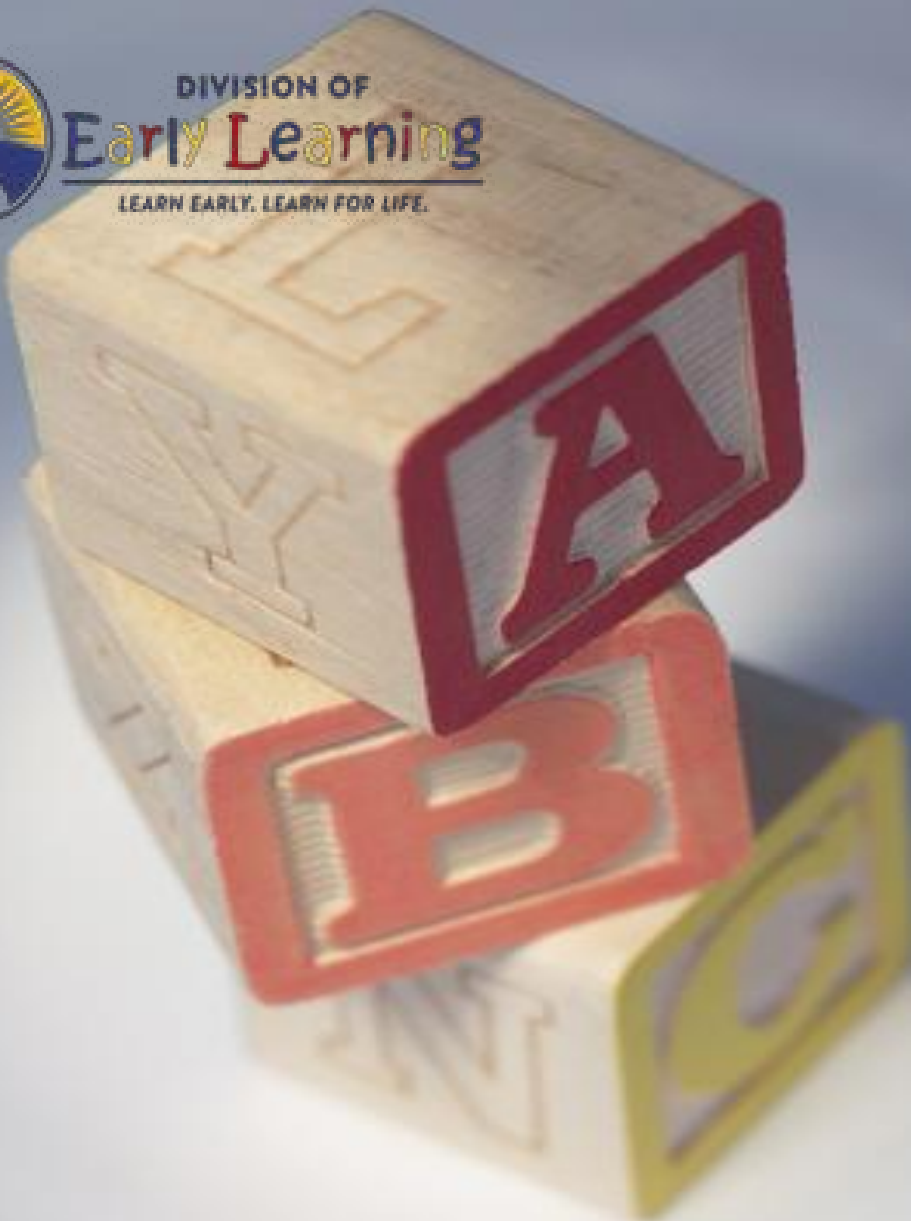




DIVISION OF  
**Early Learning**  
LEARN EARLY. LEARN FOR LIFE.



# Provider Portal User Guide

Version 5.10

August 25, 2022

## Table of Contents

Document Overview .....	5
Purpose of this Document .....	5
Intended Audience .....	5
What's New in this User Guide? .....	5
Assistance.....	5
Accessing the Provider Portal .....	6
Creating a Provider Portal Account.....	6
Troubleshooting a Provider Portal Account Error Message .....	12
Provider Portal Returning User .....	13
Log on Process .....	13
Password Recovery .....	13
Change Password Process.....	15
Provider Dashboard .....	17
Update Provider Portal User Account Information .....	17
Multiple Sites .....	19
Manage Sites.....	19
Manage Users .....	22
Broadcast Messages (not yet available) .....	27
Coalition Messages .....	28
Frequently Used Links.....	28
Completing the Provider Profile .....	29
Request Assistance .....	29
Business.....	31
Profile .....	33
Step 1 – General.....	35
Step 2 – Facility .....	36
Step 3 – Services .....	38
Step 4 – Curriculum.....	39
Step 5 – Fees & Discounts.....	39
Step 6 – Hours of Operation .....	40

Step 7 – Staffing & Capacity.....	41
Example: Child Care Center 1.....	43
Example: Child Care Center 2.....	43
Example: Family Child Care Homes 1.....	44
Example: Family Child Care Homes 2.....	44
Example: Family Child Care Homes 3.....	45
Example: Family Child Care Homes 4.....	45
Example: Large Family Child Care Homes 1.....	46
Example: Large Family Child Care Homes 2.....	46
Step 8 – Private Pay Rates.....	47
Step 9 – Closures Calendar .....	48
Step 10 – Documents .....	49
Step 11 – Review.....	50
Step 12 – Sign and Certify .....	51
Managing a Profile as a Provider Portal User .....	52
Provider Dashboard .....	52
Managing Contracts.....	54
Managing Documents.....	55
Viewing/Uploading Documents .....	55
Archiving Documents.....	57
Provider Contracting.....	59
SR Contract.....	59
Provider Eligibility and Notification .....	60
Provider Responsibilities and Scope of Work .....	60
Signature Authority.....	61
Exhibit 1: Program Assessments .....	62
Exhibit 1: Child Assessments.....	63
Exhibit 3: Quality Improvement Plan Selection .....	65
Exhibit 5: Provider Reimbursement Rates .....	66
Exhibit 6: Holiday Schedule.....	66
Preview Contract.....	67
Contract Execution.....	69
Contract Certification.....	71

VPK Contract .....	73
Compensation and Funding: Advance Pay Options .....	74
Exhibit 1: Provider Location List Attachment.....	75
Preview Contract.....	75
Contract Execution .....	77
Contract Certification.....	79
VPK-APP .....	81
Step 1 – Attendance Policy .....	81
Step 2 – VPK Director .....	82
Step 3 – VPK Instructors.....	83
Step 4 – VPK Calendars .....	84
Step 5 – VPK Class(es) .....	88
Step 6 – Review .....	89
Step 7 – Certify and Submit .....	90
Updating a VPK-APP .....	91
VPK Director .....	91
VPK Instructors.....	92
VPK Calendars .....	96
VPK Class(es) .....	100
Editing an SR Contract Amendment .....	103
Viewing a Certified SR Contract Amendment .....	111
Editing a VPK Contract Amendment .....	112
Viewing a Certified VPK Contract Amendment.....	118
Enrollments - VPK.....	119
Request/Change Enrollment.....	119
Enrolling a VPK Child .....	120
Managing VPK Enrollment .....	123
VPK Bulk Enrollment Process .....	131
VPK-20 Contract Verification .....	136

Enrollments - SR .....	137
Pending Family Acceptance Status .....	137
Viewing Enrollments in Pending Family Acceptance .....	138
Ending Enrollments in Pending Family Acceptance .....	138
Cancelling Enrollments in Pending Family Acceptance .....	140
SR Eligibility Redeterminations .....	141
Upcoming Eligibility Redeterminations.....	141
Past Due Eligibility Redeterminations.....	141
Temporary Closures .....	143
Creating a Temporary Closure for a Whole Site Closure .....	144
Creating a Temporary Closure for all or some SR Care Levels. ....	147
Creating a Temporary Closure for all or some VPK Classes. ....	150
VPK Non-Reimbursable Temporary Closures.....	154
Update VPK Class Calendar .....	155
Attendance Rosters.....	158
Attendance - VPK .....	160
Submitting Attendance Online.....	160
Submitted Attendance .....	163
Rejected Attendance.....	163
Approved Attendance .....	164
Uploading Bulk Attendance File.....	165
Attendance - SR.....	168
Submitting Attendance Online.....	168
Submitted Attendance .....	173
Rejected Attendance.....	173
Approved Attendance .....	175
Request for Registration Fee Payment .....	176
Dismiss Children .....	177
SR Reimbursement Rate Plan .....	179

## Document Revision History

Document Version	Date	Author	Revision
5.4	01/20/22	Jim Ledbetter	Final
5.5	02/24/22	Jim Ledbetter	Final
5.6	03/24/22	Jim Ledbetter	Final
5.7	05/26/22	Jim Ledbetter	Final
5.8	06/28/22	Jim Ledbetter	Final
5.9	07/28/22	Jim Ledbetter	Final
5.10	08/25/22	Jim Ledbetter	Final

## Document Overview

This document provides a step-by-step guide to navigate the Provider Portal.

### Purpose of this Document

The purpose of this document is to provide Provider Portal users with a reference document to successfully navigate and perform business processes included in Release 5.10 of the Provider Portal.

### Intended Audience

The intended audience for this document includes provider staff responsible for completing profiles, contracts, enrollments, and attendance.

### What's New in this User Guide?

New text and screenshots for Temporary Closures and VPK & SR Reimbursement Details.

### Assistance

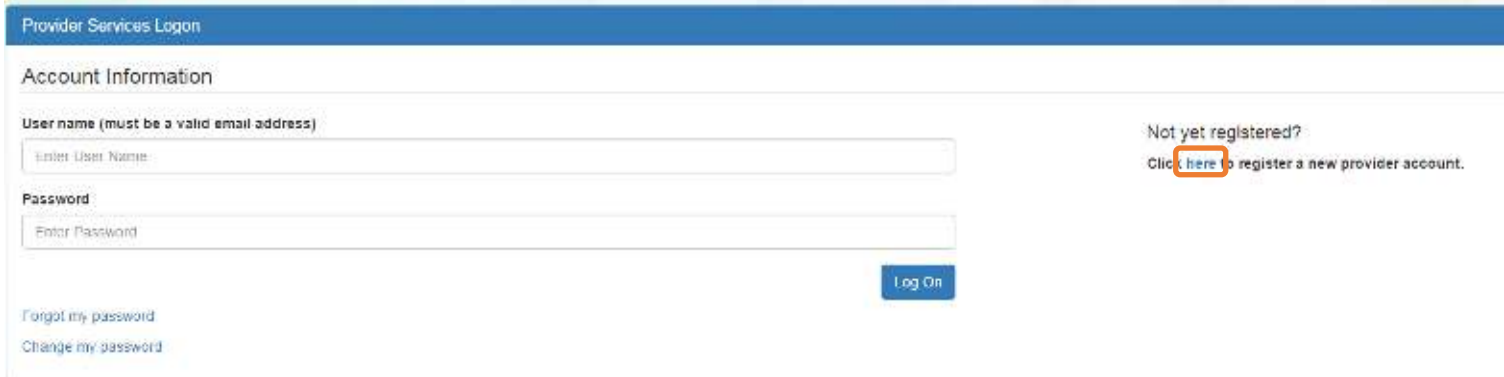
If you have questions about any of the material in this user guide or about any processes not covered by this guide, please contact your local Early Learning Coalition.

## Accessing the Provider Portal

The link to access the Provider Portal is <https://providerservices.floridaeearlylearning.com>.

## Creating a Provider Portal Account

First-time Provider Portal users must register for an account to access the Provider Portal. Provider Portal users with multiple provider sites should begin by registering only one site location. This could be the provider's primary, flagship or main location. Once a Provider Portal account registration request is approved for one provider site, the provider user will be able to create accounts for additional sites after logging on to the Provider Portal.



The screenshot shows the 'Provider Services Logon' page. It has a blue header bar with the text 'Provider Services Logon'. Below the header is a section titled 'Account Information'. This section contains two input fields: 'User name (must be a valid email address)' and 'Password'. The 'User name' field has a placeholder text 'Enter User Name'. The 'Password' field has a placeholder text 'Enter Password'. To the right of these fields, there is a link 'Not yet registered?' with a sub-link 'Click here to register a new provider account.' where 'here' is highlighted with an orange box. Below the password field is a blue 'Log On' button. At the bottom left of the 'Account Information' section, there are two links: 'Forgot my password' and 'Change my password'.

Click the [here](#) link to start the new account registration process and the following page will display:



The screenshot shows the 'Register for a New Provider Account' page. It has a blue header bar with the text 'Register for a New Provider Account'. Below the header is a section titled 'License Details'. This section contains two input fields: 'Taxpayer or Provider identification number' and 'License/Registration/Exemption number, or EXEMPT'. Both fields have placeholder text and a red asterisk with an information icon. To the right of these fields, there is a link 'Already registered?' with a sub-link 'Click here to log in with your existing account information.' Below the 'License/Registration/Exemption number' field is a button labeled 'Verify License Details' which is highlighted with an orange box.

A Provider Portal user must enter the taxpayer identification number (from the provider), the provider identification number (from the early learning coalition) and the Department of Children and Families (DCF) license, registration, exemption number or type the word "EXEMPT". Providers may enter "EXEMPT" if they do not have an exemption number from DCF.

The Provider Portal user must click the **Verify License Details** button to complete step 1 of the Provider Portal account registration process.

If a match is found for the submitted information, the following message will display:

Provider Data Found

We found the following Provider data which corresponds to the license information that you entered. If we've correctly identified your provider, click Yes to pre-fill sections of the registration form. Otherwise, click No and try again with different license information.

**Business name:** 4 Kids Academy  
**Doing Business As name:** 4 KIDS ACADEMY  
**Owner name:** SARINA

Is this your provider?

Yes

No

If the information is not correct, click the **No** button and contact the local early learning coalition.

If the information is correct, click the **Yes** button. On the next screen, the registration information will be populated by the system, with the exception of User Information.

If a match is not found for the provider information, the following message will display:

No Matching Provider Data Found

**Taxpayer or Provider ID:** ✕ 00000000000

**License/Registration/Exemption #:** ✕ EXEMPT

We were not able to find matching provider site or principal business data to the specified taxpayer/license information. If you are a new provider, this situation is to be expected.

If you have reason to expect that your information should be in our provider system, please re-enter your license information and try again or contact your [early learning coalition](#) for assistance.


OK



After filling in the required information (noted with a red asterisk \*), the Provider Portal user must click the **Register** button to complete the registration process.

## Register for a New Provider Account

### License Details

Taxpayer or Provider identification number \* 

34534534545

License/Registration/Exemption number, or EXEMPT \* 

EXEMPT

### Business Details

Business name associated with your taxpayer identification number \*

Owner/Operator name \*

Principal Address line 1 \*


Principal Address line 2

Principal City \*

Principal State \*

Principal Zip code \*

## Location Details


☐ Redlands Christian Migrant Association (RCMA) Provider 

Doing Business As name (DBA) \*

Provider type \*

Not Selected 

Legal status \*



Contact person phone number \*

## Physical Address of Facility

☐ Facility address is the same as principal address.

Address line 1 \*

Address line 2

City \*

State

Florida

Zip code \*

County of physical location \*

--please select a value-- 

## User Information

First name \*

Middle name

Last name \*

Account user name (must be a valid email address) \*

Confirm account user name \*

Password (must contain at least 8 characters) \*

Confirm password \*

Register

After clicking the **Register** button, the following message may display:

Address Verification

Principal Address of Business

USPS standardized address is:

Entered Address	USPS Address
100 Example St, TALLAHASSEE, FL - 32399-0001	100 EXAMPLE ST, TALLAHASSEE, FL 32399-0001
<input type="radio"/> Select this	<input checked="" type="radio"/> Select this

Close

Apply

Click the **Select this** radio button to accept the standardized United States Postal Service (USPS) address or the Entered Address if the USPS Address is not found. Then, click the **Apply** button to continue. If the Provider Portal user clicks the **Close** button, the user will be taken back to the previous screen to re-enter the address information.

Once the Provider Portal user submits an account request, the following page will display:

Account Request Confirmation

Your registration/activation request was sent to an administrator for processing. You will receive an email when your account is approved.  
Please click **Continue** to proceed to the login page.

Continue

The Provider Portal user should access the email address used in the account and find the email sent by **DONOTREPLY@oel.myflorida.com**.

Hello Jim Ledbetter,

You are receiving this email because someone registered this email address for an account in Florida's statewide early learning Provider Portal. You will receive an email that will notify you how to proceed after your request is processed by your local early learning coalition.

ELC of the Big Bend Region  
(888) 573-9030  
<http://www.elcbigbend.org/>

**Please do not reply to this message. Replies to this message are routed to an unmonitored mailbox. If you have any questions, please contact your Early Learning Coalition at the number listed above.**

If the registration request is approved, the following email will be sent by **DONOTREPLY@oel.myflorida.com**.

Hello Jim Ledbetter,

The Provider Portal registration request you submitted for Jim's House of Learning 2 has been approved. You may now log on to the Provider Portal with the user name and password you registered with.

ELC of the Big Bend Region  
(888) 573-9030  
<http://www.elcbigbend.org/>

**Please do not reply to this message. Replies to this message are routed to an unmonitored mailbox. If you have any questions, please contact your Early Learning Coalition at the number listed above.**

The Provider Portal user can log on to the Provider Portal at <https://providerservices.floridaearlylearning.com>.

## Troubleshooting a Provider Portal Account Error Message

If the Provider Portal user receives the following message, contact the local early learning coalition to verify that the taxpayer identification number matches the OEL database.

**The license number belongs to a provider/business that is associated with a different taxpayer identification number.**

If the Provider Portal user receives either of the following messages, contact the local early learning coalition to determine if a provider portal account has already been created.

**The license number belongs to a provider that is already associated with a registered account.**

**The taxpayer or provider identification number belongs to a business that is already associated with a registered account.**

If the Provider Portal user receives the following message, contact the local early learning coalition to determine if the user name (email address) has been used in the Family Portal. The coalition may need to consult with OEL to make this determination. If a user name has been used in the Family Portal, even if an application was not created, OEL will have to remove the user name from the database so it can be used in the Provider Portal. If a provider has improperly used a user name to complete SR or VPK applications for a parent, the provider must contact that parent to get a replacement user name for that application so the provider's user name can be used in the Provider Portal. Another option is for the provider to pick another user name to use in the Provider Portal.

**Account user name (must be a valid email address) \***

oeldemonstration+pb@gmail.com

**User name "oeldemonstration+pb@gmail.com" is not available.**

## Provider Portal Returning User

### Log on Process

Provider Portal users who have already created a user account can log on from the Provider Services welcome page by entering the user name and password created during the account process. Click the **Log On** button to continue.

Provider Services Logon

Account Information

User name (must be a valid email address)

Password

Log On

[Forgot my password](#)

[Change my password](#)

### Password Recovery

If the Provider Portal user cannot remember the password, the user can click the **Forgot my password** link.

Provider Services Logon

Account Information

User name (must be a valid email address)

Password

Log On

[Forgot my password](#)

[Change my password](#)

Clicking the **Forgot my password** link will display the following page:

Forgot Your Password?

Account Information

Please type the user name of your account and then click **Continue**. A password reset link will be sent to the email address associated with your account.

User name

[Back](#)

[Continue](#)

The Provider Portal user must know the email address used for the account. Once the Provider Portal user enters an email address and clicks the **Continue** button, the following page will display:

**Forgot Password Confirmation**

If an account was found with the username/email provided, you will receive a password reset link to the email.

Please click **Continue** to proceed to the login page

Continue

The Provider Portal user should then access the email account used for the account and find the email sent by **DONOTREPLY@oel.myflorida.com**.

DONOTREPLY@oel.myflorida.com

5:14 PM (0 minutes ago)

to me

This Message is from UAT Provider Portal

You are receiving this message because you or someone else from this email address requested a new Provider Portal password. Please disregard this email if you did not request a new password.

To reset your password you must complete the following steps:

1. Please reset your password by clicking [here](#).
2. Enter your user name – it must be the email address you registered for a provider account with.
3. Enter in your new password.
4. Confirm your new password.
5. Click the **Reset Password** button. A **Reset Password Confirmation** screen will display if the login was successful.
6. Click the **Continue** button. The **Provider Services Logon** page displays and you are now ready to sign in with the new password.

**Please do not reply to this message. Replies to this message are routed to an unmonitored mailbox. If you have any questions, please contact your Early Learning Coalition at the number listed above.**

Once the Provider Portal user clicks the **here** link, the following page will display:

**Reset Your Password**

Account Information

Please type the user name and new password for your account, and then click **Reset Password**.

**User name**

**Password (must contain at least 8 characters)**

**Confirm password**

Reset Password

The Provider Portal user must enter the user name (email address), new password and confirm the new password. After entering the required fields, click the **Reset Password** button to continue.

If the Provider Portal user successfully changes the password, the following page will display:

**Reset Password Confirmation**

**The password for your account was successfully reset.**

Please click **Continue** to proceed to the login page.

**Continue**

## Change Password Process

A Provider Portal user can change the password at any point by clicking the **Change my password** link.

**Provider Services Logon**

**Account Information**

User name (must be a valid email address)

Password

**Log On**

[Forgot my password](#)

[Change my password](#)

Clicking the **Change my password** link will display the following page:

**Change Password**

**Account Information**

Please type your account information below and click Change Password.

User name

Current password

New password (must be at least 8 characters)

Confirm new password

**Change Password**



The Provider Portal user must enter the User Name (email address), current password, new password and confirm the new password. After entering the required fields, click the **Change Password** button to continue.

If the Provider Portal user successfully changes the password, the following page will display:

### Password Change Completed

The password for your account was successfully changed.

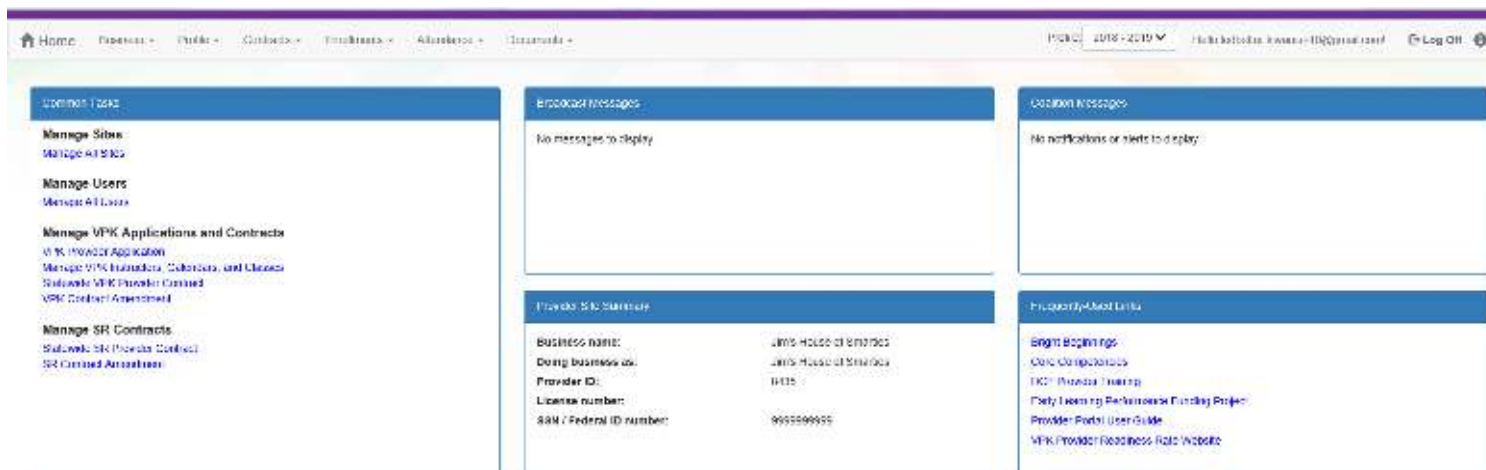
Please click **Continue** to proceed to the login page.

**Continue**

---

## Provider Dashboard

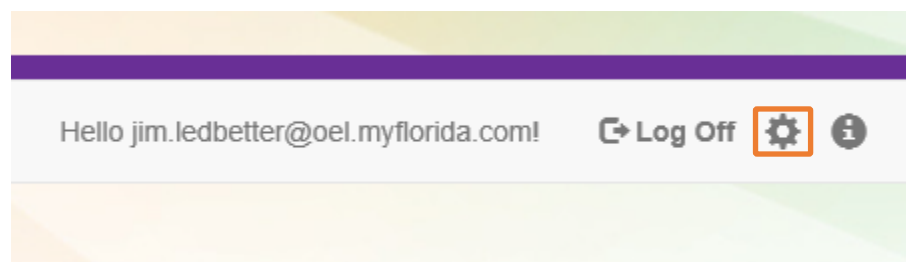
After logging on to the Provider Portal, the following page will display:



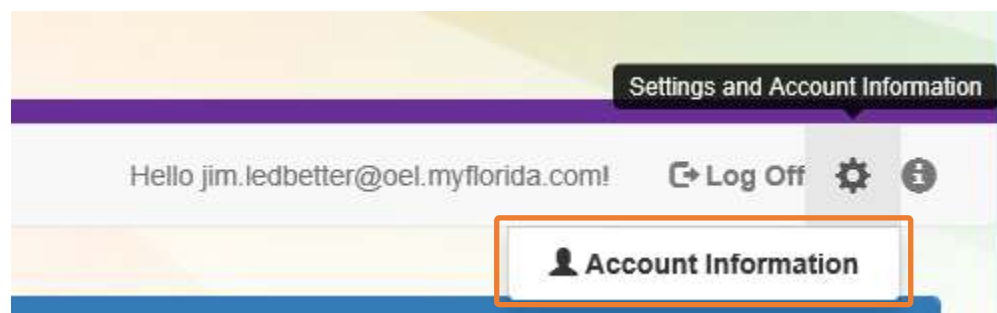
## Update Provider Portal User Account Information

Provider Portal users are able to update their user information – name and phone number – associated with their email address. If the name associated with an email address is blank, the user can add the first and last name. If a name associated with a standardized email address (e.g. [Info@JimsHouseofSmarties.com](mailto:Info@JimsHouseofSmarties.com)) needs to be changed due to a director or other staff leaving, the first and last name can be changed as long as another user has access to that Provider Portal account. If no one has access to the Provider Portal account, contact your local early learning coalition to submit a ticket to the OEL Service Desk.



