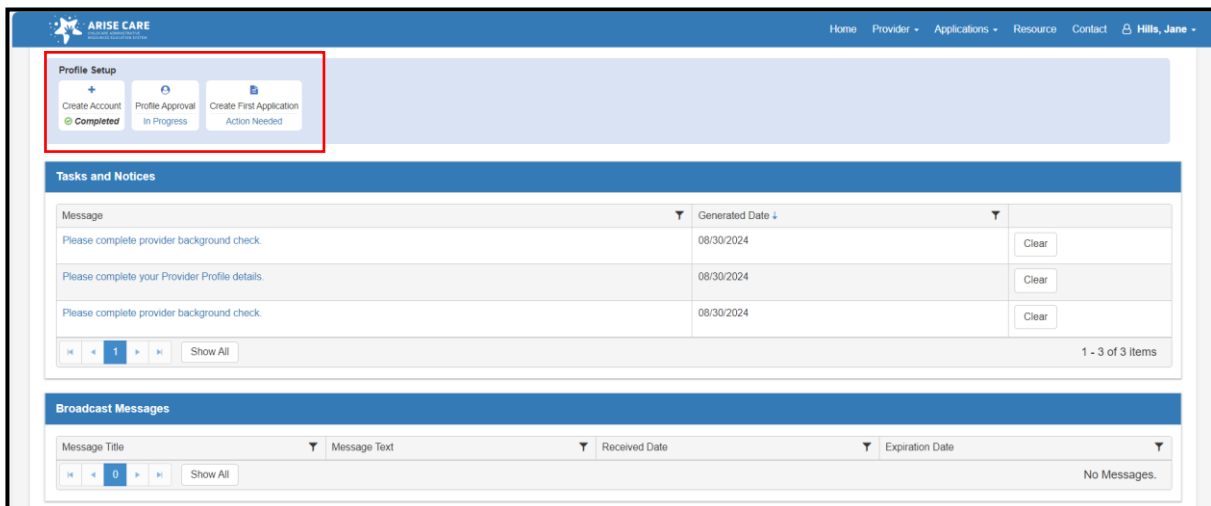
Congratulations! You have successfully submitted your Provider Profile for Approval!

Step Two: Initiate Licensing Application

While you wait for your profile to be approved, it's time to move on to the next step – Initiating your License Application!

How to begin your License Application?

1. Click on the 'Home' module at the top of the page to be redirected to the landing screen.
2. This time, on the landing screen, you will see that the statuses on the steps of the application wizard have been updated, as follows:



The screenshot displays the ARISE CARE Provider Portal interface. At the top, the navigation bar includes links for Home, Provider, Applications, Resource, Contact, and a user profile for Hills, Jane. The main content area is divided into three sections:

- Profile Setup:** A horizontal bar with three status indicators: 'Create Account' (Completed), 'Profile Approval' (In Progress), and 'Create First Application' (Action Needed). The 'Create First Application' button is highlighted with a red box.
- Tasks and Notices:** A table listing tasks with columns for Message, Generated Date, and a Clear button. The tasks are:

Message	Generated Date	Action
Please complete provider background check.	08/30/2024	Clear
Please complete your Provider Profile details.	08/30/2024	Clear
Please complete provider background check.	08/30/2024	Clear
- Broadcast Messages:** A section showing no messages, with columns for Message Title, Message Text, Received Date, and Expiration Date.

Figure 18: Application Wizard

To proceed:

1. Click on the 'Action Needed' link on second step of the application wizard – Create First Application, to be redirected to the following page:

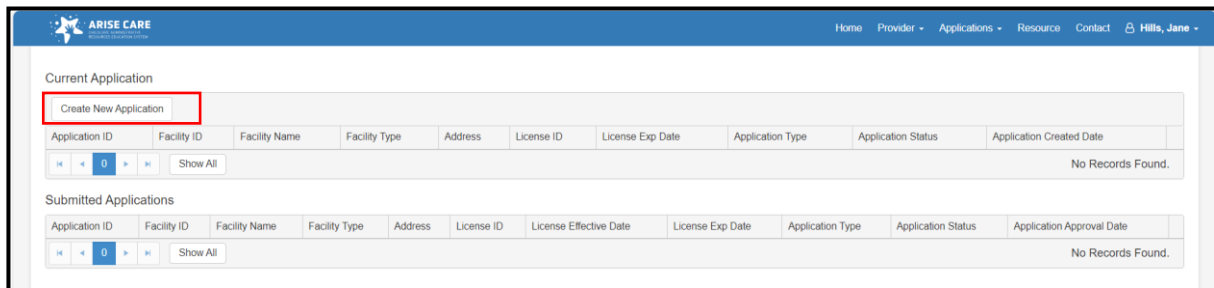


Figure 19: License Application Page

2. Click on the 'Create New Application' button to be taken to the following page:

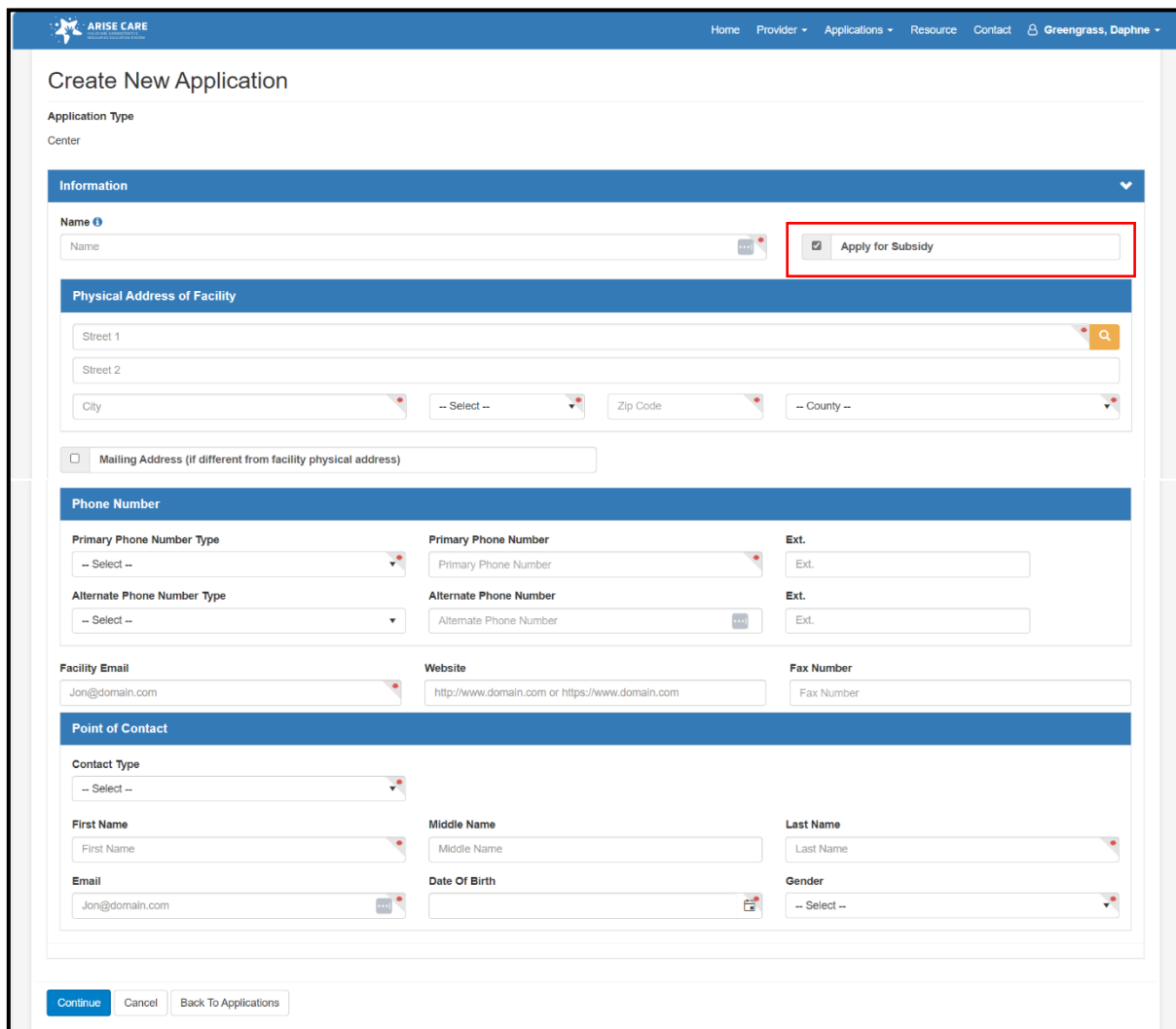
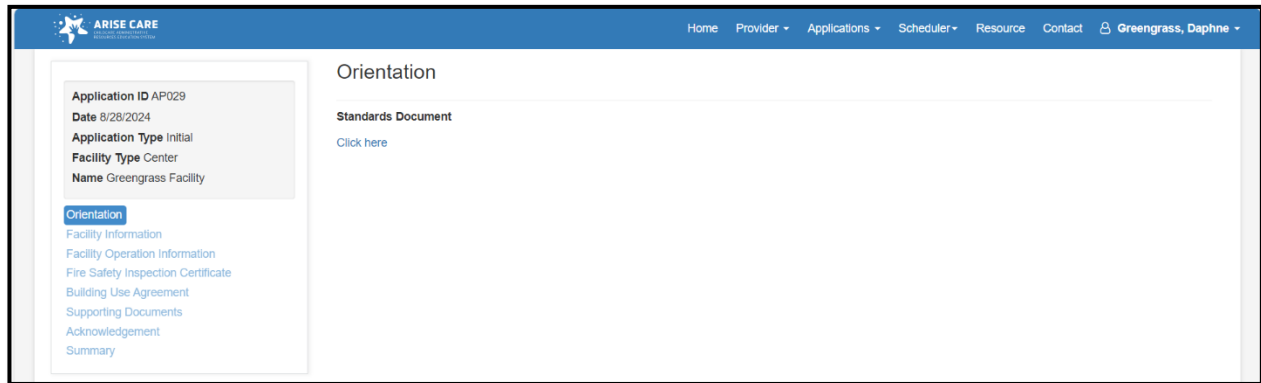


Figure 20: New License Application

- On this page, fill in all mandatory details and then click continue to be taken to the Orientation Page:



ARISE CARE CHILD CARE ADMINISTRATIVE RESOURCES EDUCATION SYSTEM

Home Provider Applications Scheduler Resource Contact Greengrass, Daphne

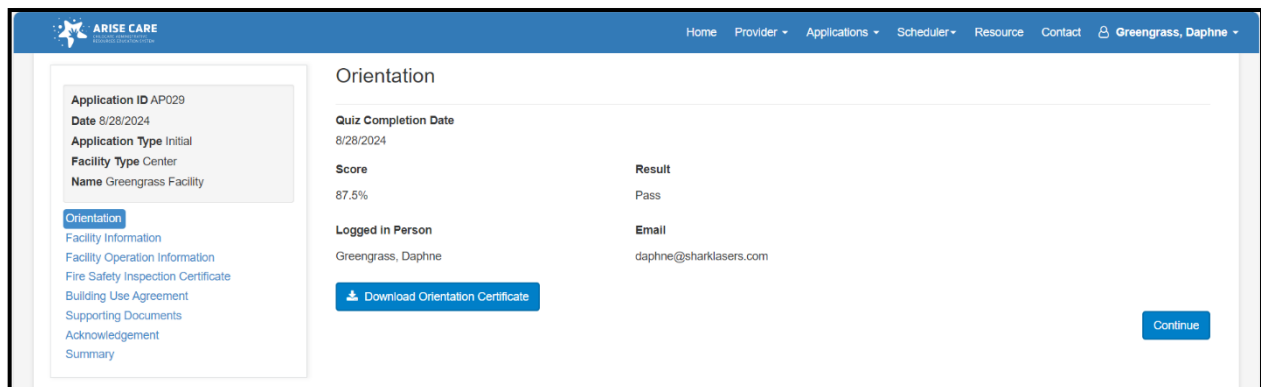
Application ID AP029
Date 8/28/2024
Application Type Initial
Facility Type Center
Name Greengrass Facility