Click on the gear icon.



The following will display. Click the **Account Information** button.



Enter the additional information and click **Save**.

 Update User Account Information 

Please update your account details to continue.

**First Name \***

**Middle Name**

**Last Name \***

**Suffix**

**Phone Number \***

Cancel

Save

## Multiple Sites

If the Provider Portal user registered a provider site that shares a taxpayer identification number with multiple sites, all of the sites with a shared taxpayer identification number will appear in a dropdown list for that Business Administrator.

Sites: Jim's House of Smarties Profile: 2018 - 2019 Hello ledbetter.kiwanis+10@gmail.com! [Log Off](#) [i](#)

## Manage Sites

Providers with multiple site locations can use this feature to manage additional sites. Click the **Manage All Sites** link to add new provider sites. Additional sites can only be added if the sites share the same taxpayer identification number. This function will only be needed if the provider site is not found in the OEL database. Sites that share the same taxpayer identification number will automatically be assigned to the Business Administrator who registered the first provider site with the same taxpayer identification number.

Home [Business](#) [Profile](#) [Contracts](#) [Enrollments](#) [Attendance](#) [Documents](#) Filter: 2018 - 2019 Hello ledbetter.kiwanis+10@gmail.com [Log Off](#) [i](#)

**Common tasks**

- Manage Sites**  
[Manage All Sites](#)
- Manage Users**  
[Manage All Users](#)
- Manage VPK Applications and Contracts**  
[View All VPK Applications](#)  
[Manage VPK Providers, Contracts, and Classes](#)  
[Schedule VPK Provider Contracts](#)  
[View Contract Renewals](#)
- Manage SR Contracts**  
[Schedule SR Provider Contract](#)  
[SR Contract Renewals](#)

**Provider Site Summary**

Business name:	Jim's House of Smarties
Doing business as:	Jim's House of Smarties
Provider ID:	5126
License number:	
SSN / Federal ID number:	000000000

**Provider Messages**

No messages to display

**Enrollment Messages**

No enrollment messages to display

**Frequently Used Links**

- [Email Business](#)
- [Class Completion](#)
- [CCP Provider Training](#)
- [Early Learning / Notenanced Learning Portal](#)
- [Provider Profile User Guide](#)
- [VPK Provider Enrollment Guide/Website](#)

## Manage Sites

Use this page to add new provider sites and to edit or inactivate provider sites for which you have the necessary administrative access.

If a button is disabled, it means that you don't have sufficient access to use that function for that particular provider site. Please see your site administrator if you need additional access.

Location name	License number	Address	Actions	
Jim's House of Learning 2	EXEMPT	250 MARRIOTT DR TALLAHASSEE, FL 32301	<a href="#">Edit</a>	<a href="#">Manage Users</a>
<a href="#">Add Site</a>				

After clicking the **Add Site** button, the following message will display:

### Add New Site

To add a new site for your business, first type the license, registration, or exemption number of the new site, and then click Verify License to verify that the license number is available for use with the system.

License/Registration/Exemption number, or EXEMPT\*

Verify License

Save

Cancel

If the new provider site matches, the location information will be pre-populated.

### Edit Site

License/Registration/Exemption number, or EXEMPT\*

X10POC

Legal status\*

Exempt

Doing Business As (DBA) name\*

HEAVEN'S LITTLE

Provider type\*

Center

Address line 1\*

620 N Ave

Address line 2

City\*

Lakeland

State

Florida

Zip code\*

33801

County of physical location\*

Polk

Save

Cancel

If the new provider site does not match, the location information must be entered by the Provider Portal user.

Add New Site

To add a new site for your business, first type the license, registration, or exemption number of the new site, and then click Verify License to verify that the license number is available for use with the system.

License/Registration/Exemption number, or EXEMPT \*

Verify License

Legal status \*

Doing Business As (DBA) name \*

Provider type \*

Address line 1 \*

Address line 2

City \*

State

Florida

Zip code \*


County of physical location \*

Save

Cancel

After clicking the **Register** button, the following message may display:

## Address Verification

 USPS standardized address is **250 MARRIOTT DR TALLAHASSEE FL 32399-6573**

Would you like to use this address instead of entered address?

No

Yes

Click the **Yes** button to accept the standardized United States Postal Service address. Click the **No** button to go back to the previous screen to re-enter the address information.

## Manage Users

Click the **Manage All Users** link to edit, add, and inactivate provider site users.



The screenshot shows a web application interface with a top navigation bar and a main content area. The top navigation bar includes links for Home, Business, Profile, Contracts, Insurance, Alerts, and Account. The main content area is divided into three columns. The left column, titled 'Common Tasks', contains links for 'Manage Sites', 'Manage Users' (highlighted with a red box), 'Manage VPK Applications and Contracts', and 'Manage SR Contracts'. The middle column, titled 'Provider Summary', displays information for 'Jimi's House of Smilies', including 'Doing business as', 'Provider ID', 'License number', and 'SSN / Federal ID number'. The right column, titled 'Provider Messages', contains a 'Conditions Message' and a 'Provider Messages' section.

To edit the role of a Provider Portal user, click the **Edit** button.

## Manage All Users

Use this page to add, edit, and inactivate users of any of the provider sites for which you have the necessary administrative access.

If a button is disabled, it means that you don't have sufficient access to use that function for that particular provider site. Please see your site administrator if you need additional access.

Jim's House of Learning 2			
User name	Role	Name	Actions
oeldemonstration+3@gmail.com	Business Administrator	Jim Ledbetter	<b>Edit</b> Inactivate
<input type="button" value="Add User"/>			

### Provider User Roles:

- Business Administrator – Able to edit the provider profile and principal business information that is shared among associated provider sites; able to add provider sites and users; submit profiles and profile updates; and create contracts. This role would typically be assigned to an owner.
- Site Administrator – Able to edit the provider profile associated to their site add provider users for a site, but cannot create a new site. This role would typically be assigned to a principal or director.
- User – Able to perform administrative tasks based on permissions granted by the Business Administrator or Site Administrator. This role would typically be assigned to teachers and aides.

After changing the role, click the **Save** button to continue.

### Edit User Permissions

Make the desired changes to the user's role and permissions, and then click Save.

Role \*

Business Administrator
Site Administrator
User

**Save**

Cancel

To add a user, click the **Add User** button.



## Manage All Users

Use this page to add, edit, and inactivate users of any of the provider sites for which you have the necessary administrative access.

If a button is disabled, it means that you don't have sufficient access to use that function for that particular provider site. Please see your site administrator if you need additional access.

Jim's House of Learning 2			
User name	Role	Name	Actions
oeldemonstration+3@gmail.com	Business Administrator	Jim Ledbetter	<button>Edit</button> <button>Inactivate</button>
<button>Add User</button>			

### Add New User

To add a new user to your site, first type the user name (email address) of the new user, and then click Check User Name to see if the user is already registered with the system.

User name\*

Check User Name

Save

Cancel

In the user name field, the Provider Portal user will enter the email address of the new user. If the user already has an account in the Provider Portal, the user role must be selected. Click the **Save** button to continue.

### Add New User

To add a new user to your site, first type the user name (email address) of the new user, and then click Check User Name to see if the user is already registered with the system.

User name\*

oeldemonstration+5@gmail.com

Check User Name

The specified user account already exists in the system, so no further account information is needed. Select the role and permissions for the new user, and then click Save.

Role\*

Business Administrator  
Site Administrator  
User

Save

Cancel

In the user name field, the Provider Portal user will enter the email address of the new user. If the user does not exist in the system, the user's information and role must be entered. Click the **Save** button to continue.

## Add New User

To add a new user to your site, first type the user name (email address) of the new user, and then click Check User Name to see if the user is already registered with the system.

**User name\***

The specified user account does not yet exist in the system. Please complete the form below, and then click Save.

**Password\***

**Confirm password\***

**First name\***

**Middle name**

**Last name\***

**Role\***

Business Administrator  
Site Administrator  
User

Once the new user has been added, an email will be sent to the new user by **DONOTREPLY@oel.myflorida.com**.

Hello Jamie Ledbetter,

You are receiving this message because you have been given permission to access Jim's House of Learning 2 with your user account in Florida's statewide early learning Provider Portal.

You may now log on to the Provider Portal with your user name and password to get started.

If you do not have your current user name or password, contact Jim Ledbetter at [oeldemonstrationt3@gmail.com](mailto:oeldemonstrationt3@gmail.com) for your log in information.

ELC of the Big Bend Region  
(888) 973-9030  
<http://www.elcbigbend.org/>

**Please do not reply to this message. Replies to this message are routed to an unmonitored mailbox. If you have any questions, please contact your Early Learning Coalition at the number listed above.**

The User role has a set of permissions that can be individualized for each User. Each option is unchecked by default and must be checked to add to the User. Click the **Save** button to continue.

## Edit User Permissions

Make the desired changes to the user's role and permissions, and then click Save.

Role \*

User

▼

### Permissions

✓	Attach Profile Documents
✓	Create Banking Information
✓	Create Calendar
✓	Create Profile
✓	Create SR Contract
✓	Create VPK Contract
✓	Edit Banking Information
✓	Edit Calendar
✓	Edit Profile
✓	Edit Site
✓	Edit SR Contract
✓	Edit VPK Contract
✓	Manage ASQ
✓	Manage Document Library
✓	Manage Messages and Notifications
✓	Manage Other
✓	Modify and Submit SR Attendance Rosters
✓	Modify and Submit VPK Attendance Rosters
✓	Reports
✓	Review Attendance Rosters

Save

Cancel

To inactive a user, which will remove the user from the site, click the **Inactivate** button.

### Manage All Users

Use this page to add, edit, and inactive users of any of the provider sites for which you have the necessary administrative access.

If a button is disabled, it means that you don't have sufficient access to use that function for that particular provider site. Please see your site administrator if you need additional access.

---

Jim's House of Learning 2

User name	Role	Name	Actions
oeldemonstration+3@gmail.com	Business Administrator	Jim Ledbetter	<a href="#">Edit</a> <a href="#">Inactivate</a>

[Add User](#)

If the Provider Portal user discovers that an email address has an error after it has been entered, the user can add the correct email address by clicking the **Add User** button, entering the required information, and then click the **Save** button. Then, the user will click the **Inactivate** button for the email address which has the incorrect email address. For example, from the above Manage All Users screen, if the Business Administrator's email address was incorrectly entered as oeldemonstation@gamaial.com, the process would be to click the **Add User** button and create oeldemonstration+3@gmail.com, click **Save**, and then click **Inactivate** for oeldemonstation@gamaial.com. It is important to create the correct email address first before inactivating the incorrect email address.

### Broadcast Messages (not yet available)

The Broadcast Messages section of the Provider Dashboard will display all messages sent by the local early learning coalition to all providers in the coalition service area. Click the message title to see the full text of the message.

The screenshot shows the Provider Dashboard interface. The top navigation bar includes links for Home, Dashboard, Profile, Contacts, Broadcasts, Attendance, and Transcripts. The main content area is divided into three columns. The left column contains links for Manage Sites, Manage Users, Manage VPK Applications and Contracts, and Manage SR Contracts. The middle column, which is highlighted with an orange box, contains the Broadcast Messages section (showing 'No messages to display') and the Provider Site Summary section (displaying information for Jim's House of Learning 2). The right column contains the Broadcast Messages section (showing 'No notifications or alerts to display') and the Frequently Used Links section (listing links like Bright Beginnings, Core Competencies, etc.).

## Coalition Messages

The Coalition Messages section of the Provider Dashboard displays messages sent by the local early learning coalition to a specific provider. This is a one-way communication; the provider cannot email the coalition directly from the portal. Click the message title to see the full text of the message.

The screenshot shows the Provider Dashboard interface. The top navigation bar includes links for Home, Dashboard, Profile, Contracts, Financials, Attendance, and Documents. The right side of the header shows the current year (2018-2019), the user's name (John Bedard), and a Log Out button. The main content area is divided into three columns. The left column contains a sidebar with links for Manage Sites, Manage Users, Manage VPK Applications and Contracts, and Manage SR Contracts. The middle column displays the Coalition Messages section, which is highlighted with an orange box. It shows a message titled "No messages to display." Below this, there is a section for Provider Site Summary, which lists business name, doing business as, provider ID, license number, and SSN / Federal ID number. The right column contains a section for Frequently Used Links, which lists links for Bright Beginnings, Core Competencies, OCE Training, Early Learning Performance Funding Project, Provider Portal User Guide, and VPK Provider Readiness Rate Website.

## Frequently Used Links

The Frequently Used Links section of the Provider Dashboard has links to web pages with information about statewide provider requirements, training and services.

This screenshot is identical to the one above, showing the same Provider Dashboard interface. The only difference is that the Frequently Used Links section in the right column is highlighted with an orange box. This section contains links to Bright Beginnings, Core Competencies, OCE Training, Early Learning Performance Funding Project, Provider Portal User Guide, and VPK Provider Readiness Rate Website.

## Completing the Provider Profile

After registering as a provider, the next step is to complete the Provider Profile.

### Request Assistance

If a Provider Portal user needs assistance filling out any information in the Provider Profile, click the **Request Assistance** button.

THE GODDARD SCHOOL Profile 2020 - 2021 Program Year

**Request Assistance**

General Facility Services Curriculum Fees & Discounts Hours of Operation Staffing & Capacity Private Pay Rates Closures Calendar Documents Review Sign & Certify

General

1. Do you want to have your program referred to families seeking child care listings?

☒ Yes ☐ No

2. Do you want to complete a contract to participate in the School Readiness Program?

☒ Yes ☐ No

2.1 Have you completed the Health & Safety inspection by Department of Children and Families?

☒ Yes ☐ No

3. Do you want to complete a contract to participate in the Voluntary Prekindergarten (VPK) Education Program?

☒ Yes ☐ No

4. Do you want to complete a contract to receive local funding?

☒ Yes ☐ No

5. Are you a Gold Seal provider?

☒ Yes ☐ No

5.1 Gold Seal Accreditation (select one)

Gold Seal for Birth to 5

6. Are you an accredited provider?

☒ Yes ☐ No

6.1 Accreditation (select all that apply)

OTHER

Then, complete the field, briefly describing the need for assistance. Click the **Submit** button to send the request.

**Request Profile Assistance**

You are requesting assistance from the early learning coalition with your Provider Profile. You will not be able to make changes to your profile while the coalition is reviewing your request.

Briefly describe the issue that you need assistance with:

**Submit** Cancel

After clicking **Submit**, the following message will display:



The Provider Portal user will not be able to edit the profile once the request for assistance is submitted; however, coalition staff will be able to edit information in a profile while providing assistance to a Provider Portal user.

The request for assistance can be cancelled by the Provider Portal user by clicking the **Cancel Assistance Request** button.



If a Provider Portal user cancels the assistance request, the following message will display and the user will complete the field, briefly describing the reason for cancelling the request. Click the **Submit** button to continue.

A screenshot of a form titled "Cancel Assistance Request". The form contains a message box that says: "You have selected to cancel your request for assistance prior to the early learning coalition reviewing it." Below this is a section with a header "Please provide the reason for your cancellation." and a large, empty text input field. At the bottom right of the form are two buttons: "Submit" (highlighted with an orange border) and "Cancel".



After cancelling the request, the following message will display:



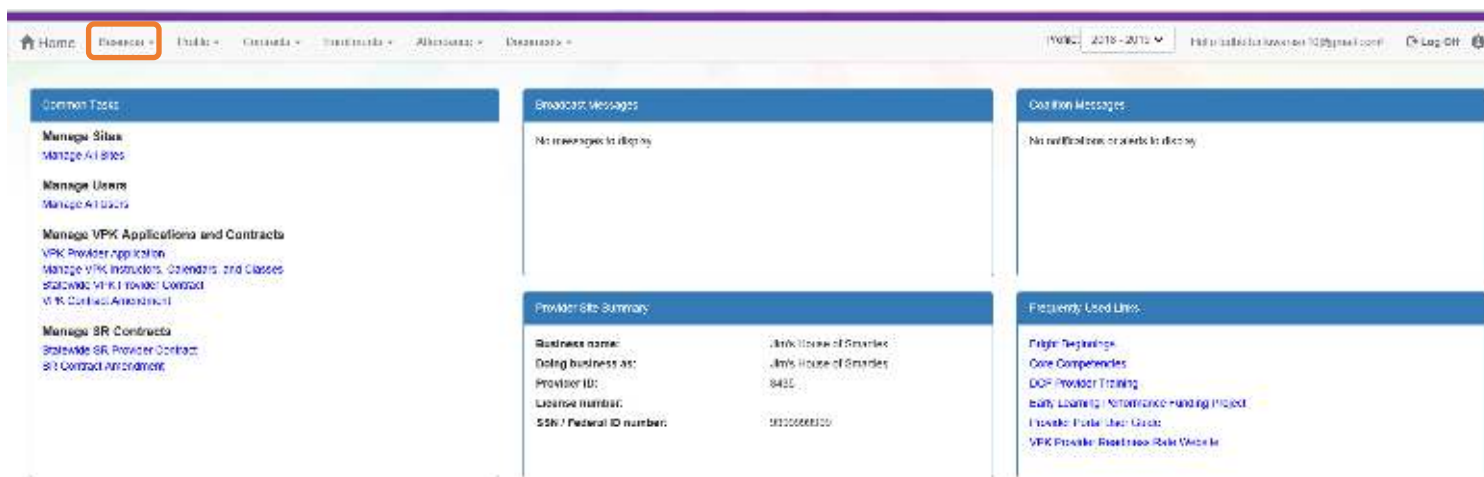
## Business

The Business Information page collects business information about the provider, including business name and address information, and it is shared among additional sites (if any). Only a Business Administrator may edit the information on this page.

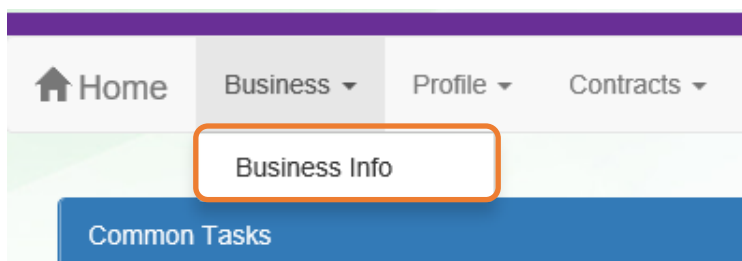
**NOTE:** This information was previously captured in the Business tab of the provider profile. Although the Business Information page is now separated from the provider profile, it must be completed before the profile may be submitted.

Tool tips, indicated by the  symbol, are available to provide useful information to Provider Portal users about specific terms in the Provider Profile. Click the  to see the message.

To complete the Business Info page, click the **Business** dropdown menu from the Provider Dashboard.



Then, click **Business Info**.





## Business Information

### 1. Business Name Associated with Your Taxpayer Identification Number\* ⓘ

Jim's House of Learning 3

### 2. Taxpayer Identification Number\* ⓘ

88888888

### 3. Owner Information ⓘ

Owner Name\*

Jim Ledbetter

Owner Telephone Number\*

(555) 555-5555

Owner Email Address\*

fake@foo.com

Owner Phone Type\*

Mobile Phone

### 4. Owner's Designee or Contact Person Information ⓘ

Designee/Contact Name\*

Jim Ledbetter

Designee/Contact Telephone Number\*

(555) 555-5555

Designee/Contact Email Address\*

fake@foo.com

Designee/Contact Phone Type\*

Unknown

### 5. Business Ownership Type\* ⓘ

Corporation

### 6. Physical Address Information ⓘ

Address Line 1\*

250 MARRIOTT DR

Address Line 2

City\*

TALLAHASSEE

State\*

FL

Zip Code\*

32301

### 7. Mailing Address Information ⓘ

☒ Mailing address is the same as the principal address.

Address Line 1\*

250 MARRIOTT DR

\* Altering this address may trigger USPS verification

Address Line 2

City\*

TALLAHASSEE

State\*

FL

Zip Code\*

32301

### 8. Payment Mailing Address Information ⓘ

☒ Payment address is the same as the mailing address.

Address Line 1\*

250 MARRIOTT DR

\* Altering this address may trigger USPS verification

Address Line 2

City\*

TALLAHASSEE

State\*

FL

Zip Code\*



32301

Cancel

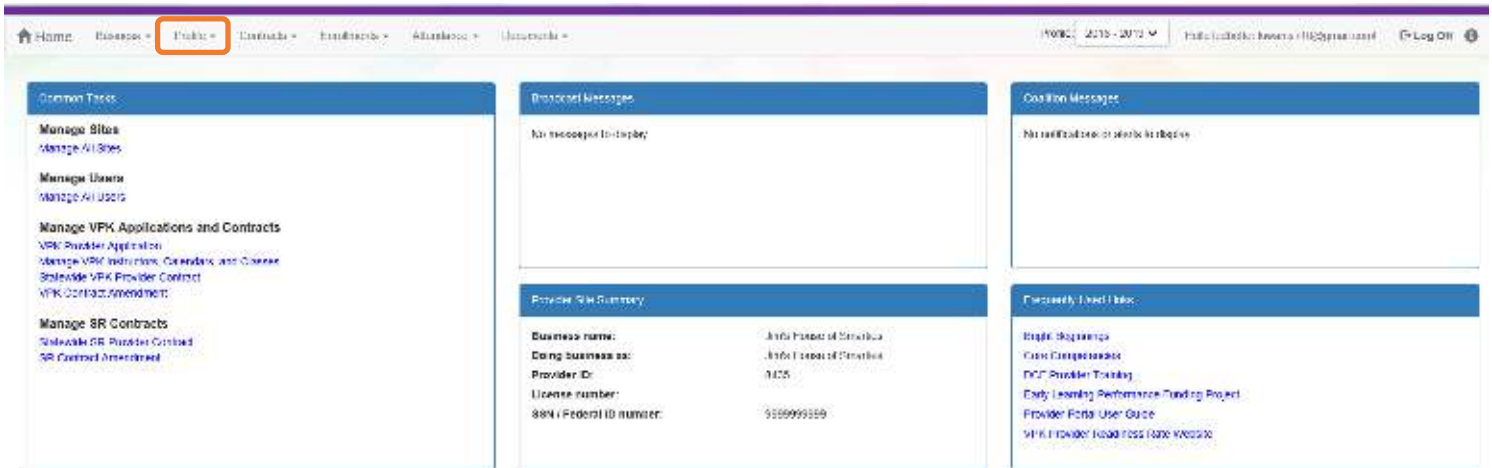
Save

## Profile

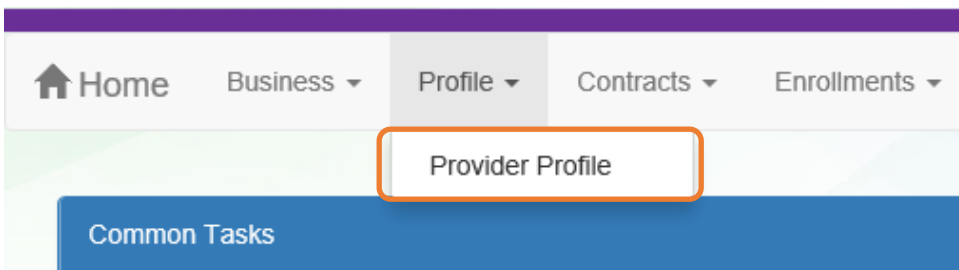
A Provider Portal user must fill out all information in each tab, and click the **Next** button to continue filling out the provider profile information. Click the **Back** button to return to the previous tab.

Tool tips, indicated by the  symbol, are available to provide useful information to Provider Portal users about specific terms in the Provider Profile. Click the  to see the message.

To complete the Provider Profile, click the **Profile** dropdown menu from the Provider Dashboard.



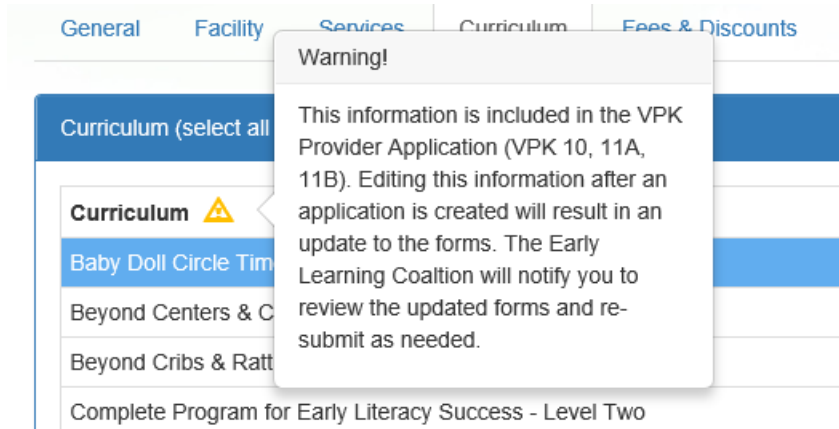
Then, click **Provider Profile**.



## Yellow Warning Symbols

Yellow warning symbols will appear on certain fields on the following tabs: General, Facility, Services, Curriculum, Staffing & Capacity, and Documents.

If the Provider Portal user hovers over the yellow warning symbol, the following message will display.



If a change is made, the coalition will review the change and change the profile status to **Incomplete** to allow the Provider Portal user to re-submit the VPK-APP. The user will receive the following email from **DONOTREPLY@OEL.myflorida.com**.

From: <OELSystemTest@oel.myflorida.com>  
Date: Wed, Aug 16, 2017 at 12:06 PM  
Subject: Signature Required - VPK Provider Application Updated  
To: [alathum77@gmail.com](mailto:alathum77@gmail.com)  
Cc: [MC@nowhere.com](mailto:MC@nowhere.com)

Hello,

The VPK Provider Application (VPK 10, 11A, 11B) forms have been updated for Maggie Mae Daycare. Your review and signature is required. Please log on the Provider Portal and go to the Contracts menu, and choose Manage Contracts. On this page, locate your VPK-APP and click Edit. Review the VPK Provider Application information and submit your signature on the Certify and Submit tab.

Please review and submit your signature as quickly as possible.

Thank you,

ELC of the Big Bend Region  
(866) 973-9030  
<http://www.elcbigbend.org/>

Please do not reply to this message. Replies to this message are routed to an unmonitored mailbox. If you have questions, please contact your [early learning coalition](#).

## Step 1 – General

The General tab collects basic information about the provider, including provider types and whether or not there is interest in contracting with the early learning coalition to provide School Readiness or Voluntary Prekindergarten (VPK) Education services.

General

1. Do you want to have your program referred to families seeking child care listings? ⓘ

☒ Yes ☐ No

2. Do you want to complete a contract to participate in the School Readiness Program?

☒ Yes ☐ No

2.1 Have you completed the Health & Safety Inspection by Department of Children and Families?

☒ Yes ☐ No

3. Do you want to complete a contract to participate in the Voluntary Prekindergarten (VPK) Education Program?

☒ Yes ☐ No

4. Do you want to complete a contract to receive local funding? ⓘ

☒ Yes ☐ No

5. Are you a Gold Seal provider? ⓘ ⚠

☒ Yes ☐ No

5.1 Gold Seal Accreditation (select one) ⚠

Gold Seal for Birth to 5

6. Are you an accredited provider? ⚠

☒ Yes ☐ No

6.1 Accreditation (select all that apply)

OTHER×

The Facility tab collects contact information for the provider. The Provider Portal user is required to enter contact information for staff responsible for different aspects of the business. If the staff person is an Authorized Contract Representative or VPK Authorized Contract Representative, click the checkbox below each section (Director, VPK Director, etc.).

6. Legal Status	7. Exemption Reason	8. Provider Type
Licensed	N/A	Center
Licensed	N/A	Family Child Care Home
Licensed	N/A	Large Family Child Care Home
Registered	N/A	Family Child Care Home
Exempt	Military	Center
Exempt	Military	Family Child Care Home
Exempt	Military	Large Family Child Care Home

36

When the **Add New Contact** button is clicked, the Provider Portal user can create additional provider contacts for the profile.

The 'Add New Contact' form contains the following fields and controls:

- Contact Type:** A dropdown menu.
- Name:** A text input field.
- Email:** A text input field.
- Primary Telephone Number:** A text input field.
- Primary Telephone Extension:** A text input field.
- Primary Phone Type:** A dropdown menu with 'Select Type' as the placeholder.
- Secondary Telephone Number:** A text input field.
- Secondary Telephone Extension:** A text input field.
- Secondary Phone Type:** A dropdown menu with 'Select Type' as the placeholder.
- Fax:** A text input field.
- Authorized Contract Rep:** A checkbox.
- Buttons:** 'Save' and 'Cancel' buttons at the bottom right.

#### Contact Type

This dropdown menu displays the following options:

- General Contact Information
- SR Contact
- CCRR Contact
- Assistant Director
- Facility Director
- Operations Manager
- Principal
- Assistant Principal
- Extended Day Contact

#### Contact Type

This dropdown menu displays the following options:

- Before School Contact
- After School Contact
- Finance
- Food & Nutrition
- Attendance
- Camp Contact
- Admissions
- Enrollment
- Administrator
- Associate Director
- Other Contact

## Step 3 – Services

The Services tab collects information on the ages of the children in provider care, as well as different provider services.

**Services**

1. Age of Children for which Care is Provided\*

Minimum Age\*

1

Months

Maximum Age\*

2

Months

2. Programs Offered (select all that apply) ⚠

Before School x Migrant Head Start x Playgroup x

3. About My Program (select all that apply) \*

Music lessons x Dance x Swim lessons x

4. Languages Spoken by Staff (select all that apply) \*

English x Spanish x Italian/Creole x

5. Other Spoken Languages ⓘ

6. Meals (select all that apply) \*

Morning Snack x Afternoon Snack x

7. Do you provide transportation services? \*

☒ Yes ☐ No

8. Transportation (select all that apply)

Transportation In/From local schools

8.1 Transportation to/from Local School

School

Add school

Mickey Mouse

Transportation To

Transportation From

Add

Save

Submit

9. Do you currently implement a character development program? \*

☒ Yes ☐ No

9.1 Description of Character Development Program (250 characters max)

blah

10. Is your program equipped to care for children with special needs? \*

☐ Yes ☒ No

11. Is your facility wheelchair-accessible? \*

☒ Yes ☐ No

12. Does your program/facility offer therapeutic services to children? \*

☒ Yes ☐ No

13. Do you participate in a quality rating system? ⓘ

☒ Yes ☐ No

14. Affiliation - Not for Profit \*

☐ Yes ☒ No

15. Military Child Care ⓘ

☒ Yes ☐ No

## Step 4 – Curriculum

The Curriculum tab collects information about the provider’s curriculum. A provider may choose multiple curricula from the list. If the provider is a school readiness provider, an approved curriculum must be chosen. If no approved curricula are being used by the provider, the Provider Portal user should select “Other.” If a provider does not see their curricula listed, choose “Other” as the curriculum.

General Faculty Services Curriculum Fees & Discounts Hours of Operation Staffing & Capacity Provider Pay Rates Classroom Calendar Documents Review Sign & Verify

Curriculum (select all that apply)

Curriculum	Age Range	Edition/Year
Early Early Care/ Home	Birth - 3	2002
Beyond Centers & Circle Time	3 and 4	2nd edition/2007
Beyond Crib & Rattles	Birth - 2	1st edition/2005
Complete Program for Early Literacy Success - Level Two	4	1st edition/2012

## Step 5 – Fees & Discounts

The Fees & Discounts tab collects information about fees the provider assesses the parent. The Provider Portal user should enter all applicable fees. All amount fields must have either a dollar amount or zero entered. If a fee is not applicable, the amount entered must be “0.” If there are no family discounts offered, the selection must be “None.”

Fees and Discounts

1. Fees in Addition to Weekly Rates

Description	Amount	Frequency	Per Child / Per Family
Annual*	\$ 75	Monthly	Per Child
Application/Registration*	\$ 150	Annual	Per Child
Diapers*	\$ 0		
Early Drop Off*	\$ 0		
Extended Stay*	\$ 0		
Insurance*	\$ 0		
Late Payment*	\$ 5	Daily	Per Child
Late Pick-Up*	\$ 15	Hourly	Per Child
Meals/Snacks*	\$ 0		
Returned Check*	\$ 25	As needed	Per Family
School Age*	\$ 475	Monthly	Per Child
Supplies/Materials*	\$ 0		
Waiting List Registration*	\$ 0		

2. Family Discounts Offered (select all that apply)

None

3. Other Family Discounts



## Step 6 – Hours of Operation

The Hours of Operation tab collects information on the type of schedules offered for care. The Provider Portal user must click the checkbox next to the desired day of the week before inputting hours of operation for that day. The default hours of operation for each day are 6:00 a.m.– 6:00 p.m. An Enhanced Schedule is available.

### Facility Hours of Operation

#### 1. Enhanced Schedule (select all that apply)

24-hour Care					
Drop in Care					
Early/Extended Care					
Emergency/Temporary					
Evening					
Full Year					
Full-time					
Overnight					
Part time					

		Open	Close	Total Hours
<input checked="" type="checkbox"/> Tuesday	<input checked="" type="checkbox"/> 24 hours	12:00 AM	11:59 PM	23.98
<input checked="" type="checkbox"/> Wednesday	<input checked="" type="checkbox"/> 24 hours	12:00 AM	11:45 PM	23.75
<input type="checkbox"/> Thursday	<input type="checkbox"/> 24 hours	12:00 AM	12:00 AM	0
<input type="checkbox"/> Friday	<input type="checkbox"/> 24 hours	12:00 AM	12:00 AM	0
<input type="checkbox"/> Saturday	<input type="checkbox"/> 24 hours	12:00 AM	12:00 AM	0

## Step 7 – Staffing & Capacity

The Staffing & Capacity tab collects information on how many children the facility will or can care for. These questions are asked by age group. For each care level, the Provider Portal user should enter the highest number of teachers and children for all classrooms for each care level. This tab does not calculate staff-to-child ratios, but stores staffing and capacity numbers for local early learning coalition review.

**Staff-to-child Ratio** is the number of children that an individual teacher is responsible for. To reflect the actual ratio, the “Teachers in Classroom” column should always be 1. For example, if you have 2 teachers with one class of 20, you should list 1 “Teacher in Classroom” with 10 “Children in Classroom” and a “Group Size” of 20. If you follow the state mandated ratios for a center or facility, please see the example below. You can omit the age groups you do not serve.


**Group Size** is the maximum number of children, by age, that can be in a single classroom at any given time. If you follow the state mandated group sizes for a center or facility, please see the example below. You can omit the age groups you do not serve.

### Staffing and Capacity

#### 1. Staff-to-Child Ratio in Your Program ⓘ

Care Level	Teachers in Classroom		Children in Classroom	Group Size ⓘ
< 12 Months	<input type="text" value="1"/>	:	<input type="text" value="1"/>	<input type="text" value="1"/>
12 < 24 Months	<input type="text" value="0"/>	:	<input type="text" value="0"/>	<input type="text" value="0"/>
24 < 36 Months	<input type="text" value="0"/>	:	<input type="text" value="0"/>	<input type="text" value="0"/>
36 < 48 Months	<input type="text" value="0"/>	:	<input type="text" value="0"/>	<input type="text" value="0"/>
48 < 60 Months	<input type="text" value="0"/>	:	<input type="text" value="0"/>	<input type="text" value="0"/>
60 < 72 Months	<input type="text" value="0"/>	:	<input type="text" value="0"/>	<input type="text" value="0"/>
In School	<input type="text" value="0"/>	:	<input type="text" value="0"/>	<input type="text" value="0"/>
Special Needs	<input type="text" value="0"/>	:	<input type="text" value="0"/>	<input type="text" value="0"/>
VPK Class	<input type="text" value="0"/>	:	<input type="text" value="0"/>	<input type="text" value="0"/>

2. Training/Educational Credentials in Your Program

Training/Education Type	Number of Staff 
FDCH 30 HOUR TRAINING	<input type="text" value="1"/>
40/45 HR INTRO CHILD CARE	<input type="text" value="0"/>
AA/AS NONCHILD RELATED	<input type="text" value="0"/>
AA/AS EARLY CHILDHOOD OR RELATED FIELD	<input type="text" value="0"/>
DIRECTOR CREDENTIAL ADV	<input type="text" value="0"/>
DIRECTOR CREDENTIAL LEVEL 1	<input type="text" value="0"/>
DIRECTOR CREDENTIAL LEVEL 2	<input type="text" value="0"/>
BA/BS NONCHILD RELATED	<input type="text" value="0"/>
BA EARLY CHILDHOOD OR RELATED FIELD	<input type="text" value="0"/>
BEHAVIOR OBSERVATION	<input type="text" value="0"/>
DIRECTOR (NON VPK)	<input type="text" value="0"/>
GED/HIGH SCHOOL	<input type="text" value="0"/>
EARLY (EMERGENT) LITERACY	<input type="text" value="0"/>
FCCPC/CCPC/CCAC/CDAE	<input type="text" value="0"/>
MA DEGREE EARLY CHILDHOOD	<input type="text" value="0"/>
MA NONCHILD RELATED	<input type="text" value="0"/>
NATL EARLY CHILDHOOD CERT	<input type="text" value="0"/>
SCHOOL-AGE CREDENTIAL	<input type="text" value="0"/>
VPK DIRECTOR CREDENTIAL	<input type="text" value="0"/>
OTHER- LIST	<input type="text" value="0"/>

### Example: Child Care Center 1

This example uses the state mandated minimum staff-to-child ratios and maximum group sizes permitted for centers.

General Facility Services Curriculum Fees & Discounts Hours of Operation **Staffing & Capacity** Private Pay Rates Closures Calendar

**Staffing and Capacity**

1. Staff-to-Child Ratio in Your Program ⓘ

Care Level	Teachers in Classroom	Children in Classroom	Group Size ⓘ
< 12 Months	1	4	12
12 < 24 Months	1	6	12
24 < 36 Months	1	11	22
36 < 48 Months	1	15	30
48 < 60 Months	1	20	40
60 < 72 Months	1	25	40
In School	1		50
Special Needs	0	0	0
VPK Class	1	11	0

### Example: Child Care Center 2

This example uses more stringent staff-to-child ratios and group sizes that are smaller than the state mandate for centers.

**Staffing and Capacity**

1. Staff-to-Child Ratio in Your Program ⓘ

Care Level	Teachers in Classroom	Children in Classroom	Group Size ⓘ
< 12 Months	1	3	6
12 < 24 Months	1	5	10
24 < 36 Months	1	10	10
36 < 48 Months	1	12	12
48 < 60 Months	1	20	20
60 < 72 Months	1		
In School	1		
Special Needs	1		
VPK Class	1		

For more information on staff-to-child ratios and group sizes for facilities, please visit the [School Readiness Health and Safety Standards Handbook](#).

### Example: Family Child Care Homes 1

A family day care home is allowed to provide care for one of the following groups of children, which includes household children under 13 years of age. Below are examples of how to fill out this table using the state mandated minimum ratios.

\*\*The group size column should never exceed 10 for a family child care home.

This example uses the maximum of four children from birth to 12 months of age.

**Staffing and Capacity**

1. Staff-to-Child Ratio in Your Program ⓘ

Care Level	Teachers in Classroom		Children in Classroom	Group Size ⓘ
< 12 Months	1	:	4	4
12 < 24 Months	1	:		
24 < 36 Months	1	:		
36 < 48 Months	1	:		
48 < 60 Months	1	:		
60 < 72 Months	1	:		
In School	1	:		
Special Needs	0	:		
VPK Class	1	:		

### Example: Family Child Care Homes 2

This example uses the maximum of three children from birth to 12 months of age, and other children, for a maximum total of six children.

**Staffing and Capacity**

1. Staff-to-Child Ratio in Your Program ⓘ

Care Level	Teachers in Classroom		Children in Classroom	Group Size ⓘ
< 12 Months	1	:	3	3
12 < 24 Months	1	:	3	3
24 < 36 Months	0	:	0	0
36 < 48 Months	0	:	0	0
48 < 60 Months	0	:	0	0
60 < 72 Months	0	:	0	0
In School	0	:	0	0
Special Needs	0	:	0	0
VPK Class	0	:	0	0

### Example: Family Child Care Homes 3

This example uses the maximum of six preschool children if all are older than 12 months of age.

#### Staffing and Capacity

##### 1. Staff-to-Child Ratio in Your Program ⓘ

Care Level	Teachers in Classroom		Children in Classroom	Group Size ⓘ
< 12 Months	0	:	0	0
12 < 24 Months	1	:	2	2
24 < 36 Months	1	:	2	2
36 < 48 Months	1	:	2	2
48 < 60 Months	0	:	0	0
60 < 72 Months	0	:	0	0
In School	0	:	0	0
Special Needs	0	:	0	0
VPK Class	0	:	0	0

### Example: Family Child Care Homes 4

This example uses the maximum of 10 children if no more than 5 are preschool age and, of those 5, no more than 2 are under 12 months of age.

#### Staffing and Capacity

##### 1. Staff-to-Child Ratio in Your Program ⓘ

Care Level	Teachers in Classroom		Children in Classroom	Group Size ⓘ
< 12 Months	1	:	2	2
12 < 24 Months	1	:	2	2
24 < 36 Months	1	:	1	1
36 < 48 Months	0	:	0	0
48 < 60 Months	0	:	0	0
60 < 72 Months	0	:	0	0
In School	1	:	5	10
Special Needs	0	:	0	0
VPK Class	0	:	0	0

### Example: Large Family Child Care Homes 1

A large family child care home is allowed to provide care for one of the following groups of children, which includes household children under 13 years of age.

**\*\*The group size column should never exceed 12 for a large family child care home.**

This example uses the maximum of 8 children from birth to 24 months of age.

**Staffing and Capacity**

1. Staff-to-Child Ratio in Your Program ⓘ

Care Level	Teachers in Classroom		Children in Classroom	Group Size ⓘ
< 12 Months	1	:	3	3
12 < 24 Months	1	:	5	5
24 < 36 Months	0	:	0	0
36 < 48 Months	0	:	0	0
48 < 60 Months	0	:	0	0
60 < 72 Months	0	:	0	0
In School	0	:	0	0
Special Needs	0	:	0	0
VPK Class	0	:	0	0

### Example: Large Family Child Care Homes 2

This example uses the maximum of 12 children, with no more than 4 children under 24 months of age.

**Staffing and Capacity**

1. Staff-to-Child Ratio in Your Program ⓘ

Care Level	Teachers in Classroom		Children in Classroom	Group Size ⓘ
< 12 Months	1	:	1	1
12 < 24 Months	1	:	1	1
24 < 36 Months	1	:	2	2
36 < 48 Months	1	:	4	4
48 < 60 Months	1	:	4	4
60 < 72 Months	0	:	0	0
In School	0	:	0	0
Special Needs	0	:	0	0
VPK Class	0	:	0	0

For more information on staff-to-child ratios and group sizes for family child care homes please visit the [School Readiness Health and Safety Standards Handbook](http://www.floridaeearlylearning.com/sites/www/Uploads/files/Statewide%20Initiatives/Health%20and%20Safety/HS%20Handbook%20Facilities%20OEL-SR-6202%20ADA.pdf).<http://www.floridaeearlylearning.com/sites/www/Uploads/files/Statewide Initiatives/Health and Safety/HS Handbook Facilities OEL-SR-6202 ADA.pdf>

## Step 8 – Private Pay Rates

The Private Pay Rates tab collects information on the provider's private pay rate based on unit of care and care level. The Provider Portal user must enter in the private pay rates for each "Unit of Care" and "Care Level" offered by the provider. Shaded cells do not permit entry. If care is not provided for that Unit of Care and Care Level, no entry is needed.

Providers that indicate they want to complete a contract to participate in the school readiness program on the General tab will also have a section on the Private Pay Rates tab to enter the Daily Rates for the School Readiness Program. The Provider Portal user may edit the \$0.00 amount for each "Unit of Care" and "Care Level" offered by the provider or click on the **SR Daily Rate Helper** button. The Helper button will automatically calculate the rates based on the Full Time Monthly Rates or Full Time Weekly Rates, and the Part Time Weekly Rates entered in the Private Pay Rates section. The rates are also editable after calculation. These rates will be utilized in the contracting process if the provider enters into a School Readiness contract with an early learning coalition.

**NOTE:** With Release 3.5, School Readiness providers must now answer a question regarding the family's responsibility to pay the differential between the Approved Reimbursement Rate and the Private Pay Rate.

Private Pay Rates

Enter the monthly rates for each unit of care and care level. The rates are used to calculate the private pay rates for each unit of care and care level. The rates are used to calculate the private pay rates for each unit of care and care level. The rates are used to calculate the private pay rates for each unit of care and care level.

	Infant	Toddler	2 Year Old	Preschool	Preschool	Preschool	Preschool	Preschool	Preschool
Full Time Monthly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Part Time Monthly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Part Time Weekly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Part Time Daily Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Part Time Hourly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Part Time Daily Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Part Time Hourly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Part Time Daily Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Part Time Hourly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Click on the SR Daily Rate Helper button to calculate the rates based on the Full Time Monthly Rates or Full Time Weekly Rates, and the Part Time Weekly Rates entered in the Private Pay Rates section.

Daily Rates for School Readiness Program

Enter the daily rates for each unit of care and care level. The rates are used to calculate the private pay rates for each unit of care and care level. The rates are used to calculate the private pay rates for each unit of care and care level. The rates are used to calculate the private pay rates for each unit of care and care level.

	Infant	Toddler	2 Year Old	Preschool	Preschool	Preschool	Preschool	Preschool	Preschool
Full Time Monthly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Part Time Monthly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Part Time Weekly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Part Time Daily Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Part Time Hourly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Part Time Daily Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Part Time Hourly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Part Time Daily Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Part Time Hourly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Click on the SR Daily Rate Helper button to calculate the rates based on the Full Time Monthly Rates or Full Time Weekly Rates, and the Part Time Weekly Rates entered in the Private Pay Rates section.



## Step 9 – Closures Calendar

The Closures Calendar tab collects information on any days the provider will be closed. The Provider Portal user will select all closure days for the provider. Once selected, the date will change from white to blue. The local early learning coalition may define reimbursable holidays for the School Readiness program, which will be shaded gray. When a provider closure date and a coalition-defined reimbursable holiday are the same, the date will be shaded dark blue. A Provider Portal user does not need to include Saturdays and Sundays on the Closures Calendar if services are not provided on those days.

**NOTE:** Actual reimbursable holidays will be selected during the contracting process if the provider enters into a School Readiness contract with an early learning coalition.

2017 - 2018 Program Year

Available ☐ Selected ☒ ELC Closure ☐ Selected + ELC Closure ☒

July 2017							August 2017							September 2017							October 2017									
Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Sa	Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14
22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29

November 2017							December 2017							January 2018							February 2018									
Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Sa	Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	
22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	
30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	

March 2018							April 2018							May 2018							June 2018									
Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Sa	Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	
22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	
30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	

Available



Selected



ELC Closure



Selected + ELC Closure



## Step 10 – Documents

The Documents tab allows the Provider Portal user to upload documents for the local early learning coalition to review. Based on provider answers in the provider profile, the Documents tab will display types of documents that may be uploaded to support a contract to provide School Readiness or VPK services. Users may enter up to five documents for each document type. Documents uploaded in this tab will also populate in the Document Library and will be utilized during the contracting process.

### Supporting Documents

#### Certificate of Accreditation

Upload Document...

#### Certificate of Licensure

Upload Document...

#### Private Child Care Pay Rates

Upload Document...

#### IRS Form W-9

Upload Document...

## Step 11 – Review

After reviewing the information for each section, the Provider Portal user must click the **Next** button to continue.

Click the **+** to expand and the **–** to collapse each section below. Click the **Button** to navigate back to that section.

Reminder: LAFS makes sure we have all your information.

Click the headers on the **+** to expand and the **–** to collapse each section below. Click the **Button** to navigate to that section.

**+**

**Enter**

**–**

**Continue**

1. Do you want to have your program reviewed to receive pending child care license?	Yes
2. Do you want to complete a contract to participate in the School Readiness Program?	Yes
3. Have you completed the Health & Safety Inspection by Department of Children and Families?	Yes
3. Do you want to complete a contract to participate in the Voluntary Prekindergarten (VPK) Education Program?	Yes
4. Do you want to complete a contract to receive head-start?	Yes
5. Are you a Child First provider? 🚩	Yes
6.1 Child First Accredited 🚩	Grant Date for preschool to 8:
6. Are you an accredited provider? 🚩	Yes
6.1 Accredited	CPHHS

...

**+**

**Provider Pay History**

**–**

**Closures Calendar**

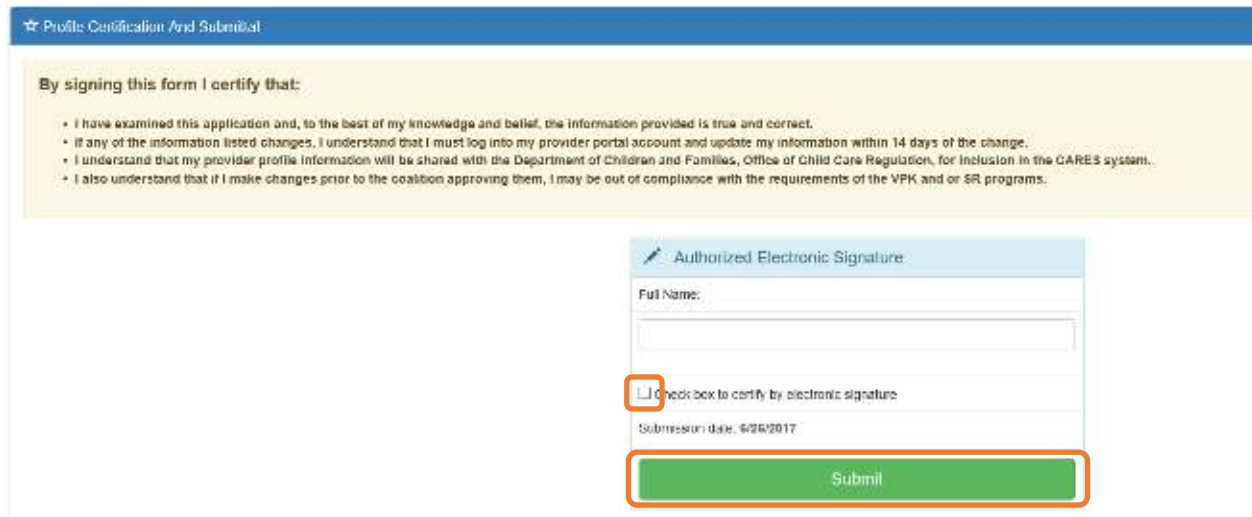
Closures Dates
7/8/2017
8/2/2017
8/9/2017
8/9/2017
8/10/2017
8/11/2017
8/15/2017

**Back**

**Next**

## Step 12 – Sign and Certify

To submit the Provider Profile, the Full Name must exactly match (and is case-sensitive) the name entered on the Manage Users page. The Provider Portal user must then check the “Check box to certify by electronic signature” check box and click the **Submit** button.