Orientation
Facility Information
Facility Operation Information
Fire Safety Inspection Certificate
Building Use Agreement
Supporting Documents
Acknowledgement
Summary

Standards Document
[Click here](#)

Figure 21: Orientation Page

- Click on the link to download the orientation material.
- Go through the material thoroughly and then return to this page.
- Click on the link to Take the Orientation Quiz.
- Select correct answers, based on the material, to successfully complete the orientation quiz and proceed to the next step (Remember – you only get three tries and at least 80% of your responses need to be accurate!)
- On successfully completing the quiz, you will see the following screen:



ARISE CARE CHILD CARE ADMINISTRATIVE RESOURCES EDUCATION SYSTEM

Home Provider Applications Scheduler Resource Contact Greengrass, Daphne

Application ID AP029
Date 8/28/2024
Application Type Initial
Facility Type Center
Name Greengrass Facility

Orientation
Facility Information
Facility Operation Information
Fire Safety Inspection Certificate
Building Use Agreement
Supporting Documents
Acknowledgement
Summary

Quiz Completion Date
8/28/2024

Score	Result
87.5%	Pass

Logged in Person
Greengrass, Daphne

Email
daphne@sharklasers.com

[Download Orientation Certificate](#)

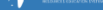
[Continue](#)

Figure 22: Completed Orientation Quiz

Notice that the items on the navigation pane on the left are now clickable!

The next part of the process is clicking on each link on the navigation pane to complete the necessary steps to submit your application.

- First, click on 'Facility Information', to be directed to the following screen:



Home

Provider

Applications

Scheduler

Resource

Contact

Greengrass, Daphne

Application ID AP029

Date 8/28/2024

Application Type Initial

Facility Type Center

Name Greengrass Facility

Orientation

Facility Information

Facility Operation Information

Fire Safety Inspection Certificate

Building Use Agreement

Supporting Documents

Acknowledgement

Summary

Facility Information

Information

Name

Greengrass Facility

☒ Apply for Subsidy

Physical Address of Facility

1506 East Franklin Street United States

Street 2

Chapel Hill

AL

27514-

Autauga

☐ Different Mailing Address

Phone Number

Primary Phone Number Type

Cell Phone

Primary Phone Number

(098) 912-3456

Ext.

Alternate Phone Number Type

-- Select --

Alternate Phone Number

Alternate Phone Number

Ext.

Facility Email

daphne@sharklasers.com

Website

http://www.domain.com or https://www.domain.c

Fax Number

Fax Number

Point of Contact

Contact Type

(Provider - Licensee) Greengrass, Da...