☆ Profile Certification And Submit

By signing this form I certify that:

- I have examined this application and, to the best of my knowledge and belief, the information provided is true and correct.
- If any of the information listed changes, I understand that I must log into my provider portal account and update my information within 14 days of the change.
- I understand that my provider profile information will be shared with the Department of Children and Families, Office of Child Care Regulation, for inclusion in the CARES system.
- I also understand that if I make changes prior to the coalition approving them, I may be out of compliance with the requirements of the VPK and/or SR programs.

Authorized Electronic Signature

Full Name:

☐ Check box to certify by electronic signature

Submission date: 6/26/2017

Submit

Once the Provider Portal user submits the Provider Profile, the following page will display:

👍 You Have Successfully Completed and Submitted your Provider Profile!

Your early learning coalition will process your profile.

Please check your email for important information about your profile.

You can click on the button below to return to the home page.

◀ Return to home page

The Provider Portal user should then find the email sent by **DONOTREPLY@oel.myflorida.com**.

Hello Jim Ledbetter,

The provider profile you completed for Jim's House of Learning 2 was submitted successfully. You will receive an email that will notify you how to proceed after your provider profile is reviewed and processed by your local early learning coalition.

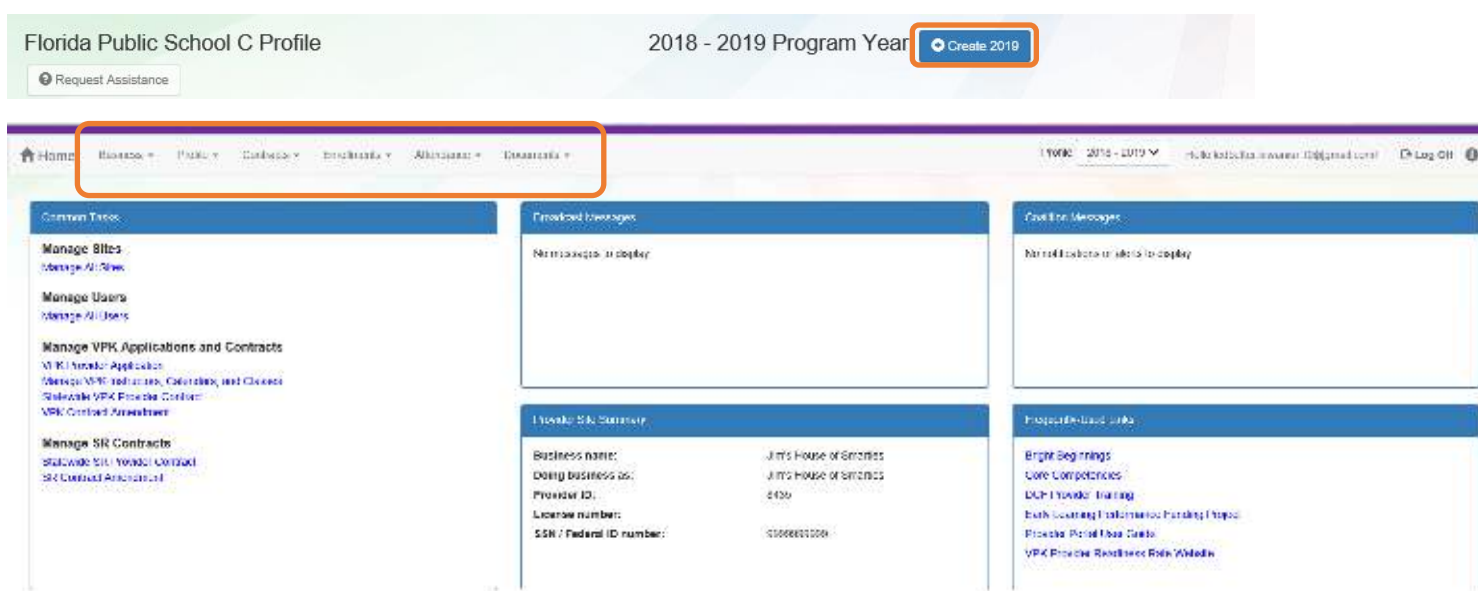
ELC of the Big Bend Region  
(866) 573-9130  
<http://www.elcbigbend.org/>

Please do not reply to this message. Replies to this message are routed to an unmonitored mailbox. If you have any questions, please contact your Early Learning Coalition at the number listed above.

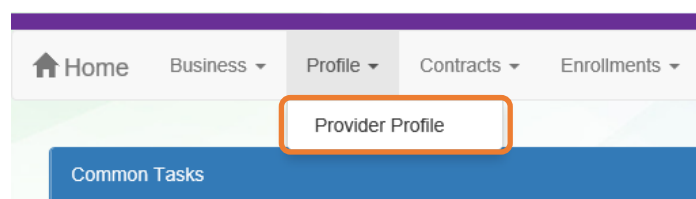
# Managing a Profile as a Provider Portal User

## Provider Dashboard

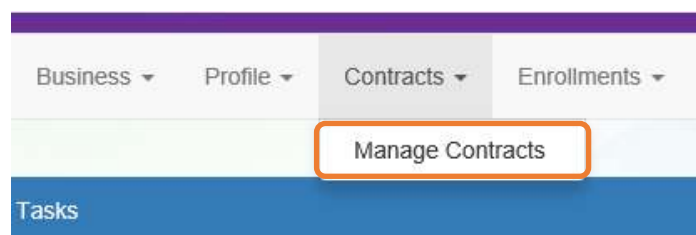
On January 1 of each program year, a button will appear next to the current program year that will allow the Provider Portal user to migrate all profile information from the current program year to the next program year (except Closures Calendar dates). To migrate profile information to the next program year, the Provider Portal user will click the **Create 2019** button. In this example, the provider is migrating profile information from the 2018 – 2019 program year to the 2019 – 2020 program year. All information from the 2018-2019 profile will migrate to the 2019-2020 profile, with the exception of the Closures Calendar. The provider can also skip a profile year and still be able to create a profile for the current year. For example, the provider had a 2017-2018 profile, but skipped the 2018-2019 profile. In order to create a 2019-2020 profile, the provider will go to the 2017-2018 profile, click the **Create 2018** button, then go to the 2018-2019 profile, and click the **Create 2019** button. The skipped profile 2018-2019 can remain Incomplete.



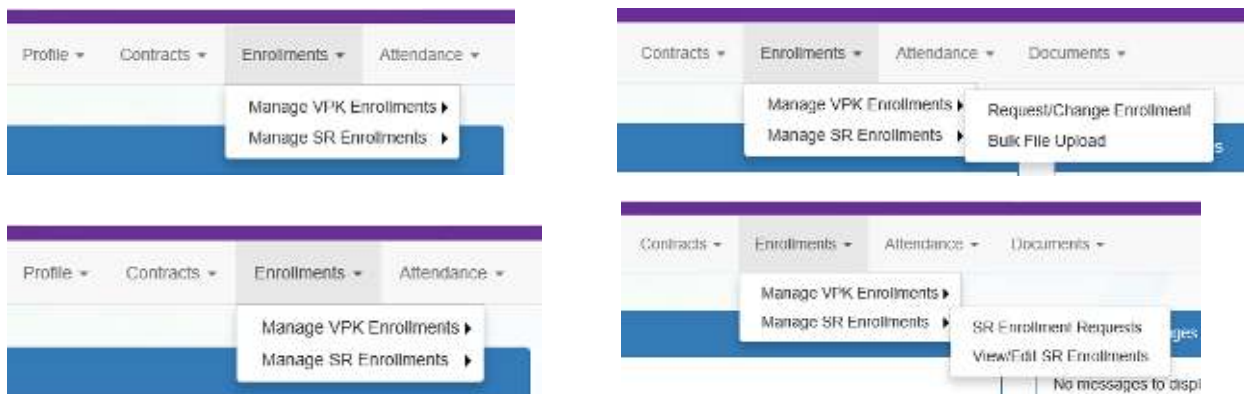
After a provider is active, a Provider Portal User can edit the Provider Profile, by clicking the Profile dropdown menu and then clicking the **Provider Profile** button.



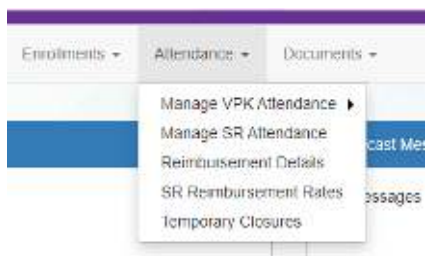
Provider Portal users can manage School Readiness and VPK contracts from the Provider Dashboard.



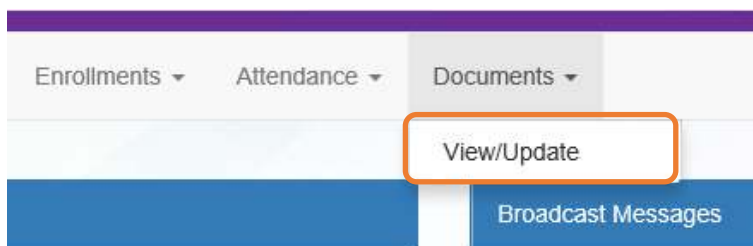
Provider Portal users can manage School Readiness and VPK enrollments from the Provider Dashboard.



Provider Portal users can manage School Readiness and VPK attendance, as well as view reimbursement details for paid attendance rosters, SR Reimbursement Rates, and Temporary Closures, from the Provider Dashboard.



Provider Portal users can click the Documents dropdown menu to access the Document Library Management function and view and upload additional documents for coalition review.



## Managing Contracts

Provider Portal users can view contract statuses and edit/download contracts through the Manage Contracts function.

Manage contracts for Jim's House of Canes & Gators [View all records](#)

Show 10 entries

Contract ID	Type of Contract	Contract Name	Coalition	Status	Last updated	Action	View Contract	Start Date	End Date	Termination Date
45	VPK APP	VPK 10,11A,11B	ELC of Palm Beach	Coalition Resizing	05/26/2017	<a href="#">Edit</a>		07/01/2017		
139	VPK	OEL-VPK 20	ELC of the Big Bend Region	Certified	04/04/2017	<a href="#">View</a>	<a href="#">Download</a>	07/01/2017	06/30/2018	
156	VPK	OEL-VPK 20	ELC of the Big Bend Region	Terminated	05/26/2017	<a href="#">View</a>		07/01/2017	06/30/2018	06/26/2017
167	VPK	OEL-VPK 20	ELC of the Big Bend Region	Terminated	05/26/2017	<a href="#">View</a>		07/01/2017	06/30/2018	06/26/2017
190	VPK	OEL-VPK 20	ELC of the Big Bend Region	Not Eligible	05/24/2017	<a href="#">View</a>		07/01/2017	06/30/2018	
26728	SR	Contract Life	OEL	Terminated	04/05/2017		<a href="#">Download</a>	01/10/2017	01/10/2018	04/04/2017
26731	SR	Contract Life	OEL	Certified	03/15/2017		<a href="#">Download</a>	01/01/2017	01/01/2018	
26758	VPK-SIS	Contract Life	ELC of the Big Bend Region	Certified	04/04/2017		<a href="#">Download</a>	06/01/2017	06/30/2017	
26804	VPK-SIS	Contract Life	ELC of the Big Bend Region	Terminated	05/26/2017		<a href="#">Download</a>	05/15/2017	06/30/2017	04/28/2017

## Managing Documents

Documents can be added to the Document Library for coalition review. The folder list within the Document Library is standard for all providers, but coalitions have the ability to re-name or add new folders. Documents uploaded to the Documents tab of the provider profile will also populate in the Document Library; however, documents uploaded to the Document Library will not populate in the Documents tab of the provider profile.

## Viewing/Uploading Documents

To view or upload documents in a folder, the provider portal user will click the **View Files** or **Upload New File** button, respectively.

Document Library Management				
Folder List				
Folder Name	View	Upload	Date Updated	Updated By
Accreditation and / or Gold Seal (1 file)	View Files	Upload New File	06/14/2016	OELAdmin
Contracts (1 file)	View Files	Upload New File	10/25/2016	OELAdmin
Insurance Auth (1 file)	View Files	Upload New File	08/14/2016	OELAdmin
Insurance Liability (0 files)	View Files	Upload New File	08/03/2016	oct.fy+01@gmail.com
Insurance Worker Comp (7 files)	View Files	Upload New File	08/14/2016	OELAdmin
License or Exemption (1 file)	View Files	Upload New File	06/14/2016	OELAdmin
Miscellaneous (0 files)	View Files	Upload New File	06/14/2016	OELAdmin
Monthly Adjustment Request (0 files)	View Files	Upload New File	06/14/2016	OELAdmin
Monthly Classroom Transfer Forms (0 files)	View Files	Upload New File	06/14/2016	OELAdmin
Monthly Extended Absence Request (0 files)	View Files	Upload New File	06/14/2016	OELAdmin
Monthly Outstanding Parent Fee (0 files)	View Files	Upload New File	08/14/2016	OELAdmin
Monthly Reimbursement Report (0 files)	View Files	Upload New File	08/14/2016	OELAdmin
Monthly Sign-in-out Sheet (0 files)	View Files	Upload New File	06/14/2016	OELAdmin
Monthly VPK Child Withdrawal Forms (0 files)	View Files	Upload New File	06/14/2016	OELAdmin
Provider Public Rate Sheet (0 files)	View Files	Upload New File	06/14/2016	OELAdmin
Uncategorized (0 files)	View Files	Upload New File	06/14/2016	OELAdmin
Unemployment Insurance (1 file)	View Files	Upload New File	06/14/2016	OELAdmin
VPK Affidavit of Good Moral Character (0 files)	View Files	Upload New File	08/14/2016	OELAdmin
VPK Background Screenings (0 files)	View Files	Upload New File	08/14/2016	OELAdmin
VPK Certificates (0 files)	View Files	Upload New File	08/14/2016	OELAdmin
VPK Director Credentials (0 files)	View Files	Upload New File	06/14/2016	OELAdmin
VPK Enrollment Certificates (0 files)	View Files	Upload New File	06/14/2016	OELAdmin
VPK Instructor's Credentials (0 files)	View Files	Upload New File	06/14/2016	OELAdmin
VO (1 file)	View Files	Upload New File	06/14/2016	OELAdmin

Document Library Management

[FAQ]

Change Folder:

Contracts

Total Files:

1

Date Created: 10/25/2016

Folder Detail - Contracts

Rename File

File Name	Download	Date Uploaded	Uploaded By
Koala.jpg	Download	12/07/2016	ledbetter.inwanis@gmail.com



Select a document to upload.

- Select the folder from the drop down list to which you would like to upload a file to.
- Click the *Browse...* button to browse your documents and select the one that you want to upload to the folder.
- You may give a description to the file you are uploading.

Upload file to site:

Jim's House of Learning 2

Select Destination Folder \*

Contracts



Select File \*

Browse...

Attach your document.

Click the *Attach Selected Document* button below to upload the selected document to your selected folder. This will upload a copy of your document and store it in the chosen folder. The upload process may take from several seconds to a *minute*, depending on the size of the document and the speed of your internet connection.

Attach Selected Document

Cancel

Provider Portal users can move within the Document Library by clicking the Change Folder dropdown menu. Files can also be renamed within each folder by clicking the **Rename File** button.

## Document Library Management

[FAQ]

**Change Folder:**

Contracts

Date Created: 10/25/2016

**Total Files:** 1

**Folder Detail - Contracts**

Rename File

File Name	Download	Date Uploaded	Uploaded By
Koala.jpg	<a href="#" style="background-color: #007bff; color: white; padding: 2px 10px; text-decoration: none;">Download</a>	12/07/2016	jedbetter.invanis@gmail.com

Enter the new file name in the New File Name field and click the **Save Changes** button to continue.

Rename File
×

**Select Folder:**

Contracts

**Select File:**

Koala.jpg

**New File Name:**

Cancel

Save Changes

### Archiving Documents

Click the **Remove** button to remove a document from the profile documents screen and archive it in the appropriate Document Library Management folder.

[Home](#)
[Business](#)
[Profile](#)
[Contracts](#)
[Enrollment](#)
[Attendance](#)
[Documents](#)

2020 - 2021 Program Year
 [Create 2021](#)

Current Status: Pending Update

[General](#)
[Family](#)
[Services](#)
[Curriculum](#)
[Fees & Documents](#)
[Hours of Operation](#)
[Staffing & Capacity](#)
[Private Pay Rates](#)
[Classroom Calendar](#)
[Documents](#)
[Roster](#)
[Sign & Certify](#)

Supporting Documents

Certificate of Licensure

Begin Date

Expiration Date

2019-2020 License.pdf	<a href="#" style="background-color: #007bff; color: white; padding: 2px 10px; text-decoration: none;">View</a> <a href="#" style="background-color: #007bff; color: white; padding: 2px 10px; text-decoration: none;">Remove</a> <a href="#" style="background-color: #007bff; color: white; padding: 2px 10px; text-decoration: none;">Delete</a>	02/25/2019	07/14/2019
2019-2020 New License.pdf	<a href="#" style="background-color: #007bff; color: white; padding: 2px 10px; text-decoration: none;">View</a> <a href="#" style="background-color: #007bff; color: white; padding: 2px 10px; text-decoration: none;">Remove</a> <a href="#" style="background-color: #007bff; color: white; padding: 2px 10px; text-decoration: none;">Delete</a>	02/22/2019	02/22/2020
2019-2021BBLicense.pdf	<a href="#" style="background-color: #007bff; color: white; padding: 2px 10px; text-decoration: none;">View</a> <a href="#" style="background-color: #007bff; color: white; padding: 2px 10px; text-decoration: none;">Remove</a> <a href="#" style="background-color: #007bff; color: white; padding: 2px 10px; text-decoration: none;">Delete</a>	03/03/2020	03/03/2021
License2021.pdf	<a href="#" style="background-color: #007bff; color: white; padding: 2px 10px; text-decoration: none;">View</a> <a href="#" style="background-color: #007bff; color: white; padding: 2px 10px; text-decoration: none;">Remove</a> <a href="#" style="background-color: #007bff; color: white; padding: 2px 10px; text-decoration: none;">Delete</a>	03/21/2021	03/23/2022
PayStub2.docx	<a href="#" style="background-color: #007bff; color: white; padding: 2px 10px; text-decoration: none;">View</a> <a href="#" style="background-color: #007bff; color: white; padding: 2px 10px; text-decoration: none;">Remove</a> <a href="#" style="background-color: #007bff; color: white; padding: 2px 10px; text-decoration: none;">Delete</a>		

57

## Document Library Management

[FAQ]

A Frequently Asked Questions pop-up message is available for the Provider Portal user. Contact the local early learning coalition if additional help is needed.

### Frequently Asked Questions

x

#### How do I create a new folder?

A: Folders can only be created by your Coalition. In case you need to add files that cannot be assigned to one of the pre-defined folders please put them in the 'Miscellaneous' folder. Call your coalition for further information.

#### How do I upload files to a folder?

A: Click 'Upload New File' button which will open a dialog box that allows you to upload a file to a folder you select.

#### If I misspelled a word when naming a file, how can I correct it?

A: Files can be renamed from the 'Folder Details' screen. Click on the 'View Files' button to navigate to the 'Folder Details' screen, here you have to click on the 'Rename File' button that would open a dialog box that allows you to select the Folder and the files within it that you wish to rename.

**Note:** You can only change the name of an existing file and not its type or extension.


#### What format does a document have to be in to be uploaded?

A: Any of the following formats are permitted: .bmp, .tiff, .pdf, .jpg, .gif, .png, .doc, .docx, .txt

#### Is there a size limit on the documents to be uploaded?

A: A file's size cannot exceed 2MB.

#### Who can I contact for technical assistance?

A: Please call your coalition office for any further assistance.  [coalition map](#)



#### How can I reduce the size of my document?

A: To reduce the file size of a PDF, print the file using Adobe PDF as the printer, select the smallest file size option under the Default Settings menu and click OK on all open dialog boxes. The PDF is then converted to a smaller file. Upon completion, save the new file.

Close

## Provider Contracting

**NOTE:** Provider contracts are populated by information in the **Active** profile. As a result, the profile is read-only once the contract status is **Initiated**, **Incomplete**, or **Submitted**. If any changes need to be made to the **Active** profile after a contract is initiated or there is an error found in the profile once the contract is being edited (the contract status is **Incomplete**), contact your early learning coalition.

Jim's House of Smarties Profile

2019 - 2020 Program Year

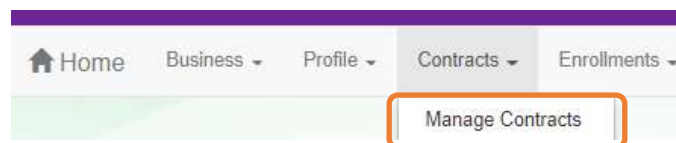
Current Status: Active

[Request Assistance](#)

**Read Only Mode**  
This profile is locked at this time because a contract is currently pending. If profile changes are needed for the contract, please contact the coalition.

## SR Contract

After the coalition has initiated an SR contract, the user will navigate to **Contracts > Manage Contracts** from the Provider Dashboard.



The Manage Contracts page displays. Click the **Edit** button for the initiated OEL-SR 20.

Manage Contracts											
Show 10 entries		<a href="#">Clear All Filters</a>		Search							
Contract ID	Type of Contract	Contract Name	Coalition	Status	Last Updated	Action	View Contract	Effective Date	Termination Date	Program Year	
Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	
+ 75810	SR	OEL-SR 20		Initiated	4/27/2021	<a href="#">Edit</a>		7/1/2021		2021 - 2022	
+ 71637	SR	OEL-SR 20		Certified	4/14/2021	<a href="#">View</a>		9/17/2020		2020 - 2021	
Showing 1 to 2 of 2 entries										First Previous 1 Next Last	

## Provider Eligibility and Notification

After clicking the **Edit** button, the following page displays. Review the options in the dropdown menus and update the provider representative information, if needed.

School Readiness (SR) Contract Return for Edit Preview Contract

Provider(s):  
1. [redacted] Learning Center

**II. PROVIDER ELIGIBILITY**

II.B.a The Coalition participates in the Contracted Slots Program. Yes   
II.B.c The COALITION has determined the PROVIDER eligible to participate in the Contracted Slots Program. Yes

**III. PROVIDER RESPONSIBILITIES AND SCOPE OF WORK**

III.D If applicable, does the eligible PROVIDER, pursuant to paragraph 8, elect to participate in the Contracted Slots Program? Yes

**XI. NOTIFICATION**

XI.B.i The representative for PROVIDER for the purposes of this Contract is Angela  who can be contacted at [redacted] or by email at [redacted]@gmail.com

**SIGNATURE AUTHORITY**

Select all signature authority candidates that apply:  
Select

Previous Step Next Step

## Provider Responsibilities and Scope of Work

If the provider is eligible to participate in the contracted slots program, the provider must select if they want to participate in the program. If the contracted slots program is not applicable, the option to participate in the contracted slots program is not displayed.

If this question is displayed, make a selection, then click **Next Step** to continue.

School Readiness (SR) Contract Return for Edit Preview Contract

Provider(s):  
1. [redacted] Learning Center

**II. PROVIDER ELIGIBILITY**

II.B.a The Coalition participates in the Contracted Slots Program. Yes   
II.B.c The COALITION has determined the PROVIDER eligible to participate in the Contracted Slots Program. Yes

**III. PROVIDER RESPONSIBILITIES AND SCOPE OF WORK**

III.D If applicable, does the eligible PROVIDER, pursuant to paragraph 8, elect to participate in the Contracted Slots Program? Yes

**XI. NOTIFICATION**

XI.B.i The representative for PROVIDER for the purposes of this Contract is Angela  who can be contacted at [redacted] or by email at [redacted]@gmail.com

**SIGNATURE AUTHORITY**

Select all signature authority candidates that apply:  
Select

Previous Step Next Step

## Signature Authority

Providers must designate all users who are authorized to sign the SR contract for the listed provider(s). Provider portal users who have full permissions to manage SR contracts are included in the dropdown.

**NOTE:** Users who also have coalition portal access (e.g. ELC, RCMA, and DEL users) are excluded from the list as authorized provider signators.

Click the dropdown field to view all provider users who are eligible to electronically sign the SR contract. Select all users who should have authorization to sign the contract for the listed provider(s).

**NOTE:** In order for the user who is currently editing the contract to be able to electronically sign, their username must be selected.

When the authorized signator(s) are selected, click **Next Step**.

The screenshot displays the 'School Readiness (SR) Contract' form. At the top, there are buttons for 'Return for Edit' and 'Preview Contract'. The 'Provider(s):' field is set to 'Learning Center'. The form is divided into sections: 'II. PROVIDER ELIGIBILITY' with two 'Yes' dropdowns, 'III. PROVIDER RESPONSIBILITIES AND SCOPE OF WORK' with a 'Yes' dropdown, and 'XI. NOTIFICATION' with a text field for the representative. The 'SIGNATURE AUTHORITY' section is highlighted with an orange box. It contains the instruction 'Select all signature authority candidates that apply:' followed by a dropdown menu currently showing 'Select'. Below this is a list of three candidates: 'Coryn', 'Andrea', and 'Arianna', each with a checkbox and an email address. The 'Next Step' button is also highlighted with an orange box.

School Readiness (SR) Contract

Return for Edit Preview Contract

Provider(s):  
Learning Center

II. PROVIDER ELIGIBILITY

II.B.a The Coalition participates in the Contracted Slots Program Yes

II.B.c The COALITION has determined the PROVIDER eligible to participate in the Contracted Slots Program Yes

III. PROVIDER RESPONSIBILITIES AND SCOPE OF WORK

III.D If applicable, does the eligible PROVIDER, pursuant to paragraph 8, elect to participate in the Contracted Slots Program? Yes

XI. NOTIFICATION

XI.B.1 The representative for PROVIDER for the purposes of this Contract is who can be contacted at or by email at

**SIGNATURE AUTHORITY**

Select all signature authority candidates that apply:

Select

☐ Select all

☐ Coryn (coryn@gmail.com)

☐ Andrea (andrea@gmail.com)

☐ Arianna (arianna@gmail.com)

Next Step



## Exhibit 1: Program Assessments

After clicking the **Next Step** button, the Exhibit 1 page displays. If the provider is exempt from program assessment requirements, the provider must select if they want to waive the exemption. If the provider is not exempt, the option to waive exemption is not displayed.

School Readiness (SR) Contract

Return for Edit Preview Contract

Exhibit 1

Provider Name: [Redacted]

**PROVIDER ELIGIBILITY**

The COALITION has determined the PROVIDER is exempt from the program assessment requirement pursuant to Rule 6M-4.740, F.A.C. Yes ▾

The PROVIDER waives the PROVIDER'S exemption and agrees to comply with requirements of Rules 6M-4.740, F.A.C. Select ▾

**NOTE:** If the provider is exempt from program assessments and selects “Yes” to waive the exemption, the contract will be sent back to the coalition for review.

Confirm

You have indicated that you wish to waive the Provider's exemption from program assessments. The contract must now be reviewed by the Coalition before you may continue. Clicking "yes" will send the contract back to the Coalition. You will not be signing or agreeing to any terms by performing this action.

Do you wish to send the contract back to the Coalition for review?

Yes Cancel

School Readiness (SR) Contract

Return for Edit

**PROVIDER ELIGIBILITY**

The COALITION has determined the PROVIDER is exempt from the program assessment requirement pursuant to Rule 6M-4.740, F.A.C. Yes ▾

The PROVIDER waives the PROVIDER'S exemption and agrees to comply with requirements of Rules 6M-4.740, F.A.C. Yes ▾

The Composite Program Assessment Score displays under Provider Eligibility. If the score is greater than or equal to 5.00, select whether the provider wants to waive their biennial status and receive an annual program assessment. If the composite program assessment score is below 5.00, the option to waive biennial status is not displayed.

School Readiness (SR) Contract

Return for Edit Preview Contract

Exhibit 1

Provider Name: [Redacted] Learning Center: [Redacted]

**PROVIDER ELIGIBILITY**

The COALITION has determined the PROVIDER is exempt from the program assessment requirement pursuant to Rule 6M-4.740, F.A.C. No ▾

Composite Program Assessment Score: 5.50

The PROVIDER waives the PROVIDER'S biennial status and agrees to receive an annual program assessment pursuant to Rule 6M-4.740, F.A.C. Select ▾

## Exhibit 1: Child Assessments

On the Exhibit 1 page, select if the provider elects to conduct child assessments.

School Readiness (SR) Contract

Return for Edit Preview Contract

**Exhibit 1**

Provider Name: Learning Center

**PROVIDER ELIGIBILITY**

The COALITION has determined the PROVIDER is exempt from the program assessment requirement pursuant to Rule 6M-4.740, F.A.C. No

Composite Program Assessment Score: 0.50

The PROVIDER waives the PROVIDER'S biennial status and agrees to receive an annual program assessment pursuant to Rule 6M-4.740, F.A.C. Yes

**PROVIDER RESPONSIBILITIES AND SCOPE OF WORK**

If applicable, the eligible PROVIDER, agrees to conduct child assessments using a reliable assessor as defined by the child assessment tool, that meet the criteria described in s. 1002.82(k), F.S., at least three times per year and will submit valid and reliable data in the statewide information system. If the PROVIDER selects to conduct child assessments, PROVIDER understands the requirements of the rule must be met to receive the child assessment differential.

Select w

PROVIDER agrees to conduct child assessments in accordance with Rule 6M-4.600(11), F.A.C. using the selected as the assessment tool.

Select w

Previous Step Next Step

If “Yes” is selected, a pop-up message appears for the provider to confirm that they have/will upload the reliability certification.

**Confirm Child Assessment**

You selected yes to indicate you wish to implement child assessments. If you have not uploaded the required certificates of reliability in the Quality Performance System (QPS) you must do so immediately in order to proceed with your SR contract.

By clicking "Yes" you certify that you have the reliability certification that will be required to upload.

Yes Cancel

School Readiness (SR) Contract

Return for Edit Preview Contract

**PROVIDER ELIGIBILITY**

The COALITION has determined the PROVIDER is exempt from the program assessment requirement pursuant to Rule 6M-4.740, F.A.C. No

Composite Program Assessment Score: 0.50

The PROVIDER waives the PROVIDER'S biennial status and agrees to receive an annual program assessment pursuant to Rule 6M-4.740, F.A.C. Yes

**PROVIDER RESPONSIBILITIES AND SCOPE OF WORK**

If applicable, the eligible PROVIDER, agrees to conduct child assessments using a reliable assessor as defined by the child assessment tool, that meet the criteria described in s. 1002.82(k), F.S., at least three times per year and will submit valid and reliable data to the statewide information system. If the PROVIDER selects to conduct child assessments, PROVIDER understands the requirements of the rule must be met to receive the child assessment differential.

Select w

PROVIDER agrees to conduct child assessments in accordance with Rule 6M-4.600(11), F.A.C. using the selected as the assessment tool.

Select w



If the provider selects “Yes” to conduct child assessments, select a child assessment tool. Click **Next Step** to continue.

School Readiness (SR) Contract

Return for EditPreview Contract

Exhibit 1

Provider Name: Learning Center

PROVIDER ELIGIBILITY

The COALITION has determined the PROVIDER is exempt from the program assessment requirement pursuant to Rule 6M-4.740, F.A.C. No

Complete Program Assessment Score: 0.00

The PROVIDER waives the PROVIDER'S biennial status and agrees to receive an annual program assessment pursuant to Rule 6M-4.740, F.A.C. Yes

PROVIDER RESPONSIBILITIES AND SCOPE OF WORK

If applicable, the eligible PROVIDER, agrees to conduct child assessments using a reliable assessor as defined by the child assessment tool that meet the criteria described in s. 1001.82(4), F.S., at least three times per year and will submit valid and reliable data to the statewide information system. If the PROVIDER selects to conduct child assessments, PROVIDER understands the requirements of the rule must be met to resolve the child assessment differential. Yes

PROVIDER agrees to conduct child assessments in accordance with Rule 6M-4.550(11), F.A.C. using the selected as the assessment tool. Yes Code

Previous StepNext Step

### Exhibit 3: Quality Improvement Plan Selection

After clicking **Next Step**, the Exhibit 3 page only displays if the provider is required to participate in a quality improvement plan. Enter the user's initials in each box that has a check mark, then click **Next Step** to continue.

School Readiness (SR) Contract
Return for Edit
Preview Contract

**Exhibit 3: Quality Improvement Plan Selection**

Provider Name:		
Selection	Strategy	Description (summary)
<input type="checkbox"/> Provider Initials: Teacher Name(s):	COALITION approved strategy	Description included in QIP Notice
<input type="checkbox"/> Provider Initials: Teacher Name(s):	Certified Coaching Visits	Each selected classroom will participate in 20 hours of certified coaching provided by the ELC or its delegate.
<input checked="" type="checkbox"/> Provider Initials: Teacher Name(s): <a href="#" style="color: #0056b3; text-decoration: none;">See QIP Notes</a>	CLASS Group Coaching (CGC) Training	Each selected instructor/director will complete either the CGC PreK 24-hour course or the CGC Infant/Toddler 24-hour course provided by the COALITION or its delegate's CGC Specialist.
<input type="checkbox"/> Provider Initials: Teacher Name(s):	Early Childhood Training System (ECTS) Courses	Each selected instructor/director will successfully complete two Early Childhood Training System courses facilitated by the ELC. Course options include taking an online course alone, with TA coaching support and/or as a member of a COALITION-sponsored Community of Practice.
<input type="checkbox"/> Provider Initials: Teacher Name(s):	20 hours of IACET- or OEL-approved training	Each selected instructor/director will register for and successfully complete 20 hours of International Association for Continuing Education & Training (IACET)-approved training (or other OEL-approved CEU training) provided by the ELC or their delegate.
<input type="checkbox"/> Provider Initials: Teacher Name(s):	Professional Development	Each selected instructor/director shall register in the Florida Early Care and Education Professional Development Registry, generate a professional development plan in the registry and complete the required progression along the career pathway.

Previous Step
Next Step

### Exhibit 5: Provider Reimbursement Rates

If the provider charges an annual registration fee (**Profile > Provider Profile > Fees & Discounts**), the following page displays. Select the annual fee details, then click **Next Step** to continue.

**NOTE:** If “Month” is selected, another dropdown field appears for the provider to select a month. If “Other” is selected, the provider must provide a description.

School Readiness (SR) Contract Return for Edit Preview Contract

**Exhibit 5: Provider Reimbursement Rates**

Provider Name: \_\_\_\_\_

IF PROVIDER charges a registration fee please check one and provide the amount. \$: 90.00

☐ One time fee upon enrollment

☒ Annual for Select

☐ Other Description

Previous Step Next Step

### Exhibit 6: Holiday Schedule

After clicking **Next Step**, the following displays. The dates are based on any coalition-defined holidays and the closure dates from the profile Closure Calendar.

If fewer dates are listed than the coalition maximum total paid closure dates, additional provider holidays can be added to the holiday schedule exhibit if applicable. Click the **Edit** button on the holiday table.

School Readiness (SR) Contract Return for Edit Preview Contract

**Exhibit 6: Holiday Schedule**

Provider Name: \_\_\_\_\_ Edit

	Holiday	Date Observed
1.	Independence Day	7/5/2021
2.	Labour Day	9/6/2021
3.	Veteran's Day	11/11/2021
4.	Thanksgiving Day	11/25/2021
5.	Friday after Thanksgiving	11/26/2021
6.	Christmas Eve	12/24/2021
7.	Christmas Day	12/27/2021
8.	New Year's Day	1/20/2022
9.	Martin Luther King Jr. Day	1/17/2022
10.	Presidents Day	2/21/2022
11.		
12.		

Previous Step Next Step

After clicking the **Edit** button, a pop-up window appears with an editable holiday table. On a blank row, enter the holiday name, then select a date from the dropdown in the Date column. Duplicate dates cannot be used. When done editing, click **Save**. Then, click **Next Step** to continue.

**Paid Holidays for Multiple Sites**

All sites use this holiday schedule?

Provider Name:

	Holiday	Date
1.	Independence Day	8/06/2022
2.	Labor Day	9/05/2022
3.	Veteran's Day	9/27/2022
4.	Thanksgiving Day	11/23/2022
5.	Friday after Thanksgiving	11/25/2022
6.	Christmas Eve	12/23/2022
7.	Christmas Day	12/24/2022
8.	New Years Day	01/02/2023
9.	Martin Luther King Jr. Day	01/16/2023
10.	Presidents Day	02/20/2023
11.	Good Friday	<input type="text"/>
12.		

**Save** **Cancel**

## Preview Contract

Prior to executing the contract, click **Preview Contract** to view the contract. This allows the user to view all the information input into the contract and exhibits from the profile. Information added by the coalition and provider should be reviewed as well.

**Form OEL-SR 20**

**STATE OF FLORIDA**  
**STATEWIDE SCHOOL READINESS PROVIDER CONTRACT**  
**FORM OEL-SR 20**

**Preview Contract**

**XIV. EXECUTION OF CONTRACT**

Signature of President/Vice President/Secretary/Officer/Owner/Principal or Other Authorized Representative  
☐ By Electronic Signature  
 Title  
 Print Name


Provider's Additional Signatory (if required by the Provider)  
☐ By Electronic Signature  
 Title  
 Print Name

COALITION has caused this Contract to be executed as of the date set forth in Paragraph 1.

Signature of Authorized Coalition Representative  
☐ By Electronic Signature  
 Print Name

After clicking the **Preview Contract** button, the following displays in a new browser tab.

1 of 23 100%



**STATE OF FLORIDA**  
**STATEWIDE SCHOOL READINESS PROVIDER CONTRACT**  
**FORM DEL-SR 20**

**I. PARTIES AND TERMS OF CONTRACT**

1. **Parties.** This Contract is made and entered into this 1st day of July, 2022, by and between the Early Learning Coalition of \_\_\_\_\_ County (herein referred to as "COALITION"), and LEARNING CENTER, INC. (herein referred to as "PROVIDER"), with its principal offices located at \_\_\_\_\_ and its provider physical site address (if the single site provider physical site address is different from principal office address) located at \_\_\_\_\_.

a. **Multiple Public School Locations.** If PROVIDER is a school district executing a single Contract on behalf of multiple public school School Readiness (SR) Program PROVIDERS, a list of their names and their physical addresses are included in Exhibit 1: PROVIDER Location List. Thereafter, PROVIDER shall include each location listed in Exhibit 1.

b. **Multiple Private Locations.** If PROVIDER is executing a single Contract on behalf of multiple private SR PROVIDER sites within COALITION'S service area, a list of their names and their physical addresses are included in Exhibit 1: PROVIDER Location List. Thereafter, PROVIDER shall include each location listed in Exhibit 1.

c. **Identification Number.** Insert PROVIDER's ☒ EIN or ☐ SSN here:  
\_\_\_\_\_  
PROVIDER's EIN (Employer Identification Number) or SSN (Social Security Number) is requested in accordance with ss. 119.071(5)(a)2 and 119.092, F.S., for use in the records and data systems of the Division of Early Learning and COALITION. Submission of PROVIDER's EIN or SSN is mandatory. PROVIDER's EIN or SSN will be used for processing payments to PROVIDER as an SR PROVIDER, for reporting those payments for federal tax purposes, and for routine identification. If PROVIDER completes Exhibit 1 listing multiple locations with multiple EIN numbers, this paragraph may be left blank.

2. **Purpose.** This Contract is designed to inform PROVIDER of the requirements of participation in the SR Program. Payment is not conveyed to PROVIDER through this Contract. Instead, PROVIDER must agree to comply with the terms and conditions of this Contract in order to

## Contract Execution

To electronically sign the contract, check the **By Electronic Signature** checkbox.

**NOTE FOR PUBLIC SCHOOLS:** If a school board or school district needs to manually sign a contract, the contract can be downloaded as a .pdf and printed. An authorized representative should electronically sign and submit the contract.

STATE OF FLORIDA  
STATEWIDE SCHOOL BUS ADMINISTRATION CONTRACT  
FORM OEL-SR 20

Preview Contract

EXECUTION OF CONTRACT

Signature of Provider/Vice President/Secretary/Officer/Chair/Principal  
By Electronic Signature ☒ By Electronic Signature

Title \_\_\_\_\_ Date \_\_\_\_\_

Provider's additional Signatory (if required by the Provider)  
☐ By Electronic Signature

Title \_\_\_\_\_ Date \_\_\_\_\_

CONTRACTOR has caused this Contract to be executed on the day set forth in Paragraph 1

Signature of Authorized Condition Representative  
☐ By Electronic Signature

Title \_\_\_\_\_ Date \_\_\_\_\_

Previous Step Next Step

After clicking the checkbox, the following message displays. Enter the **Title of Signator**, then click **Yes**.

**NOTE:** The **Title of Signator** is not the provider's name, but the business title, e.g. Owner, Director, Principal.

Form OEL-SR 20 Electronic Signature

You are about to electronically sign the Form OEL-SR 20.

Title of Signator:

Click "Yes" to confirm your electronic signature.

Yes Cancel

After clicking the **Yes** button, the electronic signature of the signatory, printed name, title, and the date/time will populate, highlighted in yellow. Click **Next Step** to continue.


**NOTE:** The electronic signature and printed name of the user is based on the user who is logged on to the portal. Please ensure that the proper user is logged on to electronically sign the contract. If the incorrect name is used for the electronic signature, the checkbox can be un-checked.

You are about to remove your signature from the Form OEL-VPK 20.

Click "Yes" to continue.

Yes

Cancel



STATE OF FLORIDA

STATEWIDE SCHOOL READINESS PROVIDER CONTRACT

FORM OEL-SR 20

[I. Preview Contract](#)

**XIV. EXECUTION OF CONTRACT**

<p>_____ (Electronic Signature)</p> <p>Signature of President/Vice President/Secretary/Officer/Owner/Principal or Other Authorized Representative</p> <p><input checked="" type="checkbox"/> By Electronic Signature</p> <p>_____ Owner</p> <p>Title _____</p>	<p>_____ (Electronic Signature)</p> <p>Print Name _____</p> <p>_____ 4/6/2020 1:00:34 PM</p> <p>Date _____</p>
<p>_____ Provider's Additional Signatory (if required by the Provider)</p> <p><input type="checkbox"/> By Electronic Signature</p> <p>_____ Title _____</p>	<p>_____ Print Name _____</p> <p>_____ Date _____</p>
<p>COALITION has caused this Contract to be executed as of the date set forth in Paragraph 1.</p>	
<p>_____ Signature of Authorized Coalition Representative</p> <p><input type="checkbox"/> By Electronic Signature</p> <p>_____ Title _____</p>	<p>_____ Print Name _____</p> <p>_____ Date _____</p>

[Previous Step](#)

[Next Step](#)

## Contract Certification

After clicking the **Next Step** button, the following page displays. Enter the full name of the user who is logged on, title, and click the **Certified by electronic signature** checkbox. Click **Submit**.

### SR Contract Certification

In accordance with s. 1002.88(1)(p), F.S., PROVIDER has caused this Contract to be executed as of the date set forth in Paragraph 1. By signing below, PROVIDER hereby certifies that PROVIDER has read and understood this Contract. PROVIDER certifies that all information provided is true and correct and agrees that noncompliance with the requirements of the School Readiness Program including, but not limited to the requirements of this Contract, and all Exhibits and authorized attachments, shall result in corrective action, withholding of funds, or termination of this Contract at the discretion of COALITION, in accordance with Section X.

Warranty of Authority. Each person signing this contract warrants that he or she is duly authorized to do so and to bind the respective party to the contract.

#### By signing this form I certify that:

- I had the opportunity to review the Statewide School Readiness (SR) Provider Contract.
- I have examined this contract and, to the best of my knowledge and belief, the information provided is true and correct.
- I understand that upon the approval of my provider's contract, I will receive notification my contract is in force.
- I am duly authorized to sign and bind the respective party to the contract.

Submit Contract

Full Name

Title

☐ Certified by electronic signature

Contract sign date: 4/6/2020

Submit

After clicking the **Submit** button, the following message will display and an email will be sent by **DONOTREPLY@OEL.myflorida.com**.

You Have Successfully Completed, Signed, Certified and Submitted your Statewide SR Provider Contract!

Your early learning coalition will review and process your contract.  
Please check your email for important information regarding your contract.

You can click on the button below to return to your home page

Return to home page

Statewide SR Provider Contract Submitted

OELTestSystems OELTestSystems@oel.myflorida.com via oelmyflorid 10:45 PM (27 minutes ago)

Hello Jim Ledbetter.

The Statewide SR Provider Contract (Forms OEL-SR 20, 20/FFR/LE/L) you submitted for Jimini & the Monitor has been delivered to the ELC of St. Lucie. The contract will be reviewed and you will receive an email with further instructions.

Remember, you must receive a copy of the Statewide SR Provider Contract signed by the coalition **before** receiving payment or beginning SR classes.

Thank you,  
ELC of St. Lucie  
(772) 585-6424  
<http://www.elcslc.org/>

Please do not reply to this message. Replies to this message are routed to an unmonitored mailbox. If you have questions, please contact your [early learning coalition](#)



Navigate to the provider manage contracts page (**Contracts > Manage Contracts**). The SR contract will have a status of **Submitted** for the coalition to review.

Manage Contracts											
Show 2 entries								Clear All Filters		Search:	
Contract ID	Type of Contract	Contract Name	Coalition	Status	Last Updated	Action	View Contract	Effective Date	Termination Date	Program Year	
Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	
+ 75610	SR	OEL-SR 20		Submitted	4/27/2021	View		7/1/2021		2021 - 2022	
+ 71637	SR	OEL-SR 20		Certified	4/14/2021	View		9/17/2020		2020 - 2021	
Showing 1 to 2 of 2 entries										First Previous 1 Next Last	

## VPK Contract

After the coalition has initiated a VPK contract, the user will navigate to **Contracts > Manage Contracts** from the Provider Dashboard.



The manage contract page displays. Click the **Edit** button for the initiated OEL-VPK 20.

Manage Contracts											
Show 10 entries		Clear All Filters		Search							
Contract ID	Type of Contract	Contract Name	Coalition	Status	Last Updated	Action	View Contract	Effective Date	Termination Date	Program Year	
Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	
+ 75000	VPK	OEL-VPK 20	Coalition	Initiated	4/27/2021	<b>Edit</b>		7/1/2021		2021 - 2022	
+ 75120	SR	OEL SR 20	Coalition	Certified	4/27/2021	View		3/8/2021		2020 - 2021	

## Compensation and Funding: Advance Pay Options

After clicking the **Edit** button, the following page displays. When the user's pointer hovers over the dropdown fields, a tool tip informs the user that the advance payment selections will apply to all sites on the contract.

Select an Advance Payment Option for the school year and summer programs. Click **Next Step** to continue.

The screenshot shows the 'Voluntary Prekindergarten (VPK) Contract' form. The header bar is blue with the text 'Voluntary Prekindergarten (VPK) Contract' on the left and a 'Preview Contract' button on the right. Below the header, the 'Provider(s):' field is visible. The main section is titled 'VII COMPENSATION AND FUNDING'. Under this title, there are two dropdown menus. The first dropdown is labeled 'Advance Payment Option School Year Program' and is highlighted with an orange box. The second dropdown is labeled 'Advance Payment Option Summer Program'. Both dropdowns have a 'Select' option visible. To the right of these dropdowns, a tooltip box is displayed, stating: 'Selection applies to any site included in the contract. This advance payment election affects all sites on the contract. If you are a multiple-site provider and your selection does not apply to all sites on the contract, contact your coalition to remove those site(s) from the contract. A separate contract will need to be executed for the provider site(s) that are removed from this contract.' At the bottom of the form, there are two buttons: 'Previous Step' and 'Next Step'.

### School Year Program

A dropdown menu for the 'School Year Program'. The menu is open, showing a list of options. The first option is 'Select'. The second option is 'Select', which is highlighted in blue. Below the highlighted option, there are three lines of text: 'PROVIDER elects to receive monthly advance payments for the school year program.', 'PROVIDER elects not to receive monthly advance payments for the school year program.', and 'PROVIDER does not intend to offer the school year program.'

### Summer Program

A dropdown menu for the 'Summer Program'. The menu is open, showing a list of options. The first option is 'Select'. The second option is 'Select', which is highlighted in blue. Below the highlighted option, there are three lines of text: 'PROVIDER elects to receive monthly advance payments for the summer program.', 'PROVIDER elects not to receive monthly advance payments for the summer program.', and 'PROVIDER does not intend to offer the summer program.'

### Exhibit 1: Provider Location List Attachment

After clicking the **Next Step** button, the following displays. Select the School Year and/or Summer checkbox if the session is offered. Click **Next Step** to continue.

Voluntary Prekindergarten (VPK) Contract

Preview Contract

Exhibit 1 : Provider Location List Attachment

Location Number	Location Legal Name	Doing Business As	Physical Address	Employer ID Number(EIN)	School Year	Summer	Official Use Only
					<input type="checkbox"/>	<input type="checkbox"/>	

< Previous Step

Next Step >

### Preview Contract

Prior to executing the contract, click **Preview Contract** to view the contract. This allows the user to view all the information input into the contract and exhibits from the profile. Information added by the coalition and provider should be reviewed as well.

Form OEL-VPK 20



STATE OF FLORIDA  
STATEWIDE VOLUNTARY PREKINDERGARTEN PROVIDER CONTRACT  
FORM OEL-VPK 20

I.