First Name

Daphne

Middle Name

Last Name

Greengrass

Email

daphne@sharklasers.com

Date Of Birth

01/01/2000

Gender

Female

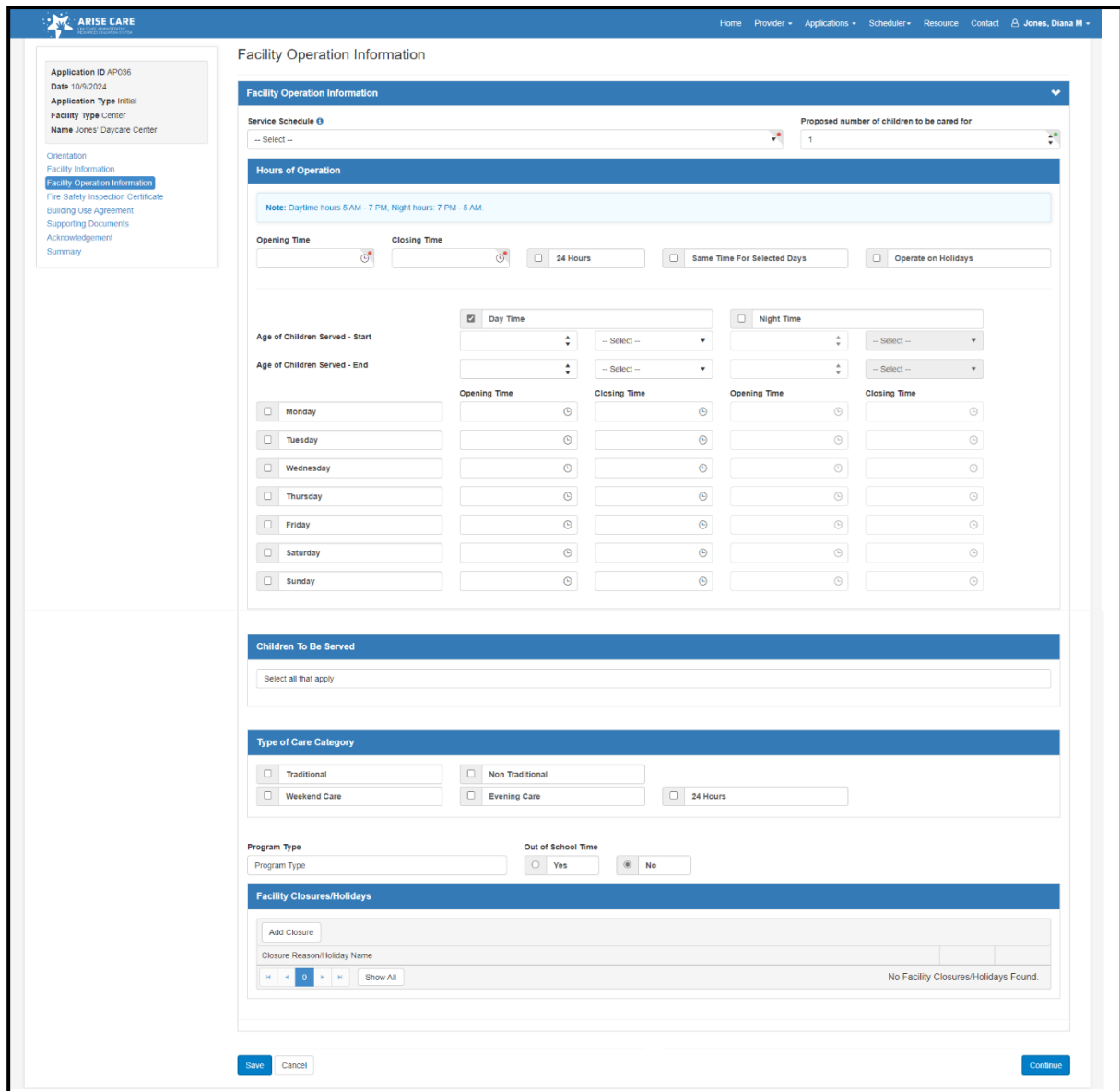
Save

Cancel

Continue

Figure 23: Facility Information Page

2. Here, double-check all pre-filled information, based on your earlier responses.
3. Add any missing mandatory information (marked by the red asterisk).
4. Click on 'save' to save your progress.
5. To proceed, click on 'Facility Operation Information' on the navigation pane, to be directed to the following screen:



ARISE CARE
Child Care Administrative Resources Education System

Home Provider Applications Scheduler Resource Contact Jones, Diana M

Application ID AP036
Date 10/9/2024
Application Type Initial
Facility Type Center
Name Jones Daycare Center

Orientation
Facility Information
Facility Operation Information
Fire Safety Inspection Certificate
Building Use Agreement
Supporting Documents
Acknowledgement
Summary

Facility Operation Information

Service Schedule

-- Select -- Proposed number of children to be cared for 1

Hours of Operation

Note: Daytime hours 5 AM - 7 PM, Night hours: 7 PM - 5 AM.

Opening Time Closing Time ☐ 24 Hours ☐ Same Time For Selected Days ☐ Operate on Holidays

☒ Day Time ☐ Night Time

Age of Children Served - Start -- Select --
Age of Children Served - End -- Select --

	Opening Time	Closing Time	Opening Time	Closing Time
<input type="checkbox"/> Monday				
<input type="checkbox"/> Tuesday				
<input type="checkbox"/> Wednesday				
<input type="checkbox"/> Thursday				
<input type="checkbox"/> Friday				
<input type="checkbox"/> Saturday				
<input type="checkbox"/> Sunday				

Children To Be Served

Select all that apply

Type of Care Category

☐ Traditional ☐ Non Traditional ☐ Weekend Care ☐ Evening Care ☐ 24 Hours

Program Type

Program Type Out of School Time ☐ Yes ☒ No

Facility Closures/Holidays

Add Closure

Closure Reason/Holiday Name

No Facility Closures/Holidays Found.

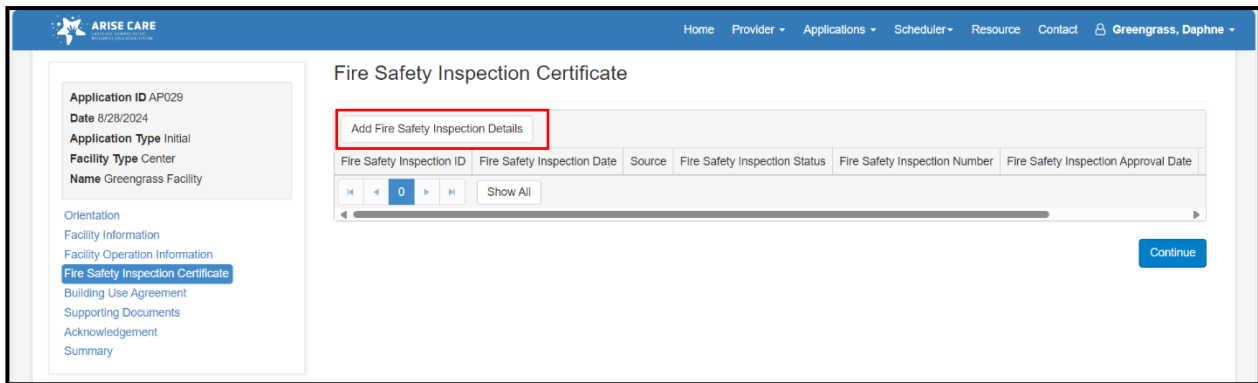
Save Cancel Continue

Figure 24: Facility Operation Information Page

On this screen:

1. Fill in all mandatory information, including the planned schedule, operation timings, the age groups of children who will be eligible to be enrolled in your facility, and other fields.
2. Click on the 'save' button to save and move on to the next step.
3. To proceed, click on the next section of the navigation pane – Fire Safety Inspection Certificate.

This action will direct you to the following page:



ARISE CARE CHILD CARE ADMINISTRATIVE RESOURCES EDUCATION SYSTEM

Home Provider Applications Scheduler Resource Contact Greengrass, Daphne

Application ID AP029
Date 8/28/2024
Application Type Initial
Facility Type Center
Name Greengrass Facility

Orientation
 Facility Information
 Facility Operation Information
Fire Safety Inspection Certificate
 Building Use Agreement
 Supporting Documents
 Acknowledgement
 Summary

Fire Safety Inspection Certificate

Add Fire Safety Inspection Details

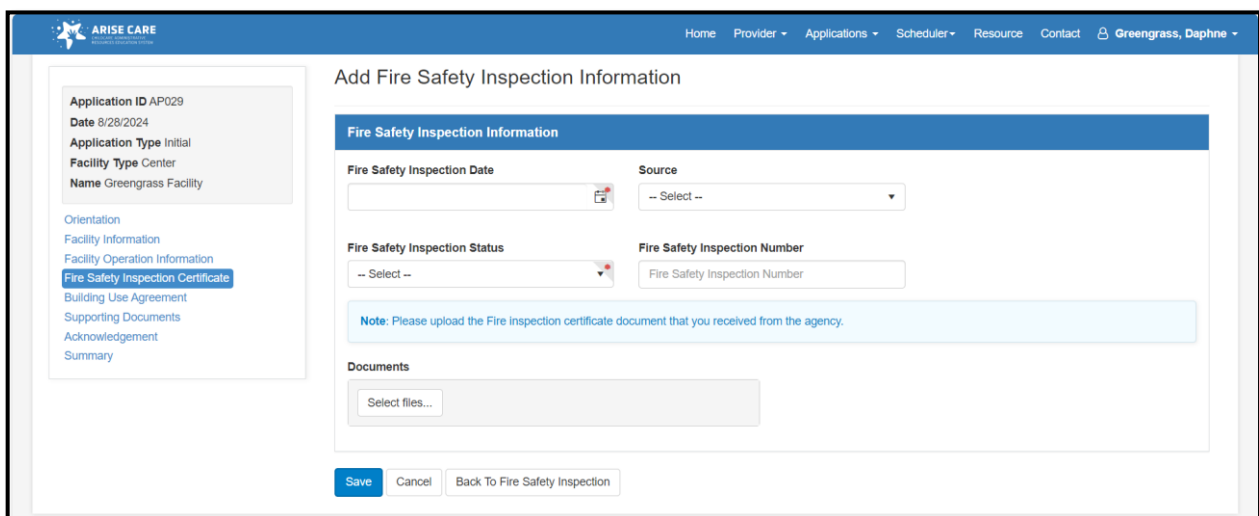
Fire Safety Inspection ID	Fire Safety Inspection Date	Source	Fire Safety Inspection Status	Fire Safety Inspection Number	Fire Safety Inspection Approval Date
0					

Show All

Continue

Figure 25: Fire Safety Inspection Certificate Page

On this page, click on the 'Add Fire Safety Inspection Details' button to proceed to the following page:



ARISE CARE CHILD CARE ADMINISTRATIVE RESOURCES EDUCATION SYSTEM

Home Provider Applications Scheduler Resource Contact Greengrass, Daphne

Application ID AP029
Date 8/28/2024
Application Type Initial
Facility Type Center
Name Greengrass Facility

Orientation
 Facility Information
 Facility Operation Information
Fire Safety Inspection Certificate
 Building Use Agreement
 Supporting Documents
 Acknowledgement
 Summary

Add Fire Safety Inspection Information

Fire Safety Inspection Information

Fire Safety Inspection Date

Source
 -- Select --

Fire Safety Inspection Status
 -- Select --


Fire Safety Inspection Number

Note: Please upload the Fire Inspection certificate document that you received from the agency.

Documents

Figure 26: Add Fire Safety Inspection Information Page

1. Enter all mandatory details.
2. Upload the relevant document.
3. Click on 'save' to save your information and proceed.
4. On clicking save, you will be taken back to the Fire Safety Inspection Certificate Page (Figure 25).
5. Click on the next section on the navigation pane on the left – Building Use Agreement, to be directed to the following page:



ARISE CARE CHILD CARE ADMINISTRATIVE RESOURCES EDUCATION SYSTEM

Home Provider Applications Scheduler Resource Contact Greengrass, Daphne

Application ID AP029
Date 8/28/2024
Application Type Initial
Facility Type Center
Name Greengrass Facility

Orientation
 Facility Information
 Facility Operation Information
 Fire Safety Inspection Certificate
Building Use Agreement
 Supporting Documents
 Acknowledgement
 Summary