Preview Contract

xv. EXECUTION OF CONTRACT

Signature of President/Vice President/Secretary/Officer/Owner/Principal/Other Authorized Representative

Print Name


☐ By Electronic Signature

Title

Date

Provider's Additional Signatory (If required by the Provider)

Print Name

	<b>STATE OF FLORIDA</b> <b>STATEWIDE VOLUNTARY PREKINDERGARTEN</b> <b>PROVIDER CONTRACT</b> <b>FORM DEL-VPK 20</b>
---	---

**I. PARTIES AND TERMS OF CONTRACT**

1. **Parties.** This Contract is made and entered into this 1st day of July, 20 22, by and between the Early Learning Coalition of TALLAHASSEE (herein referred to as "COALITION"), and KIM TEST PROVIDER (doing business as, if applicable) Kim's Test Daycare #3 (herein referred to as "PROVIDER"), with its principal office located at 2305 HOME CT TALLAHASSEE, FL 32303 and its provider physical site address (if the single site provider physical site address is different from principal office address) located at 1835 N MONROE ST TALLAHASSEE, FL 32303.

a. **Multiple Public School Locations.** If PROVIDER is a school district executing a single Contract on behalf of multiple public school Voluntary Prekindergarten (VPK) Education Program providers, a list of their names and their physical addresses are included in Exhibit 1: Provider Location List. Thereafter PROVIDER shall include each entity listed in Exhibit 1.

b. **Multiple Private Provider Locations.** If PROVIDER is executing a single Contract on behalf of multiple private VPK provider sites within COALITION's service area, a list of their names and their physical addresses are included in Exhibit 1: Provider Location List. Thereafter PROVIDER shall include each entity listed in Exhibit 1.

c. **Identification Number.** Insert PROVIDER'S ☐ EIN or ☒ SSN here: TEST111

PROVIDER's EIN (Employer Identification Number) or SSN (Social Security Number) is requested in accordance with ss.119.071(5)(a)2. and 119.092, F.S., for use in the records and data systems of the Department of Education and COALITION. Submission of PROVIDER's EIN or SSN is mandatory. PROVIDER's EIN or SSN will be used for processing payments to PROVIDER as a VPK provider, for reporting those payments for federal tax purposes, and for routine identification.

2. **Purpose.** This Contract is designed to inform PROVIDER of the requirements of participation in the VPK Program. Payment is not conveyed to PROVIDER through this Contract. Instead, PROVIDER must agree to comply with the terms and conditions of this Contract in order to be eligible to participate in the VPK Program. This Contract is to engage an eligible provider to

## Contract Execution

To electronically sign the contract, click the **By Electronic Signature** checkbox.

**NOTE FOR PUBLIC SCHOOLS:** If a school board or school district needs to manually sign a contract, it can be downloaded as a .pdf and printed.

The screenshot shows the 'XV. EXECUTION OF CONTRACT' section of the 'STATE OF FLORIDA STATEWIDE VOLUNTARY PREKINDERGARTEN PROVIDER CONTRACT FORM OEL-VPK 20'. It includes a 'Preview Contract' button and several signature lines. Each line has a checkbox for 'By Electronic Signature' and fields for 'Print Name', 'Title', and 'Date'. The lines are for the 'Signature of President/Vice President/Secretary/Officer/Owner/Principal/Other Authorized Representative', two 'Provider's Additional Signatory' entries, and the 'Signature of Authorized Coalition Representative'. A note states: 'COALITION has caused this Contract to be executed as of the date set forth in Paragraph 1.'

After clicking the checkbox, the following message displays. Enter the **Title of Signator**, then click **Yes**.

**NOTE:** The **Title of Signator** is not the provider's name, but the business title, e.g. Owner, Director, Principal.

The dialog box is titled 'Form OEL-VPK 20 Electronic Signature'. It contains a blue message box that says 'You are about to electronically sign the Form OEL-VPK 20.' Below this is a label 'Signature Title for Form OEL-VPK 20.' pointing to a text input field. The input field is preceded by 'Title of Signator: \*'. Below the input field is the instruction 'Click "Yes" to confirm your electronic signature.' At the bottom right are 'Yes' and 'Cancel' buttons, with the 'Yes' button highlighted by an orange rectangle.

After clicking the **Yes** button, the electronic signature of the signatory, printed name, title, and the date/time will populate, highlighted in yellow. Click **Next Step** to continue.

**NOTE:** The electronic signature and printed name of the user is based on the user who is logged on to the portal. Please ensure that the proper user is logged on to electronically sign the contract. If the incorrect name is used for the electronic signature, the checkbox can be un-checked.


Form OEL-VPK 20 Electronic Signature

You are about to remove your signature from the Form OEL-VPK 20.

Click "Yes" to continue.

Yes

Cancel



STATE OF FLORIDA  
STATEWIDE VOLUNTARY PREKINDERGARTEN PROVIDER CONTRACT  
FORM OEL-VPK 20

L

Preview Contract

xv. EXECUTION OF CONTRACT

(Electronic Signature)

Signature of President/Vice President/Secretary/Officer/Owner/Principal or Other Authorized Representative

☒ By Electronic Signature

Owner

Title

Print Name

4/6/2020 1:10:09 PM

Date

Provider's Additional Signatory (If required by the Provider)

☐ By Electronic Signature

Title

Print Name

Date

Provider's Additional Signatory (If required by the Provider)

☐ By Electronic Signature

Title

Print Name

Date

COALITION has caused this Contract to be executed as of the date set forth in Paragraph 1.

Signature of Authorized Coalition Representative

☐ By Electronic Signature

Title

Print Name

Date

Previous Step

Next Step

## Contract Certification

After clicking the **Next Step** button, the following will display. Enter the full name of the user who is logged on, title, and click the **Certified by electronic signature** checkbox. Click **Submit**.

**VPK Contract Certification**

In accordance with ss. 1992.55(3)(j), 1992.81(3)(a), and 1992.83(3)(a), F.S., PROVIDER has caused this Contract to be executed as of the date set forth in Paragraph 1. By signing below, PROVIDER hereby certifies that PROVIDER has read and understood this Contract. PROVIDER certifies that all information provided is true and correct and agrees that noncompliance with the requirements of the VPK Program, which include the requirements of this Contract, and all Exhibits and authorized attachments, shall result in corrective action, withholding of funds, or termination of this Contract at the discretion of COALITION, in accordance with Section 30.

Warranty of Authority. Each person signing this contract warrants that he or she is duly authorized to do so and to bind the respective party to the contract.

**By signing this form I certify that:**

- I had the opportunity to review the Statewide Voluntary Prekindergarten (VPK) Provider Contract.
- I have examined this contract and, to the best of my knowledge and belief, the information provided is true and correct.
- I understand that upon the approval of my provider's contract, I will receive notification my contract is in force.
- I am duly authorized to sign and bind the respective party to the contract.

**Submit Contract**

Full Name

Title

☐ Certified by electronic signature

Contract sign date

**Submit**

After clicking the **Submit** button, the following message will display and an email will be sent by **DONOTREPLY@OEL.myflorida.com**.

**You Have Successfully Completed, Signed, Certified and Submitted your Statewide VPK Provider Contract!**

Your early learning coalition will review and process your contract.

You may not offer VPK services until you have received notification that your contract has been approved and fully executed by your coalition.

Please check your email for important information regarding your contract.

You can click on the button below to return to your home page.

**Return to home page**

### Statewide VPK Provider Contract Submitted

OEL SystemTest with system logged myflorida.com  
to leebetter.cowan10@gmail.com

12:45 PM (3 minutes ago)

Hello Jim Leebetter,

The Statewide VPK Provider Contract (forms OELVPK 2018-2019) you submitted for Early House of Smiles has been delivered to the list of the Big Bend Region. The contract will be reviewed and you will receive an email with further instructions.

Remember, you must receive a copy of the Statewide VPK Provider Contract signed by the coalition before receiving payment or beginning VPK classes.

Thank you,  
EEL of the Big Bend Region  
(888) 970-9000  
<http://www.eelbend.org>

Please do not reply to this message. Replies to this message are routed to an unmonitored mailbox. If you have questions, please contact your early learning coalition.



Navigate to the provider manage contracts page (**Contracts > Manage Contracts**). The SR contract will have a status of **Submitted** for the coalition to review.

Manage Contracts											
Show	10	▼	entries					Clear All Filters	Search:		
	Contract ID	Type of Contract	Contract Name	Coalition	Status	Last Updated	Action	View Contract	Effective Date	Termination Date	Program Year
	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter
+	76050	VPK	OEL-VPK 20		Submitted	4/27/2021	<a href="#">View</a>		7/1/2021		2021 - 2022
+	75220	SR	OEL-SR 20		Certified	4/27/2021	<a href="#">View</a>		3/8/2021		2020 - 2021

## VPK-APP

The VPK-APP replaces forms OEL-VPK 10 (Provider Application), OEL-VPK 11A (Class Registration – Instructors), and OEL-VPK 11B (Class Registration – Calendars). The tabs must be done in order of appearance (Attendance Policy, then VPK Director, etc.); the answers in one tab populate information in the next tab.

After the coalition has initiated the provider application, the Provider Portal user will click **Manage Contracts** from the Provider Dashboard.



The following will display. Click the **Edit** button to review the contract.

Manage contracts for Jimini & the Monitor <span>1 total records</span>										
Show 10 entries ▾										
Contract ID	Type of Contract	Contract Name	Coalition	Status	Last Updated	Action	View Contract	Start Date	End Date	Termination Date
44	VPK-APP	VPK 10,11A,11B	ELC of North Florida/Episcopal Children's Services	Initiated	4/20/2017	<a href="#">Edit</a>		7/1/2017		

## Step 1 – Attendance Policy

The Attendance Policy tab allows the Provider Portal user to upload the provider Attendance Policy. The document that is to be distributed to parents must be uploaded by clicking the **Browse** button, finding the document in the electronic files and clicking the **Upload** button.

Jim's House of Canes & Gators (and Noses) 2017 - 2018 (Inactive)

Attendance Policy VPK Director VPK Enrollment VPK Calendar VPK Calendar Review Faculty and Staff

### Attendance Policy Submission

A VPK Provider must:

- ✓ Accept an attendance policy that aligns with VPK rules and statutes and requires parents to verify the child's attendance each month on forms required by rule 600.006, F.S.
- ✓ Provide a copy of its attendance policy to the early learning coalition before executing a contract by uploading to the portal (below)
- ✓ Provide a copy of this policy to parents of each VPK child admitted into the provider's VPK program at the time of enrollment
- ✓ Not amend its attendance policy for its VPK program duration of the VPK contract

**Please Note:**

Section 1000.21, F.S., states a private provider (private provider or public school) may not require any form of a fee or charge for services provided for a child enrolled in VPK during a period reported for funding purposes or require a child to enroll for, or require the payment of any fee or charge for, supplemental services as a condition of admitting a child for enrollment in the VPK program.

**Upload Attendance Policy**

[Browse](#) [Upload](#)

File Name: Uploaded on: 8/22

## Step 2 – VPK Director

The VPK Director tab allows the Provider Portal user to add information and upload documents for the primary VPK Director that will be listed on the OEL-VPK 10. Click the **Add New Director** button to begin.

The screenshot shows the 'Jim's House of Smarties' interface with the '2017 - 2018 (Incomplete)' dropdown. The 'VPK Director' tab is selected. A red box highlights the '+ Add New Director' button. Below it is a checkbox labeled 'Show removed directors'.

Click the **Save** button after all information is entered for the director.

The screenshot shows the 'VPK Director' form with the following fields: VPK Director Name, Telephone Number, Email, Credential Type (dropdown), Credential Certificate Number, Credential Issue Date, and Credential Expiration Date. The '+ Save' button is highlighted with a red box.

**NOTE:** The Credential Type, Credential Certificate Number, Credential Issue Date, and Credential Expiration Date will not appear for public schools.

Once the VPK Director is added, the supporting documents may be added by clicking **Edit**.

The screenshot shows the 'Jim's House of Smarties' interface with the '2017 - 2018 (Incomplete)' dropdown. The 'VPK Director' tab is selected. The '+ Add New Director' button is highlighted with a red box. Below it is a checkbox labeled 'Show removed directors'. The table below shows the VPK Director information for 'Jim Ledbetter'.

File Name	Document Type	Issued On	Expires On	Uploaded On	Size

The Provider Portal user will select the document type, browse to select a file, enter the document issue or expiration date (if applicable), and click **Upload**. Then, click **Save**. At least one document should be uploaded.

### Step 3 – VPK Instructors

The VPK Instructors tab allows the Provider Portal user to add information and upload documents for each instructor. Click the **Add New Instructor** button to begin.

Click the **Save** button after all information is entered for each instructor.

Once the VPK Instructor is added, the supporting documents may be added by clicking **Edit**.

The screenshot shows the 'Supporting Documents' tab for a VPK Instructor. The 'Edit' button is highlighted with an orange box. The table below shows the document details.

File Name	Document Type	Issued On	Expires On	Uploaded On	Size

The Provider Portal user will select the document type, browse to select a file, enter the document issue or expiration date (if applicable), and click **Upload**. Then, click **Save**. At least one document should be uploaded.

The screenshot shows the 'Supporting Documents' tab for a VPK Instructor. The 'Upload' button is highlighted with an orange box. The form includes fields for Legal Name, SSN, Degree, Type, and Credentials. The 'Document Type' dropdown is set to 'Background Check'. The 'Choose Files' button is highlighted with an orange box. The 'Document Issued Date' and 'Document Expiration Date' fields are also visible. The 'Save' button is highlighted with an orange box.

**NOTE:** If a VPK Instructor achieves new certifications and moves from a sub to an aide, create a new record for that Instructor. If the Instructor Type is only changed from sub to aide, the maximum class size will not increase to 20 in a class that already has a Lead Instructor.

#### Step 4 – VPK Calendars

The VPK Calendars tab allows the Provider Portal user to provide information regarding each unique class calendar which will be offered at the VPK site. If classes are offered at identical times on identical dates, they utilize the same class calendar (e.g., all classes are scheduled from 8:00am to 11:00am, Monday through Friday, starting on January 11). If classes are not offered at identical times on identical dates, they utilize unique class calendars which must be created separately. Click the **Add New Calendar** button to begin.

The screenshot shows the 'VPK Calendars' tab. The 'Add New Calendar' button is highlighted with an orange box. The 'Show removed calendars' checkbox is also visible.

The Calendar ID will automatically populate with a letter beginning with A. Each additional calendar will receive a sequential Calendar ID.

The Calendar Name is an optional field. It may be used for a short nickname such as “Fall AM.”

The program type selection of School-Year (540 hours) or Summer (300 hours) is required. The program selected will determine the valid calendar date range. The Calendar Start Date and Calendar End Date must be within the valid calendar date range. The Calendar Start Date and Calendar End Dates should reflect the first day VPK instruction will be delivered and the final day VPK instruction will be delivered.

Next, the instructional days, start time and end time must be added by checking the box by the days of the week that VPK instruction will be delivered and entering the times of VPK instruction for the days of the week that VPK instruction will be delivered.

The screenshot shows the 'VPK Calendar' form. At the top, there are tabs for 'Attendance Policy', 'VPK Director', 'VPK Instructors', 'VPK Calendar', 'VPK Classrooms', 'Review', and 'Notify and Submit'. Below these, there are input fields for 'Calendar ID' (containing 'A'), 'Calendar Name' (empty), 'Program Type' (empty), 'Calendar Start Date' (empty), and 'Calendar End Date' (empty). A red message states: 'Please select a program (Summer or School Year) type to enable date select.' Below this is a table for 'Instructional Days' with columns for 'Day', 'Start Time', and 'End Time'. The days of the week are listed, each with a checkbox and input fields for start and end times. To the right is a calendar for February 2018. At the bottom, there are fields for 'Total Calculated Hours: 0.00' and 'Total VPK Instructional Days: 0'. A red message below these fields states: 'The Total Calculated Hours are less than the hours allotted for the VPK Program Type selected. Please correct it manually.' There are 'Save' and 'Cancel' buttons at the bottom.

After the instructional days, start time and end time are added, the Total Calculated Hours and Total VPK Instructional Days sections will populate.

This screenshot shows the same 'VPK Calendar' form, but now the 'Instructional Days' table is populated. For Monday through Friday, the 'Start Time' is '08:00 AM' and the 'End Time' is '11:00 AM'. The 'Total Calculated Hours' field now shows '585.00' and the 'Total VPK Instructional Days' field shows '195'. A red message below these fields states: 'The Total Calculated Hours are greater than the hours allotted for the VPK Program Type selected. Please correct.' The 'Save' and 'Cancel' buttons are still at the bottom.

Providers are to use the calendar to note any non-instructional days on which VPK instruction will not be delivered (such as vacations or holidays) and exceptions to normal instructional days that occur during the defined calendar start and end date. Entering Non-Instructional Days and Instructional Day Exceptions can increase or decrease the Total Calculated Hours.

For example, if the Total Calculated Hours exceed 300 hours for the summer program type or 540 hours for the school-year program type (as shown in the example above), the user may remove a day (or more) by labeling it a Non-Instructional Day. Each Non-Instructional Day entered will deduct the hours assigned to that day, thereby decreasing the Total Calculated Hours. Instructional Day Exceptions can be used to change the hours assigned to that day (to increase or decrease the hours). For example, if the calendar is a few hours short, an instructional day's hours may be extended to increase the Total Calculated Hours. To add a Non-Instructional Day or an Instructional Day Exception to the calendar, click on that date on the calendar. Multiple days can be selected by clicking and dragging across multiple days on the calendar.

Calendar Start Date: 8/21/2017 Calendar End Date: 8/18/2018

Instructional Days:

Day	Start Time	End Time
Monday	08:00 AM	11:00 AM
Tuesday	08:00 AM	11:00 AM
Wednesday	08:00 AM	11:00 AM
Thursday	08:00 AM	11:00 AM
Friday	08:00 AM	11:00 AM
Saturday		
Sunday		

Click a date to modify instructional hours. Multiple days may be selected by clicking and dragging days.

December 2017

Total Calculated Hours: 585.00  
 The Total Calculated Hours are greater than the hours allowed by the VPK Program Type selected. Please correct.  
 Total VPK Instructional Days: 125

Save Cancel

After clicking on a date, a pop-up message will appear. The Provider Portal user must select the Event Type and enter a short description. When an Instructional Day Exception is selected, the user must also enter the time range for the day.

Modify VPK Instructional Day

Event Type:

Description:

Select Event Type

Non-Instructional Day

Instructional Day Exception

Cancel Update Remove

Click the **Update** button to save changes. Click the **Remove** button to remove an existing Non-Instructional Day or Instructional Day Exception created on the calendar.

When the Total Calculated Hours match the hours for the VPK program type, the user will click the **Save** button.

Jim's House of Smilies 2017-2018 (no weeks)

VPK Dashboard VPK Schedule VPK Calendar VPK Overview Parent First View of Record

Calendar View

Calendar Name: Enter Calendar Name

Program Type: VPK Program Type

Calendar Start Date: Enter Start Date Calculate Total Hours End Date: Enter End Date

Start date and end date should be in a valid range for the Program Type selected.

Instructional Days

Day	Start Time	End Time
<input type="checkbox"/> Sunday		
<input type="checkbox"/> Monday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		
<input type="checkbox"/> Saturday		
<input type="checkbox"/> Sunday		

Click and drag to modify instructional hours. The blue dots may be selected for deletion and drag to move.

December 2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
5	6	7	8	9	10	11
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Total Instructional Days: 20

Total Calculated Hours: 0:00

The Total Calculated Hours on this screen must be equal to the VPK Program Type maximum of 17 hours per week or 340 hours per year.

Total of VPK Instructional Days: 0

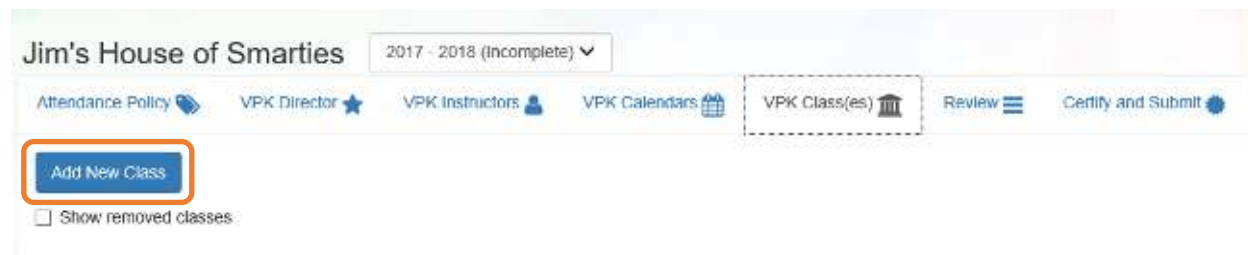
**Save** **Cancel**

**NOTE:** The hours must equal, or be fewer than, 300 hours for the summer program type or 540 hours for the school-year program type for the calendar to save.



## Step 5 – VPK Class(es)

The VPK Class(es) tab allows the Provider Portal user to build VPK classes and assign instructor(s) to them. Click the **Add New Class** button to begin.



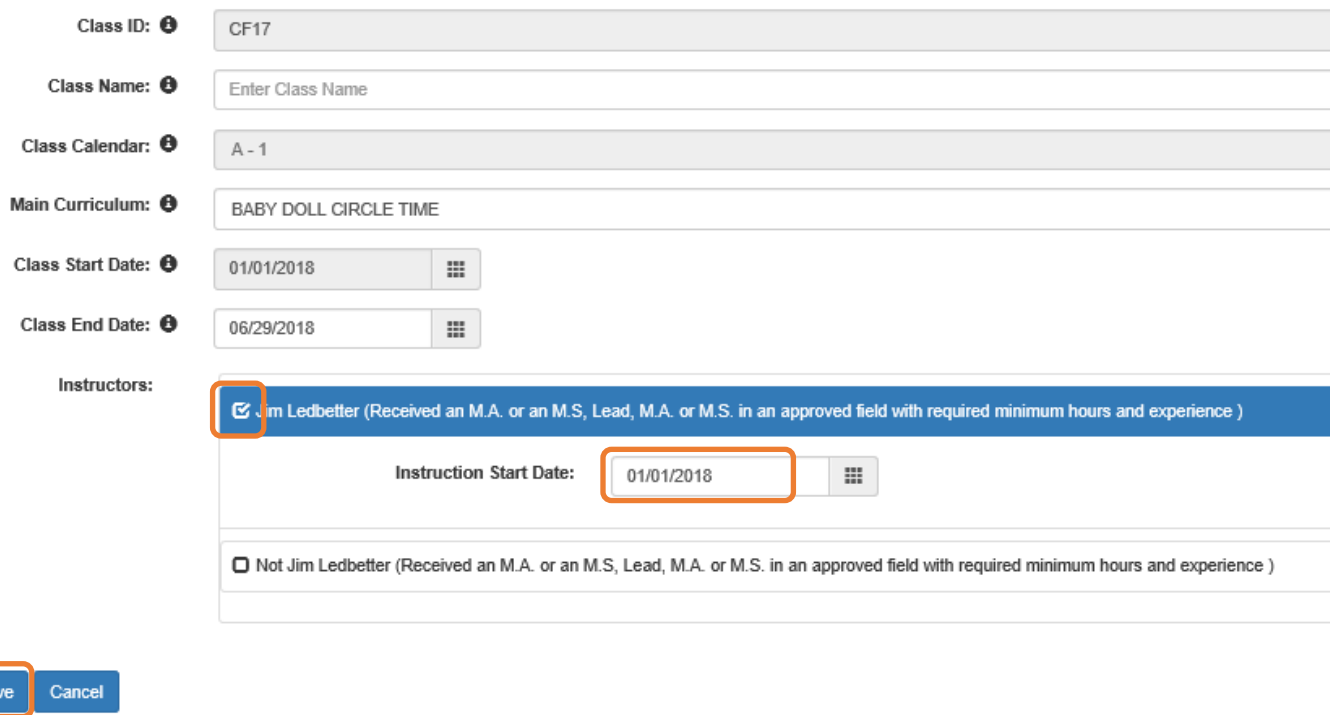
The Class ID will automatically populate after the Class Calendar is selected. The Class ID is created using a sequential letter beginning with A. In the second space, either an “F” for school-year (fall) or “S” for summer will appear. The F and S is derived from the calendar’s program type. The last two digits represent the last two numbers of the program year. Each additional class will receive a sequential Class ID.

The Class Name is an optional field. It may be used for a short nickname such as “Blue Room.”

The Main Curriculum drop down is populated with selections made from the provider’s profile.

The Class Start Date and Class End Date are populated with the Calendar Start Date and End Date.

The Instructors are populated with individuals from the VPK Instructors tab. Check the checkbox in front of the instructor to add them to the class, then enter the Instruction Start Date. If the class has not started, the Instruction Start Date defaults to the Class Start Date. For each class, one Lead Instructor must be selected. Click the **Save** button after all information is entered for each class.



## Step 6 – Review

During the review process, the Provider Portal user can click the **Edit** button to make any changes to a section. After reviewing the information for each section, the user must click the **Certify and Submit** tab button to continue.

At the top of the page, there are several tabs: **Attestation Policy**, **WPP Overview**, **WPP Enrollment**, **WPP Certificates**, **WPP Compliance**, **History**, and **Certify and Submit**. The **Certify and Submit** tab is highlighted with a red box.

Below the tabs, there is a section for **Attestation Policy**. It includes a **Policy Name** field with the value "1234567890" and an **Update Policy** button. The **Update Policy** button is highlighted with a red box.

The main section of the page is divided into four tabs: **WPP Overview**, **WPP Enrollment**, **WPP Certificates**, and **WPP Compliance**. The **WPP Overview** tab is selected.

The **WPP Overview** tab displays a table with the following columns: **Device Name**, **Device ID**, **Device Type**, **Device Status**, **Device Location**, **Device Owner**, **Device Model**, and **Device Manufacturer**.