Building Use Agreement

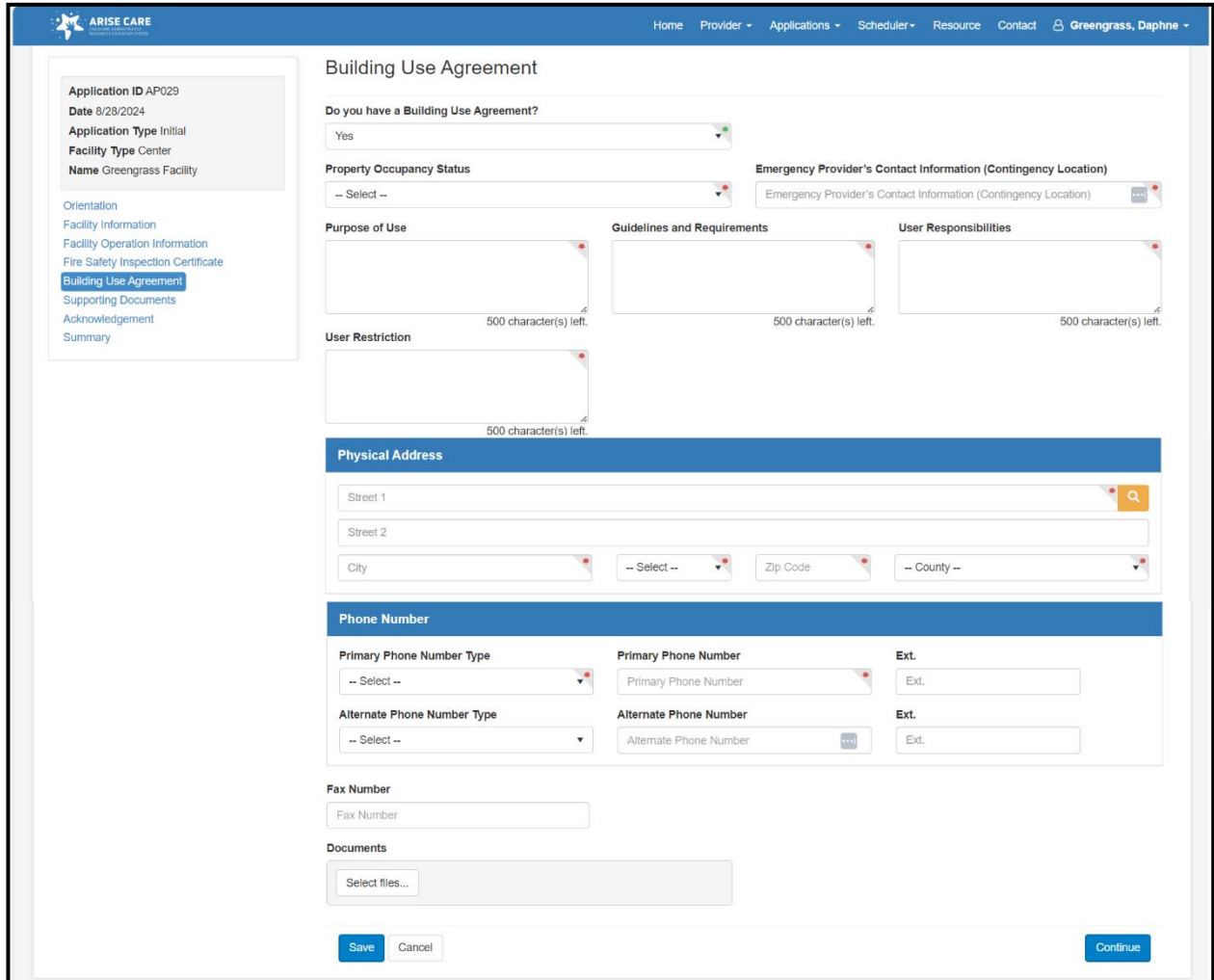
Do you have a Building Use Agreement?
 -- Select --

Figure 27: Building Use Agreement Page

On this page, you will see a single drop-down menu, where you may choose either 'yes' or 'no' based on whether you would like to supply a Building Use Agreement Certificate.

In case you choose 'No', select 'No' from the dropdown menu and proceed with the rest of the application.

In case, you choose 'Yes', the following form will appear:



The screenshot shows the 'Building Use Agreement' form in the ARISE Provider Portal. The form is titled 'Building Use Agreement' and is part of an application for 'Greengrass Facility'. The left sidebar shows the application details and a list of sections: Orientation, Facility Information, Facility Operation Information, Fire Safety Inspection Certificate, Building Use Agreement (highlighted), Supporting Documents, Acknowledgement, and Summary.

The form fields include:

- Do you have a Building Use Agreement?** (Yes/No dropdown)
- Property Occupancy Status** (dropdown)
- Emergency Provider's Contact Information (Contingency Location)** (text field)
- Purpose of Use** (500 character(s) left)
- Guidelines and Requirements** (500 character(s) left)
- User Responsibilities** (500 character(s) left)
- User Restriction** (500 character(s) left)
- Physical Address** (Street 1, Street 2, City, Zip Code, County)
- Phone Number** (Primary Phone Number Type, Primary Phone Number, Ext., Alternate Phone Number Type, Alternate Phone Number, Ext.)
- Fax Number** (Fax Number)
- Documents** (Select files...)

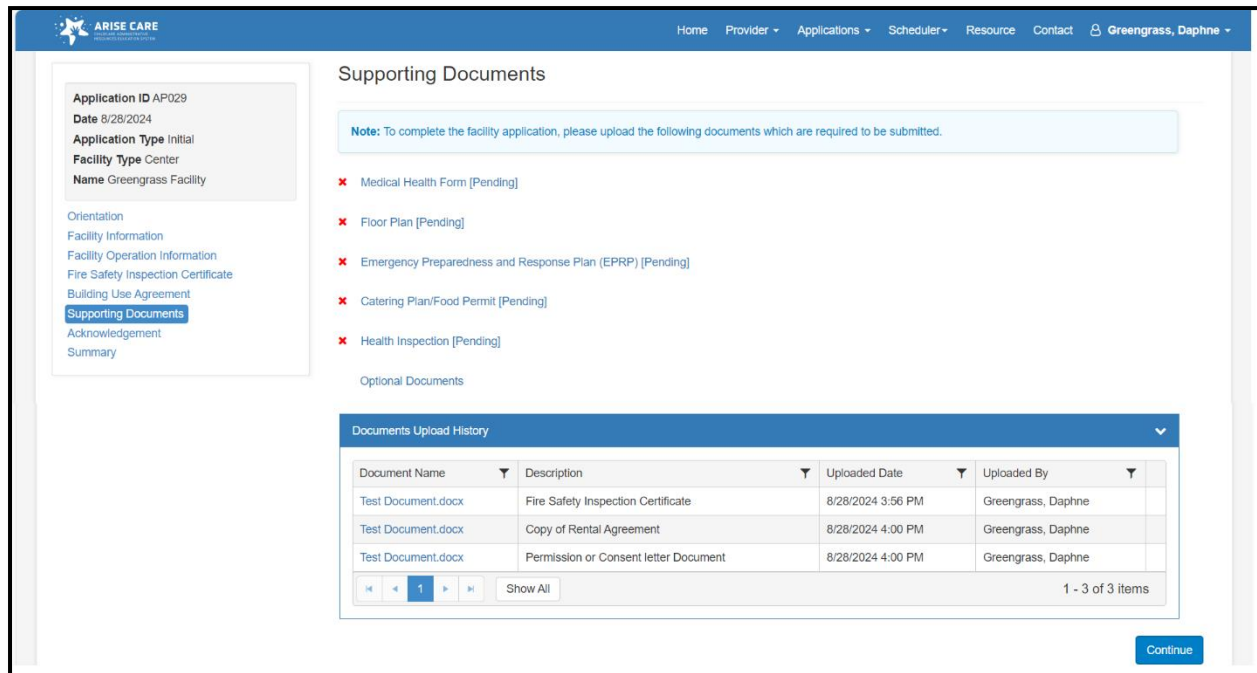
At the bottom, there are 'Save', 'Cancel', and 'Continue' buttons.