Device Name	Device ID	Device Type	Device Status	Device Location	Device Owner	Device Model	Device Manufacturer
Device 1	1234567890	Android	Active	1234567890	1234567890	1234567890	1234567890
Device 2	1234567890	Android	Active	1234567890	1234567890	1234567890	1234567890

Below the table, there is a section for **WPP Enrollment**. It includes a **Device Name** field with the value "1234567890" and an **Enroll Device** button. The **Enroll Device** button is highlighted with a red box.

The **WPP Enrollment** tab displays a table with the following columns: **Device Name**, **Device ID**, **Device Type**, **Device Status**, **Device Location**, **Device Owner**, **Device Model**, and **Device Manufacturer**.

Device Name	Device ID	Device Type	Device Status	Device Location	Device Owner	Device Model	Device Manufacturer
Device 1	1234567890	Android	Active	1234567890	1234567890	1234567890	1234567890
Device 2	1234567890	Android	Active	1234567890	1234567890	1234567890	1234567890

Below the table, there is a section for **WPP Certificates**. It includes a **Device Name** field with the value "1234567890" and an **Issue Certificate** button. The **Issue Certificate** button is highlighted with a red box.

The **WPP Certificates** tab displays a table with the following columns: **Device Name**, **Device ID**, **Device Type**, **Device Status**, **Device Location**, **Device Owner**, **Device Model**, and **Device Manufacturer**.

Device Name	Device ID	Device Type	Device Status	Device Location	Device Owner	Device Model	Device Manufacturer
Device 1	1234567890	Android	Active	1234567890	1234567890	1234567890	1234567890
Device 2	1234567890	Android	Active	1234567890	1234567890	1234567890	1234567890

Below the table, there is a section for **WPP Compliance**. It includes a **Device Name** field with the value "1234567890" and an **Check Compliance** button. The **Check Compliance** button is highlighted with a red box.

The **WPP Compliance** tab displays a table with the following columns: **Device Name**, **Device ID**, **Device Type**, **Device Status**, **Device Location**, **Device Owner**, **Device Model**, and **Device Manufacturer**.

Device Name	Device ID	Device Type	Device Status	Device Location	Device Owner	Device Model	Device Manufacturer
Device 1	1234567890	Android	Active	1234567890	1234567890	1234567890	1234567890
Device 2	1234567890	Android	Active	1234567890	1234567890	1234567890	1234567890

## Step 7 – Certify and Submit

To submit the VPK-APP, the Signer's Name must exactly match the name entered in the Provider Profile, the Provider Portal user must fill in the phone number, check the "Check box to certify by electronic signature" check box and click the **Submit VPK Provider Application** button.

● Certify and Submit

By signing this form I certify that:

- To the best of my knowledge and belief, the information provided is true and correct.
- If any information changes, I (PROVIDER) will notify the COALITION within 14 days of the change.
- I understand that if changes implemented prior to receipt of COALITION approval may result in noncompliance with VPK requirements.
- Each VPK instructor listed has submitted an attestation of good moral character, has provided documentation to be maintained in the files of the PROVIDER/DISTRICT and the COALITION documenting that the individual has undergone a Level 2 background screening within the previous five (5) years in accordance with section 425.04, F.S., which demonstrates that the individual is not ineligible to act as a VPK instructor; and is not ineligible to teach in a public school because the instructor's educator certificate has been suspended or revoked.
- Each credentialed VPK instructor listed has the credentials required for the VPK program.
- I understand that my information will be shared with the Department of Children and Families, Office of Child Care Regulation, for inclusion in the CARES system.

Provider Signature

Signer's Name \*

PR224212 LastName

Day Time Phone Number \*

PHONE NUMBER

Electronic Signature \*

☐ Check this box to certify by electronic signature

Application Completion Date \*

06/27/2017

Submit VPK Provider Application

👏 You Have Successfully Completed and Submitted your VPK Provider Application!

Congratulations, you have successfully submitted your VPK Provider application.

Your early learning coalition will process your application.

Please check your email for important information about your application.

From here you can:

[Return to dashboard](#)

[Log off](#)

## Updating a VPK-APP

A Provider Portal user can edit a VPK-APP by clicking the **Edit** button on their Manage Contracts page. Clicking the **Download** button will export the information in the VPK-APP to a .pdf document.

Manage contracts for Jim's House of Canes & Gators <span>Filter records</span>										
Show 10 entries										
Contract ID	Type of Contract	Contract Name	Coalition	Status	Last Updated	Action	View Contract	Start Date	End Date	Termination Date
45	VPK-APP	VPK 10,11A,11B	ELC of Palm Beach	Certified	05/27/2017	<b>Edit</b>	<b>Download</b>	07/01/2017	07/17/2018	

## VPK Director

To edit the current director's information in the VPK Director tab, click the **Edit** button. To remove a director, click the **Remove** button. To add a new director, click the **Add New Director** button. To edit the current supporting document, or add a new document, click the **Edit** button.

Jim's House of Smarties

2017 - 2018 (current year)

Attendance Tools

VPK Director

VPK Indicators

VPK Calendars

VPK Closures

History

Copy and Submit

**+ Add New Director**

SHOW REMOVED DIRECTORS

★ Not Jim Ledbetter

**Edit**

**Remove**

Personal Number: 2015555555

Phone: 555-555-5555@gmail.com

Director Type: VPK Director/Coordinator

Coordinator/Supervisor Number: 44444444

Coordinator Start Date: 1/1/2017

Coordinator Termination Date: 12/31/2018

Supporting Document: **Edit**

File Name	Document Type	Issued On	Expires On	Uploaded On	Size
Redacted Document.docx	Background Screening	12/1/2017	12/31/2018	07/06/2018	15 KB

When the **Remove** button is clicked, the following message will display.

Remove Not Jim Ledbetter?



**!** You are about to remove this director and make him/her inactive. All information and documents (if any) will be retained. You may re-add this director at a later time if needed. To continue, enter the last day this individual served as VPK Director and click Remove, otherwise click Cancel.

Enter or Select Date



**Remove**

Cancel

Once the director's last day is entered and the **Remove** button is clicked, the director will no longer appear on the VPK Director screen, unless the **Show removed directors** checkbox is checked. The director can be re-added by clicking the **Re-add** button.

Jim's House of Smarties 2017 - 2018 (incomplete)

Attendance Policy VPK Director VPK Instructors VPK Classrooms VPK Classrooms Review Certify and Submit

+ Add New Director

☒ Show removed directors

★ Not Jim Ledbetter (Removed) **Edit**

Fullname: Markas	00000000
SSN:	000000000000000000
Credential Type:	VPK Director Credential
Credential Certificate Number:	00000000
Credential Issue Date:	12/01/2017
Credential Expire Date:	12/01/2018

Supporting Documents:

File Name	Document Type	Issued On	Expires On	Uploaded On	Size
TEST DOCUMENT.docx	Background Screening	12/01/2017	12/01/2018	01/02/2018	15 KB

## VPK Instructors

To edit the current instructors' information in the VPK Instructors tab, click the **Edit** button. To add a new instructor, click the **Add New Instructor** button. To remove an instructor, click the **Remove** button. To edit the current supporting document(s), or add a new document, click the **Edit** button.

Jim's House of Smarties 2017 - 2018 (incomplete)

Attendance Policy VPK Director VPK Instructors VPK Classrooms VPK Classrooms Review Certify and Submit

+ Add New Instructor

☐ Show removed class instructors

★ Not Jim Ledbetter **Edit** **Remove**

SSN:	00000000
Degree:	Received an M.A. or an M.S.
Type:	Lead
Credential:	M.A. or M.S. in an approved field with required minimum hours and experience
Certified Teacher?	No

Supporting Documents: **Edit**

File Name	Document Type	Issued On	Expires On	Uploaded On	Size
TEST DOCUMENT.docx	Background Screening	12/01/2017	12/01/2018	01/02/2018	15 KB

Jim Ledbetter **Edit** **Remove**

SSN:	0000000000
Degree:	Received an M.A. or an M.S.
Type:	Lead
Credential:	M.A. or M.S. in an approved field with required minimum hours and experience
Certified Teacher?	No

Supporting Documents: **Edit**

File Name	Document Type	Issued On	Expires On	Uploaded On	Size
TEST DOCUMENT.docx	Background Screening	12/01/2017	12/01/2018	01/02/2018	15 KB

If the instructor has not been assigned to a class, when the **Remove** button is clicked, the following message will display.

✕ Remove Not Jim Ledbetter? ✕

ⓘ You are about to remove this instructor and make him/her inactive. All information and documents (if any) will be retained. You may re-add this instructor at a later time if needed. To continue, click Remove, otherwise click Cancel.

Cancel Remove

Once the **Remove** button is clicked, the instructor will no longer appear on the VPK Instructors screen, unless the **Show removed class instructors** checkbox is checked. The instructor can be re-added by clicking the **Re-add** button.

Jim's House of Smarties 2017 - 2018 (Incomplete)

Attendance Policy VPK Director VPK Instructors VPK Calendars VPK Classes Review Certify and Submit

+ Add New Instructor

☒ Show removed class instructors

Not Jim Ledbetter **Remove**

SSN: 777777777  
 Degree: Received at N/A or other  
 Title: Lead  
 Credentials: M.A. or M.S. in an approved field with required minimum hours and experience  
 Certified Teacher: No

Supporting Documents:

File Name	Document Type	Issued On	Expires On	Uploaded On	Size
TEST DOCUMENT.docx	Background Screening	12/01/2017	12/01/2018	01/02/2018	1.5 KB

If the instructor has been assigned to a class, when the **Remove** button is clicked, the following message will display.

**Instructor is currently assigned**

**This action cannot be performed because the instructor is currently assigned to a class. Please remove the instructor from all classes first.**

Ok

To remove an instructor from a class, go to the VPK Class(es) section and click the **Edit** button for the class.

Jim's House of Smarties 2017 - 2018 (Incomplete)

Attendance Policy VPK Director VPK Instructors VPK Calendars VPK Classes Review Certify and Submit

+ Add New Class

☐ Show removed classes

AF17 **Edit** **Remove**

Class Name: AF17  
 Class Calendar: M-W-F  
 Max Capacity: 10  
 Class Start Date: 01/01/2018  
 Class End Date: 06/28/2018  
 INSTRUCTORS:

January 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
		6	7	8	9	10
		11	12	13	14	15
		16	17	18	19	20
		21	22	23	24	25
		26	27	28	29	30

In the Instructors area, uncheck the instructor's name. Once un-checked, enter the Last Taught Date, or click the **Never began instruction of class** checkbox if the class has not started. Click **Save**.

Class ID:

Class Name:

Class Calendar:

Main Curriculum:

Class Start Date:

Class End Date:

Instructors:

☒ Jim Ledbetter (Received an M.A. or an M.S., Lead, M.A. or M.S. in an approved field with required minimum hours and experience.)

Instruction Start Date:

☐ Not Jim Ledbetter (Received an M.A. or an M.S., Lead, M.A. or M.S. in an approved field with required minimum hours and experience.)

Last Taught Date:  ☐ Never began instruction of class

The VPK Classes tab will now show that the instructor is removed from the class.

CF17

Class Name: N/A

Class Calendar: A / T

Main Curriculum: BABY DOLL CIRCLE TIME

Class Start Date: 01/01/2018

Class End Date: 06/29/2018

Instructors:

Name	Type
Jim Ledbetter	Lead
Not Jim Ledbetter (Removed)	Lead

January 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
		6	7	8	9	10
		11	12	13	14	15
		16	17	18	19	20
		21	22	23	24	25
		26	27	28	29	30

Now that the instructor is no longer assigned to any class, the Provider Portal user may go to the VPK Instructors tab to remove the instructor by clicking **Remove**. The following message will display:

**Remove Not Jim Ledbetter?**

**!** You are about to remove this instructor and make him/her inactive. All information and documents (if any) will be retained. You may re-add this instructor at a later time if needed. To continue, click Remove, otherwise click Cancel.

Once the **Remove** button is clicked, the instructor will no longer appear on the VPK Instructors screen, unless the **Show removed class instructors** checkbox is checked. The instructor can be re-added by clicking the **Re-add** button.

Jim's House of Smarties 2017 - 2018 (complete) ▾

[Attestation Print](#)
[VPK Direct](#)
[VPK Instructors](#)
[VPK Checklist](#)
[VPK Checklist](#)
[Review](#)
[Certify and Submit](#)

[Add New Instructor](#)
[Show removed class instructors](#)

**Not Jim Leebetter (Removed)** [Re-add](#)

SSN: 77777777

Degree: Received an M.A. or an M.S.

Type: Lead

Credentialed: M.A. or M.S. in an approved field with required minimum hours and experience

Certified Teacher? No

Supporting Documents:

File Name	Document Type	Issued On	Expires On	Uploaded On	Size
TEST DOCUMENT.docx	Background Screening	12/01/2017	12/01/2018	01/02/2018	15 KB

**Jim Leebetter** [Edit](#) [Remove](#)

SSN: 0000000000

Degree: Received an M.A. or an M.S.

Type: Lead

Credentialed: M.A. or M.S. in an approved field with required minimum hours and experience

Certified Teacher? No

Supporting Documents: [Upload](#)

File Name	Document Type	Issued On	Expires On	Uploaded On	Size
TEST DOCUMENT.docx	Background Screening	12/01/2017	12/01/2018	01/02/2018	15 KB

The Review tab is also updated with the Instructor removal information.

VPK Instructors <a href="#">Add</a>							
Instructor Name	SSN	Degree	Type	Credential	Is Certified?	Equivalent Credential	Supporting Documents
Jim Leebetter	0000000000	Received an M.A. or an M.S.	Lead	M.A. or M.S. in an approved field with required minimum hours and experience	No		1 Files uploaded
Not Jim Leebetter (Removed)	77777777	Received an M.A. or an M.S.	Lead	M.A. or M.S. in an approved field with required minimum hours and experience	No		1 Files uploaded

VPK Class(es) <a href="#">Add</a>					
UP-1	1	BABY DOLL CHAIRS 1 Pkts	01/01/2018	06/28/2018	Jim Leebetter Not Jim Leebetter (Removed) <small>(Information: can be used to track multiple dates: 02/22/2018)</small>



## VPK Calendars

To edit the current calendar in the VPK Calendars tab, click the **Edit** button, make any necessary edits, and click the **Save** button. To remove a calendar, click the **Remove** button. To add a new calendar, click the **Add New Calendar** button.

The screenshot displays the 'VPK Calendars' interface. At the top, there is a navigation bar with buttons: '+ Add New Calendar', 'Edit', and 'Remove'. Below this, there are two calendar views for January 2018. The top view shows a calendar with classes assigned, and the bottom view shows a calendar with no classes assigned. The interface includes buttons for 'Add New Calendar', 'Edit', and 'Remove'.

If there are no classes assigned to a calendar, when the **Remove** button is clicked, the following message will display.

**Remove ?**

⚠ You are about to remove this calendar and make it inactive. You may re-add this calendar at a later time if needed. Are you sure you want to remove this calendar?

Cancel Remove

If there are classes assigned to a calendar, the following message will display:

⚠ Calendar is currently assigned

⚠ This action cannot be performed because the calendar is currently assigned to a class. If the class has not started yet, you may remove the calendar from the class and try this action again.

Ok

Once a calendar is removed, the calendar will no longer appear on the VPK Calendars screen, unless the **Show removed calendars** checkbox is checked. The calendar can be re-added by clicking the **Re-add** button.

The screenshot shows the 'Jim's House of Smarties' VPK Calendars screen. At the top, there's a navigation bar with 'VPK Calendars' highlighted. Below it, a checkbox labeled 'Show removed calendars' is checked. Two calendar views are displayed for January 2018. The top calendar, 'Calendar A', has a 'Re-add' button highlighted with a red box. The bottom calendar, 'Calendar B', also has a 'Re-add' button highlighted with a red box. Both calendars show a grid of days with instructional hours indicated by green bars.

**NOTE:** Calendar End Dates and Class End Dates are editable.

The Calendar End Date can be changed to reflect changes in Non-Instructional Days or holidays that are added after the calendar begins. Changing the Calendar End Date will update the Class End Date and the Instructor Last Taught Date.

The screenshot shows the 'Add New Calendar' form in the 'Jim's House of Smarties' VPK Calendars screen. The form includes fields for 'Calendar ID', 'Calendar Name', 'Program Type', 'Calendar Start Date', and 'Calendar End Date'. The 'Calendar End Date' field is highlighted with a red box. Below these fields is a table for 'Instructional Days' with columns for 'Day', 'Start Time', and 'End Time'. To the right of the table is a calendar grid for selecting dates.

After the calendar is changed, if the provider needs to change the Instruction Start Date of an instructor, the provider will un-check and re-check the checkbox for each instructor and edit the date.

Jim's House of Smarties 2018 - 2019 (Certified)

Attendance Policy VPK Director VPK Instructors VPK Calendars VPK Class(es) Review Certify and Submit

Class ID: AP18

Class Name: Bish

Class Calendar: A-

Main Curriculum: BABY DOLL CIRCLE TIME

Class Start Date: 03/13/2018

Class End Date: 04/21/2019

Instructors:

☒ M (Received a B.S. or a B.A. Lead, 40-hour introductory child care training course)

Instruction Start Date: 03/13/2018

Save Cancel

Jim's House of Smarties 2018 - 2019 (Certified)

Attendance Policy VPK Director VPK Instructors VPK Calendars VPK Class(es) Review Certify and Submit

Class ID: AP18

Class Name: Bish

Class Calendar: A-

Main Curriculum: BABY DOLL CIRCLE TIME

Class Start Date: 03/13/2018

Class End Date: 04/21/2019

Instructors:

☐ M (Received a B.S. or a B.A. Lead, 40-hour introductory child care training course)

Last Taught Date: 03/26/2018

☐ Never began instruction of class

You must select at least one Lead Instructor or enter a new class end date

Save Cancel

The Calendar Name can be added if the provider did not add a Calendar Name when the calendar was created.

Jim's House of Smarties 2018 - 2019 (Certified) ▾

Attendance Policy VPK Director VPK Instructors VPK Calendars VPK Class(es) Review Certify and Submit

+ Add New Calendar

☐ Show removed calendars

📅

A

✎

Edit

🗑️

Remove

Calendar Name:

Program Type: School Year (540 hours)

Calendar Start Date: 08/13/2018

Calendar End Date: 04/21/2019

Instructional Days:

Day	Start Time	End Time
Monday	08:00 AM	11:00 AM
Tuesday	08:00 AM	11:00 AM
Wednesday	08:00 AM	11:00 AM
Thursday	08:00 AM	11:00 AM
Friday	08:00 AM	11:00 AM
Saturday		
Sunday		

Total Calculated Hours: 540.00

Total VPK Instructional Days: 180

Non-Instructional, Site Closures and Exceptional Instructional Days:

Sun	Mon
29	30
5	6

## VPK Class(es)

To edit the current class information in the VPK Class(es) tab, click the **Edit** button. To add a new class, click the **Add New Class** button. To remove a class, click the **Remove** button. After all edits have been made for each class, click the **Save** button.

Jim's House of Smarties | 2017-2018 (1/1/2018-12/31/2018)

[Add New Class](#)
[VPK Lessons](#)
[VPK Instructions](#)
[VPK Calendar](#)
[VPK Classes](#)
[Review](#)
[Notify and Submit](#)

Class Name: AF17 [Edit](#) [Remove](#)

Class Category: DAYTIME (CIRCLE TIME)

Class Start Date: 01/01/2018

Class End Date: 06/28/2018

Instructions:

Name	Type

January 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1 No Class on this date	2	3	4	5
6	7 No Class on this date	8 No Class on this date	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

[Save](#)
[Cancel](#)

Classes that have started may not be removed. Limited editing is available.

Class Name: AF17 [Edit](#)

Class Category: DAYTIME (CIRCLE TIME)

Class Start Date: 01/01/2018

Class End Date: 06/28/2018

Instructions:

Name	Type
Jim's House of Smarties	Lesson
Jim's House of Smarties (Continued)	Lesson

January 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1 No Class on this date	2	3	4	5
6	7 No Class on this date	8 No Class on this date	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Remove ? ✕

**!** Are you sure you want to remove this classroom?

Cancel Remove

The screenshot displays the SAP S/4HANA interface for the 'Calendar' application. It shows two calendar views for January 2018, one for 'Plant 0001' and one for 'Plant 0002'. The top view is for 'Plant 0001' and the bottom view is for 'Plant 0002'. Both views show a calendar grid with dates from 1 to 31. The grid is divided into columns for 'Mon', 'Tue', 'Wed', 'Thu', 'Fri', 'Sat', and 'Sun'. The dates are color-coded: green for 'Public Holiday' and blue for 'Working Day'. The top view shows a 'Public Holiday' on January 1st and 2nd, and a 'Working Day' on January 3rd. The bottom view shows a 'Public Holiday' on January 1st and 2nd, and a 'Working Day' on January 3rd.

To end the class, click the **Edit** button and change the Class End Date to reflect the last day that VPK instruction was provided. The Instructor Last Taught Date will be updated to the Class End Date after clicking the **Save** button.

Class ID: 02-17

Class Name: Enter Class Name

Class Calendar: A - 1

Main Curriculum: EARLY CHILD CARE F TIME

Class Start Date: 01/01/2018

Class End Date: 01/22/2018

Instructors: Jim Ledbetter (Received an M.A. or an M.S. Lead, M.A. or M.S. in an approved field with required minimum hours and experience)

Instruction Start Date: 01/01/2018

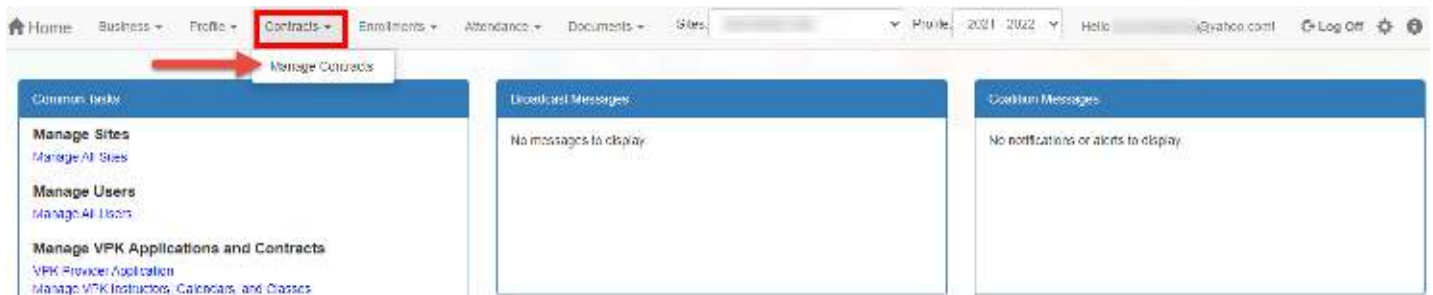
Save Cancel

The Review tab will now reflect the updated class information.

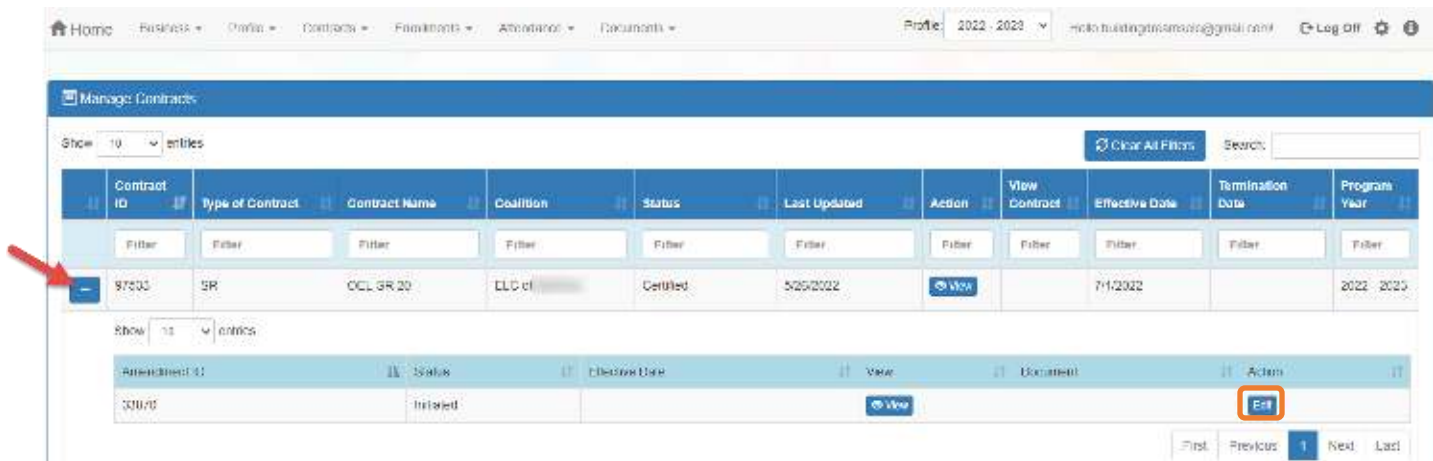
VPK Class(es) <span>Edit</span>						
02-17	1	EARLY CHILD CARE F TIME	01/01/2018	01/22/2018	Jim Ledbetter	
					Not Jim Ledbetter (Remove)	Last Taught Date: 01/22/2018
					Not Jim Ledbetter (Remove)	Last Taught Date: 01/22/2018

## Editing an SR Contract Amendment

Navigate to **Contracts > Manage Contracts**.