Figure 28: Adding Building Use Agreement Details

On this form:

1. Fill in all mandatory details.
2. Upload the relevant document/s.
3. Click on 'save' to save your progress.
4. To proceed to the next step, click on the next section on the left navigation pane – Supporting Documents.

Clicking on the link will lead you to the following page:



ARISE CARE
CHILD CARE ADMINISTRATIVE RESOURCES EDUCATION SYSTEM

Home Provider Applications Scheduler Resource Contact Greengrass, Daphne

Application ID AP029
Date 8/28/2024
Application Type Initial
Facility Type Center
Name Greengrass Facility

Orientation
Facility Information
Facility Operation Information
Fire Safety Inspection Certificate
Building Use Agreement
Supporting Documents
Acknowledgement
Summary

Supporting Documents

Note: To complete the facility application, please upload the following documents which are required to be submitted.

- ✖ Medical Health Form [Pending]
- ✖ Floor Plan [Pending]
- ✖ Emergency Preparedness and Response Plan (EPRP) [Pending]
- ✖ Catering Plan/Food Permit [Pending]
- ✖ Health Inspection [Pending]

Optional Documents

Documents Upload History

Document Name	Description	Uploaded Date	Uploaded By
Test Document.docx	Fire Safety Inspection Certificate	8/28/2024 3:56 PM	Greengrass, Daphne
Test Document.docx	Copy of Rental Agreement	8/28/2024 4:00 PM	Greengrass, Daphne
Test Document.docx	Permission or Consent letter Document	8/28/2024 4:00 PM	Greengrass, Daphne

1 - 3 of 3 items

Continue

Figure 29: Supporting Documents Page

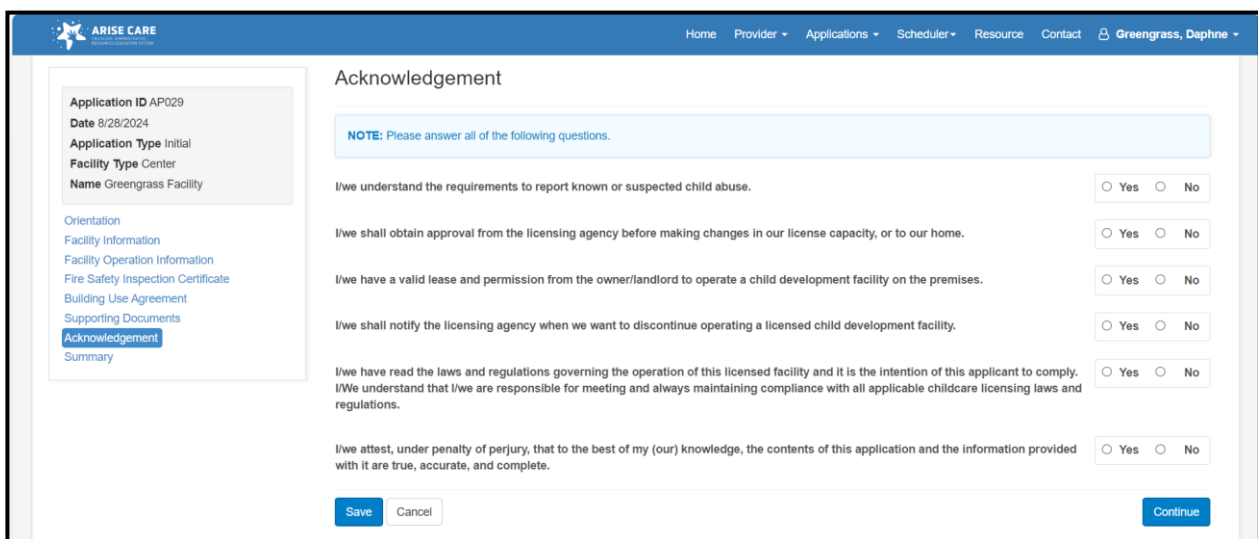
On this page, you will see a list of clickable items, all referring to the documents to be uploaded.

Complete the section as follows:

1. Click on each link to select the files to upload.
2. Complete the list to see green tick marks appear next to every completed item.

Once all supporting documents have been uploaded, click on the next section on the navigation pane on the left – Acknowledgement.

Clicking on the link will lead to the following page:



ARISE CARE
CHILD CARE ADMINISTRATIVE RESOURCES EDUCATION SYSTEM

Home Provider Applications Scheduler Resource Contact Greengrass, Daphne

Application ID AP029
Date 8/28/2024
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Supporting Documents
Acknowledgement
Summary

Acknowledgement

NOTE: Please answer all of the following questions.

I/we understand the requirements to report known or suspected child abuse. ☐ Yes ☐ No

I/we shall obtain approval from the licensing agency before making changes in our license capacity, or to our home. ☐ Yes ☐ No

I/we have a valid lease and permission from the owner/landlord to operate a child development facility on the premises. ☐ Yes ☐ No

I/we shall notify the licensing agency when we want to discontinue operating a licensed child development facility. ☐ Yes ☐ No

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. ☐ Yes ☐ No
I/we understand that I/we are responsible for meeting and always maintaining compliance with all applicable childcare licensing laws and regulations.

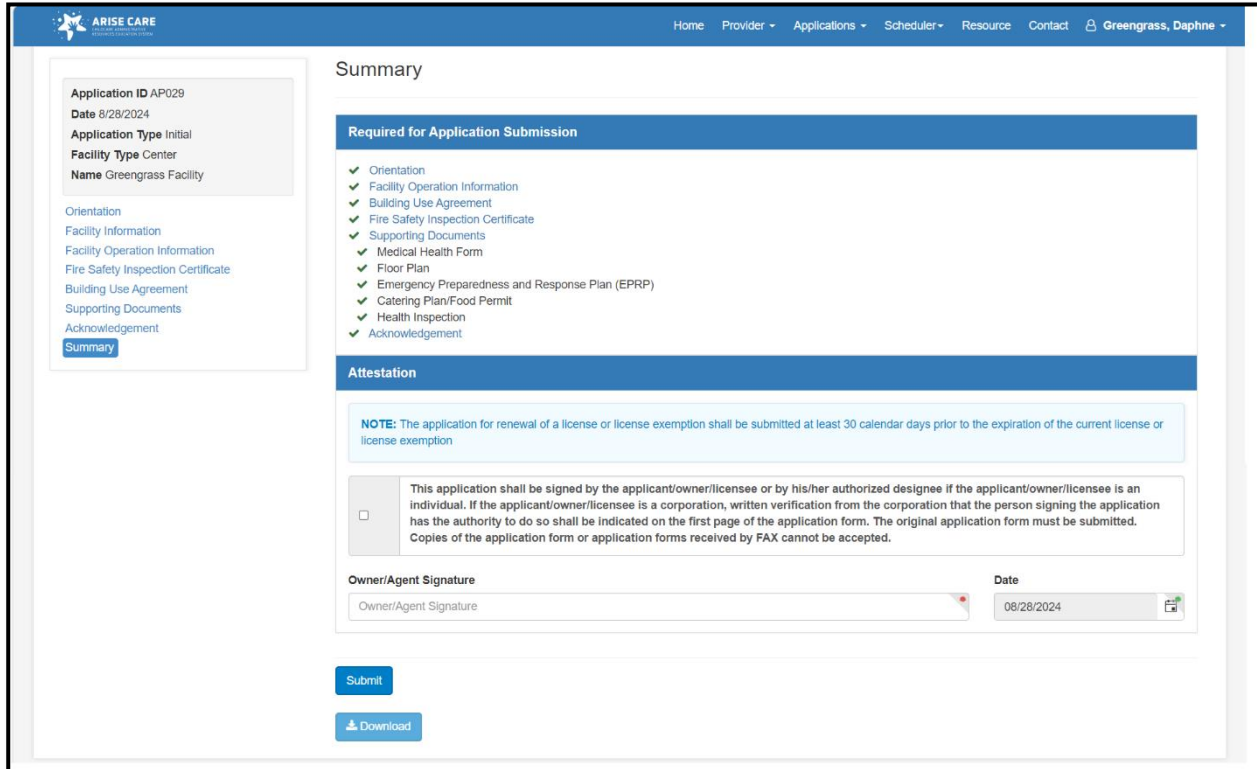
I/we attest, under penalty of perjury, that to the best of my (our) knowledge, the contents of this application and the information provided with it are true, accurate, and complete. ☐ Yes ☐ No

Save Cancel Continue

Figure 30: Acknowledgement Page

1. Complete this section by answering the questions with 'Yes' or 'No' responses.

2. In case of a 'No' response, a description box will appear which will need to be mandatorily filled with an explanation of the response.
3. Once complete, click on the 'Save' button to save your progress.
4. Click on 'Summary' on the navigation pane to be redirected to the following screen:



The screenshot shows the 'Summary' page of the ARISE CARE Provider Portal. The page has a blue header with the ARISE CARE logo and navigation links: Home, Provider, Applications, Scheduler, Resource, Contact, and a user profile for Greengrass, Daphne. On the left, a sidebar lists application details: Application ID AP029, Date 8/28/2024, Application Type Initial, Facility Type Center, and Name Greengrass Facility. Below this, a list of application steps is shown, with 'Summary' highlighted. The main content area is titled 'Summary' and contains two sections: 'Required for Application Submission' and 'Attestation'. The 'Required' section lists 11 items, all marked with green checkmarks: Orientation, Facility Operation Information, Building Use Agreement, Fire Safety Inspection Certificate, Supporting Documents, Medical Health Form, Floor Plan, Emergency Preparedness and Response Plan (EPRP), Catering Plan/Food Permit, Health Inspection, and Acknowledgement. The 'Attestation' section includes a note about the 30-day submission deadline and a checkbox for the applicant's agreement to the terms. Below this, there are fields for 'Owner/Agent Signature' and 'Date' (08/28/2024). At the bottom, there are 'Submit' and 'Download' buttons.

Figure 31: Summary Page

Ideally, at this point, the summary list will be completed and will only depict green checks.

In case of any incomplete element, click on the respective link to fill in the missing information.

Once the entire list has been completed, you may proceed as follows:

1. Click on the acknowledgement checkbox to indicate your agreement.
2. Fill in your signature.
3. Ensure that the date is filled in correctly.
4. Finally, click on the 'submit' button to submit your completed application.
5. Following this, you may download your submitted application by clicking on the 'Download' button on the same page.

Congratulations! You have completed the second step and have submitted your License Application!