The Manage Contracts page for the provider site displays. Click the plus “+” sign to the left of the OEL-SR 20 contract to expand the amendment section. The amendment is in **Initiated** status. Click the **Edit** button.



**NOTE:** The amendment status changes from **Initiated** to **Incomplete** while the amendment is being edited.



Review the Provider(s), Provider Eligibility, Notification, and Signature Authority sections.

- PROVIDER RESPONSIBILITIES AND SCOPE OF WORK – If applicable, the contracted slots question displays. Select a response.
- NOTIFICATION – Enter any changes to the provider contact information, if applicable.
- SIGNATURE AUTHORITY – If any changes are needed to the existing signature authority selections, click the dropdown menu. Select all users who are authorized to sign contracts and amendments. To remove a Signator, deselect the user(s) to be removed.
  - **NOTES:**
    - Any previously selected users should remain selected if they are still authorized signatories.
    - Users with coalition portal aces will not be on the authorized signators list.

School Readiness (SR) Contract Amendment Preview Amendment

Provider(s):  
1 [redacted]  
2 [redacted]

**II. PROVIDER ELIGIBILITY**

II.B.a The Coalition participates in the Contracted Slots Program. Yes

II.B.c The COALITION has determined the PROVIDER eligible to participate in the Contracted Slots Program. Yes

**III. PROVIDER RESPONSIBILITIES AND SCOPE OF WORK**

III.3f If applicable, does the eligible PROVIDER, pursuant to paragraph 8, elect to participate in the Contracted Slots Program? Select

**XI. NOTIFICATION**

XI.B3.b Previous Provider Contact

Name: [redacted]  
Phone: [redacted]  
Email: [redacted]@caltrans.com

New Provider Contact (if applicable)

Name: [redacted]  
Phone: [redacted]  
Email: [redacted]

**SIGNATURE AUTHORITY**

**IMPORTANT!** If there are any changes, select all users who are currently authorized to sign contracts and amendments, including any previously selected names if they are still authorized signatories.

Reason for modification: [redacted]@gmail.com

Save Next Step >

Click **Next Step** to proceed to the Exhibit 1 page.

Below is an example of an amendment for a multiple-site provider where a new site is being added to the contract. The page displays both providers currently on the contract and the new site being added to the contract.

### Original Provider

- **PROVIDER ELIGIBILITY** – If the provider’s Composite Program Assessment Score is 5.00 or greater, the provider can change their selection for waiving their biennial status and enter a reason for modification.  
**NOTE:** If the provider is answering the question for the first time, a response (Yes or No) is required.
- **PROVIDER RESPONSIBILITIES AND SCOPE OF WORK** – If a change is needed to the provider’s selection to conduct child assessments (*ONLY during the appropriate child assessment period*) or the child assessment tool needs to be changed, make the new selections and enter the reason for modification.

### Added Provider

If a provider is being ADDED to the contract:

- **PROVIDER ELIGIBILITY**
  - If the provider is exempt from Program Assessment requirements, select if the provider wants to waive their exemption and receive a program assessment.
  - If the provider has a Composite Program Assessment Score of 5.00 or greater, select if the provider agrees to waive their biennial status and agree to an annual program assessment.
- **PROVIDER RESPONSIBILITIES AND SCOPE OF WORK** – Select if the provider conducts child assessments. If yes, select the assessment tool.

The screenshot displays a web form titled "Provider Amendment" with a "Previous Amendment" link in the top right. The form is divided into two sections, each labeled "Exhibit 1" with a red arrow pointing to the provider name.

**Original Provider Section:**

- PROVIDER ELIGIBILITY:** Includes a dropdown for "Composite Program Assessment Score" (set to 5.25) and a "Waive for Modification" button.
- PROVIDER RESPONSIBILITIES AND SCOPE OF WORK:** Includes a "Change or PROVIDER's selection to conduct child assessments or eligibility to receive the Child assessment tool" dropdown (set to "Yes") and a "Waive for Modification" button.

**Provider being added to the contract Section:**

- PROVIDER ELIGIBILITY:** Includes a dropdown for "Composite Program Assessment Score" (set to 4.25) and a "Waive for Modification" button.
- PROVIDER RESPONSIBILITIES AND SCOPE OF WORK:** Includes a "Change or PROVIDER's selection to conduct child assessments or eligibility to receive the Child assessment tool" dropdown (set to "Yes") and a "Waive for Modification" button.

At the bottom of the form, there are two buttons: "Previous Step" and "Next Step 2".

Click **Next Step** to continue.

The Exhibit 3: Quality Improvement Plan (QIP) Selection page displays if the coalition selected a new QIP strategy. If Exhibit 3 displays, initial the selected strategy. Then, click **Next Step**.

SR Amendment Quality Improvement Plans
Preview Amendment

Exhibit 3: Quality Improvement Plan Selection

Provider Name	Strategy	Description (Summary)
<div> <input type="checkbox"/> </div> <div> Provider Initials Teacher Name(s)  </div>	COALITION approved strategy	Description included in QIP Notice.
<div> <input type="checkbox"/> </div> <div> Provider Initials Teacher Name(s)  </div>	Certified Coaching Visit	Each selected classroom will participate in 20 hours of certified coaching provided by the ELC or its delegate.
<div> <input type="checkbox"/> </div> <div> Provider Initials Teacher Name(s)  </div>	CLASS Group Coaching (CGLC) Training	Each selected instructor/director will complete either the CGLC (16-24-hour course) or the CGLC Initial/Refresher 24-hour course provided by the COALITION or its delegate CGLC Specialist.
<div> <input type="checkbox"/> </div> <div> Provider Initials Teacher Name(s)  </div>	Early Childhood Training System (ECLS) Course	Each selected instructor/director will successfully complete the Early Childhood Training System course facilitated by the ELC. Course options include taking an on-line course online, with TA coaching support, and/or as a member of a COALITION approved Community of Practice.
<div> <input type="checkbox"/> </div> <div> Provider Initials Teacher Name(s)  </div>	20 Hours of IACET or OEL approved training	Each selected instructor/director will register for and successfully complete 20 hours of International Association for Continuing Education & Training (IACET) approved training (or other CPT approved CPT training) provided by the ELC or their delegate.
<div> <input type="checkbox"/> </div> <div> Provider Initials Teacher Name(s)  </div>	Individualized Development	Each selected instructor/director will register in the Florida Early Care and Education Professional Development Registry, provide a professional development plan in the registry, and complete the required professional learning hours annually.

Previous Step
Save
Next Step

The Exhibit 5 page for registration fee displays if the provider charges an annual registration fee. If a change is needed to the annual fee collection frequency, make a new selection (Month, Upon Enrollment, or Other).

If a new provider site is being added to the contract and they charge an annual registration fee, an annual collection frequency is required (Month, Upon Enrollment, or Other). Click **Next Step** to continue.

#### Exhibit 5: Provider Reimbursement Rates

Provider Name:

#### Registration Fee

If PROVIDER charges a registration fee please check one and provide the amount: \$

☐ One time fee upon enrollment.

☒ Annual fee.

☐ Other Describe:

The Exhibit 6: Holiday Schedule page displays. Click the **Edit** button to add or remove holidays, if applicable.

**NOTE:** Coalition paid holidays cannot be edited by the provider.

Exhibit 6: Holiday Schedule

Provider Name	Date Observed
1. Day After Thanksgiving	11/10/2021
2. Christmas Eve	12/24/2021
3. Christmas Day Observed	12/26/2021
4. New Years Eve	12/31/2021
5. Good Friday	4/15/2022
6. Memorial Day	5/30/2022
7. Independence Day Observed	7/5/2021
8. Labor Day	9/6/2021
9. Thanksgiving Day	11/25/2021
10. Day Before Thanksgiving	11/24/2021
11. Day After Thanksgiving	11/26/2021
12.	

Exhibit 6: Holiday Schedule

Provider Name	Date Observed
1. Independence Day Observed	7/5/2021
2. Labor Day	9/6/2021
3. Thanksgiving Day	11/25/2021
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

**Paid Holidays for Multiple Sites**

☐ All sites use this holiday schedule?

Provider Name: \_\_\_\_\_

	Holiday	Date	
1.	Independence Day Observed	7/5/2021	
2.	Labor Day	9/6/2021	
3.	Thanksgiving Day	11/25/2021	
4.	Christmas Eve	12/24/2021	+
5.	New Years Eve	12/31/2021	+
6.	Good Friday	4/15/2022	+
7.	Memorial Day	5/30/2022	+
8.			
9.			
10.			
11.			
12.			

**Save** Close

To save your changes, click **Save** in the edit window, then click **Close** to close the window. Click **Next Step** to proceed.

**Exhibit 5: Holiday Schedule**

Provider Name: <input type="text"/>		<input type="button" value="Print"/>
	Holiday	Date Observed
1.	Independence Day Observed	7/5/2021
2.	Independence Day	7/5/2021
3.	Thanksgiving Day	11/25/2021
4.	Christmas Eve	12/24/2021
5.	New Year's Day	1/2/2022
6.	Good Friday	4/16/2022
7.	Memorial Day	5/30/2022
8.		
9.		
10.		
11.		
12.		

On the Amendment Signatures page, click the **Preview** button to review the OEL-SR 20A form to verify changes before signing and submitting the amendment. Click the “By Electronic Signature” box to electronically sign the amendment

**Preview Amendment**

### Amendment Signatures

Click the check box to sign electronically. After signing, click Next to proceed to the submission page.

Signature of President/Vice President/Secretary/Officer/Owner/Principal/Other Authorized Representative

☒ By Electronic Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Provider's Additional Signatory (if required by the Provider)

☐ By Electronic Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

COALITION has waived the District's jurisdiction over the data set within Paragraph 1.

Signature of Authorized Coalition Representative

☐ By Electronic Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Print Name

\_\_\_\_\_  
Date

Print Name

\_\_\_\_\_  
Date

Print Name

\_\_\_\_\_  
Date

Enter the Title of Signator (NOT the Signator's name), then click **Yes** to proceed with electronically signing the amendment. Click **Cancel** to close the window without signing.

The screenshot shows a pop-up window titled "SR Amendment Electronic Signature". Inside the window, it says "You are about to electronically sign the SR Amendment." Below this, there is a text input field for "Title of Signator:" with the word "Director" entered. A red asterisk is next to the field. Below the input field, it says "Click 'Yes' to confirm your electronic signature." At the bottom right of the pop-up, there are two buttons: "Yes" and "Cancel". The "Yes" button is highlighted with a red rectangle.

NOTE: To add an additional signature, click Cancel and have the other Signator log in with their username to sign the amendment before submitting. To remove the provider's signature before submitting the amendment, deselect the "By Electronic Signature" box and click **Yes** in the confirmation pop-up window.

When **Yes** is clicked in the pop-up window, the signator's signature, printed name, title and the date are populated and saved. Click **Submit** to proceed.

The screenshot shows the main form for "SR Amendment Electronic Signature". The form is titled "Amendment Signatures" and has a sub-header "Click the check box to sign electronically. After signing, click Next to proceed to the submission page." Below this, there are two main sections. The first section is for the "Signature of President/Vice President/Secretary/Officer/Owner/Principal or Other Authorized Representative". It has a checkbox labeled "By Electronic Signature" which is checked. Below the checkbox, there are fields for "Print Name", "Title", and "Date". The "Print Name" field contains "Director". The "Title" field contains "Director". The "Date" field contains "0/27/2021 5:48:24 PM". The second section is for the "Provider's Additional Signatory (if required by the Provider)". It has a checkbox labeled "By Electronic Signature" which is unchecked. Below the checkbox, there are fields for "Print Name", "Title", and "Date". The "Print Name" field contains "CML (LLO) has caused this Contract to be executed as of the date set forth in Paragraph 1". The "Title" field contains "CML (LLO) has caused this Contract to be executed as of the date set forth in Paragraph 1". The "Date" field contains "CML (LLO) has caused this Contract to be executed as of the date set forth in Paragraph 1". At the bottom of the form, there are two buttons: "Previous Step" and "Submit". The "Submit" button is highlighted with a red rectangle.

**SR Amendment Certification**

I have checked each of the Amendments that are being made and I agree to the amendments. All provisions in the contract and any attachments thereto are in compliance with the amendments that are being made and I agree to the amendments. All provisions in the contract and any attachments thereto are in compliance with the amendments that are being made and I agree to the amendments.

IN WITNESS WHEREOF, the parties have caused this Amendment to be executed by their proper and duly authorized representatives.

Warranty of Authority. Each person signing this Amendment warrants that he or she is duly authorized to do so and to bind the respective party to the Amendment.

**By signing this form I certify that:**

- I had the opportunity to review the Amendment to the Standard School Readiness (SR) Provider Contract.
- I have examined this amendment and, to the best of my knowledge and belief, the information provided is true and correct.
- I understand that upon the approval of my provider's amendment, I will receive notification my amendment is in force.
- I am duly authorized to sign and bind the respective party to the amendment.

Submit Amendment

☒ Certified by electronic signature

Submit

 You Have Successfully Completed, Signed, Certified and Submitted your ED Amendment.

Your **early learning coalition** will review and process your amendment.  
**Please check your email** for important information regarding your amendment.

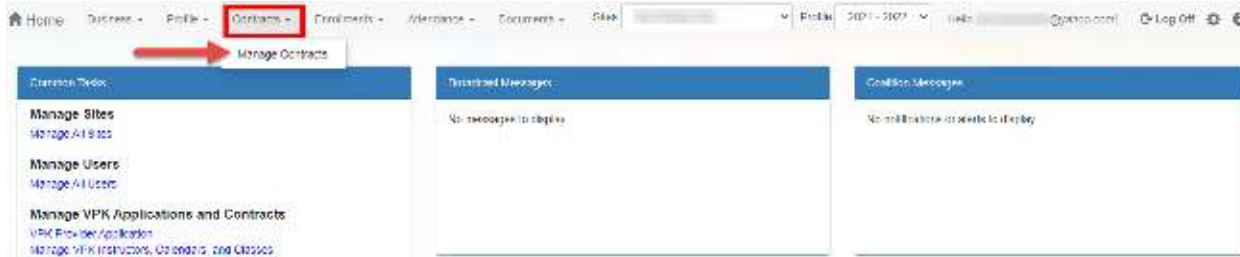
You can click on the button below to return to your home page.

[Return to home page.](#)

[illegible]

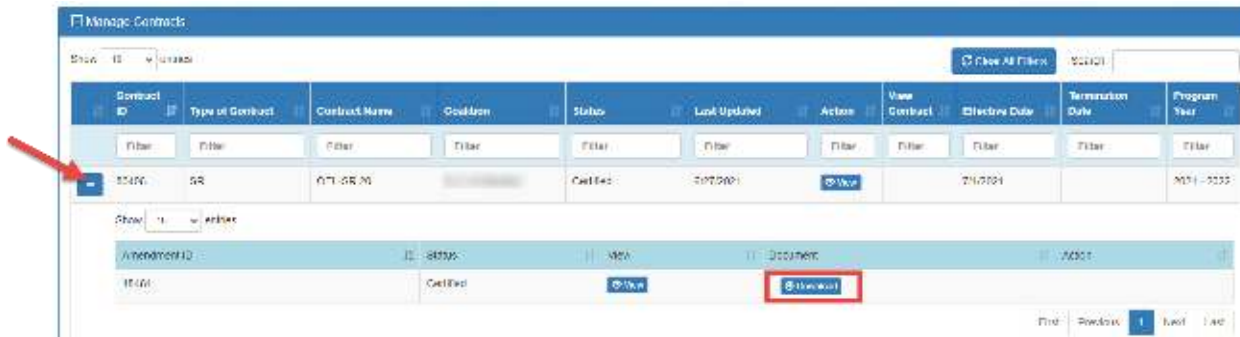
## Viewing a Certified SR Contract Amendment

After the coalition certifies the SR amendment, navigate to **Contracts > Manage Contracts**.



The Manage Contracts page displays. Click the plus “+” sign to the left of the OEL-SR 20 contract to expand the amendment section. The amendment is in **Certified** status.

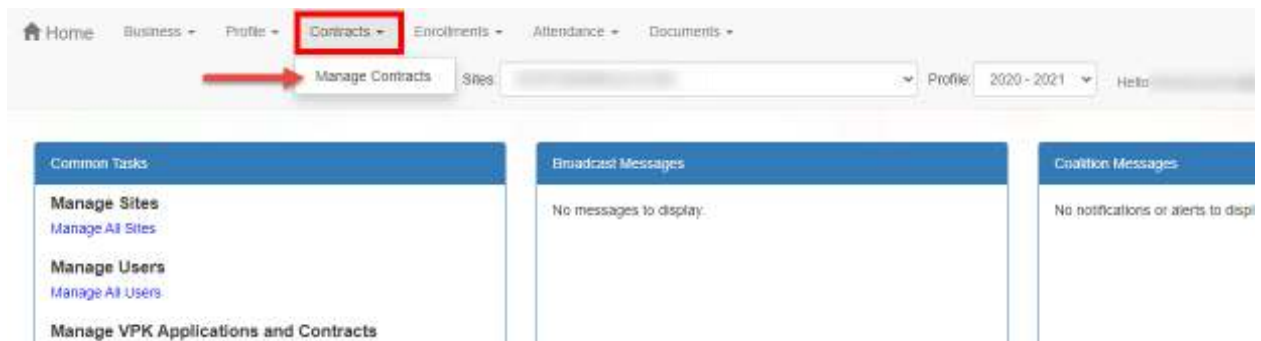
To download a PDF of the certified OEL-SR 20A and any associated exhibits, click the **Download** button.



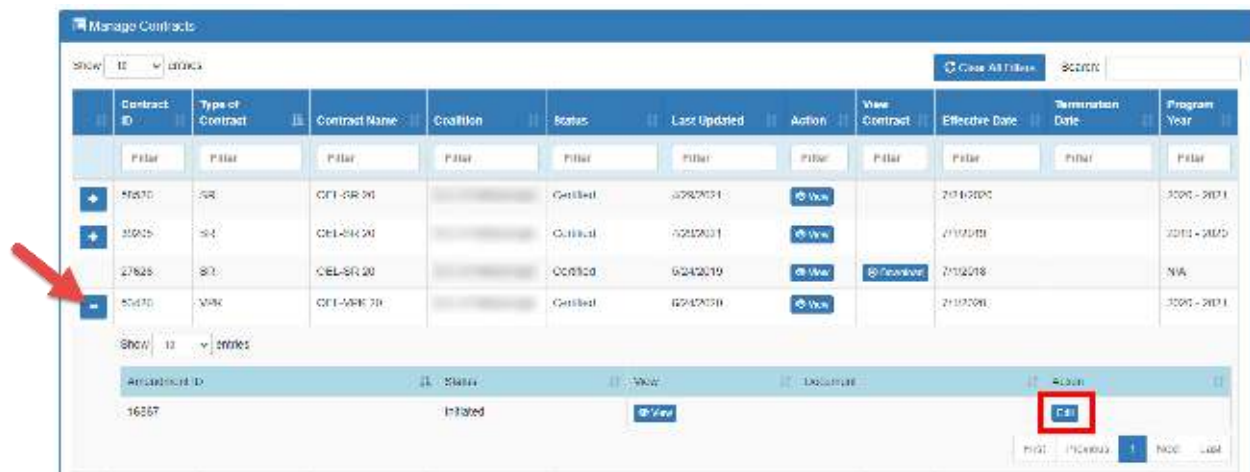


## Editing a VPK Contract Amendment

Navigate to **Contracts > Manage Contracts**.



The Manage Contracts page displays. Click the plus “+” sign to the left of the OEL-VPK 20 contract to be amended to expand the amendment section. The amendment is in **Initiated** status. Click the **Edit** button.



**NOTE:** The amendment status changes from **Initiated** to **Incomplete** while the amendment is being edited.

The Compensation and Funding page displays. The advance payment selections default to the selections on the VPK contract or latest amendment. If a change is needed, select the new advance payment option for the school year and/or summer programs. Click **Next Step** to continue.

Voluntary Prekindergarten (VPK) Contract Amendment
Preview Amendment

Provider(s):

### VII COMPENSATION AND FUNDING

VII.40

Advance Payment Option

School Year Program

PROVIDER elects not to receive monthly advance payments for the school year program

Summer Program

PROVIDER elects not to receive monthly advance payments for the summer program

Selection applies to any site included in the contract

Changing the advance payment selection will affect all sites on the contract. If you are a provider on a multiple-site contract and you intend to change the advance payment selection(s) for this site (but not all sites), contact your coalition to be removed from the contract. A separate VPK contract will need to be executed for the site that is removed from this contract.

Save
Next Step >

**NOTE:** For VPK contracts with multiple sites, changing the advance payment selection will affect all sites on the contract. If you are a provider on a multiple-site contract and you intend to change the advance payment selection(s) for specific sites, but not all, contact your coalition to remove those sites from the contract. A separate VPK contract will need to be executed for the provider sites that are removed from the contract.

If one or more provider is being added to the contract, the Exhibit 1: Provider Location List Attachment displays. Select the box for school year and/or summer if the provider will offer the session, then click **Next Step**.

Voluntary Prekindergarten (VPK) Amendment
Preview Amendment

Exhibit 1 - Provider Location List Attachment

Location Number	Location Legal Name	Doing Business As	Physical Address	Employer ID Number(EIN)	School Year	Summer	Conducts Child Assessments (Yes/No)	Child Assessment Tool Used	Official Use Only
					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

Previous Step
Save
Next Step >

The Amendment Signatures page displays. To preview the DEL-VPK 20A form, click **Preview Amendment**.

Voluntary Prekindergarten (VPK) Amendment

Preview Amendment

Amendment Signatures

Click the check box to sign electronically. After signing, click Next to proceed to the submission page.

Signature of President/Vice President/Secretary/Officer/Member/Principal/Other Authorized Representative

Print Name

☐ By Electronic Signature


Title

Date

The DEL-VPK 20A loads in a new browser tab.

1 of 3

100%



STATE OF FLORIDA

AMENDMENT TO STATEWIDE VOLUNTARY PREKINDERGARTEN PROVIDER CONTRACT

Form DEL-VPK 20A

I. General Amendment Information

Amendment Number:

28718

II. Parties and Terms of Contract Amendment

This AMENDMENT to the Statewide Voluntary Prekindergarten (VPK) Provider Contract is entered into between the Early Learning Coalition of Alachua and INC, VPK provider (PROVIDER).

WHEREAS, on 7/1/2022, the Early Learning Coalition of Alachua entered into the Contract with this Provider to provide VPK services; and

WHEREAS, PROVIDER desires to amend this Contract to replace, delete, or supplement one of the following provisions of the existing Contract; and

WHEREAS, the Early Learning Coalition of Alachua agrees to amend the Statewide Voluntary Prekindergarten Provider Contract as indicated in Section III.

III. Amendments

The Contract is hereby amended to replace the following as noted below (check each applicable box for the modified term(s)).

☒ **Location of the Provider's Principal Office. The deleted address is:**  
GAINESVILLE, FL 32609-2169

The replacement address is:  
GAINESVILLE, FL 32609-2169

Reason for modification:  
Removed duplicate Address 2.

☐ **Provider Type (Modification to DEL-VPK 20DD). The original provider type selected is:**

114

To sign the amendment electronically, on the Amendment Signatures page, click the box for the provider authorized representative.

Voluntary Prekindergarten (VPK) Amendment Preview Amendment

### Amendment Signatures

Click the check box to sign electronically. After signing, click Next to proceed to the submission page.

Signature of President/Vice President/Secretary/Officer/Owner/Principal/Other Authorized Representative		Print Name
<input checked="" type="checkbox"/> By Electronic Signature		
Title	Date	
Provider's Additional Signatory (if required by the Provider)		Print Name
<input type="checkbox"/> By Electronic Signature		
Title	Date	
Provider's Additional Signatory (if required by the Provider)		Print Name
<input type="checkbox"/> By Electronic Signature		
Title	Date	

When the electronic signature box is checked, a pop-up window displays. Enter the Signator's title (not the name), then click **Yes** to proceed with electronically signing the amendment, or click **Cancel** to close the window without signing.

VPK Amendment Electronic Signature

You are about to electronically sign the VPK Amendment.

Title of Signator: \*

Click "Yes" to confirm your electronic signature.

Yes Cancel

When **Yes** is clicked, the signator's signature, printed name, title and the date/time are populated and saved. Click **Submit**.

Voluntary Prekindergarten (VPK) Amendment

Amendment Signatures

Click the check box to sign electronically. After signing, click Next to proceed to the submission page.

Signature	First Name	Title	Date
Signature of President/VPK Secretary/Board Chair/Principal/Other Authorized Representative <input checked="" type="checkbox"/> By Electronic Signature	JESSICA S. LEE	COALITION HAS CAUSED THE CONTRACT TO BE EXECUTED AS OF THE SIGNATURE DATE IN PARAGRAPH 1	10/25/2018 PM
Provider's Additional Signature (if required by the Provider) <input type="checkbox"/> By Electronic Signature			
Provider's Additional Signature (if required by the Provider) <input type="checkbox"/> By Electronic Signature			
Signature of Authorized Coalition Representative <input type="checkbox"/> By Electronic Signature			

Signatures saved successfully

Previous Step Submit

To remove the provider's signature before submitting the amendment, unselect the By Electronic Signature box and click **Yes** in the confirmation pop-up window.

**NOTE:** To add an additional signature, have the other Signator log in to sign the amendment before submitting.

When the **Submit** button is clicked on the signatures page, the VPK Amendment Certification page displays. Enter Full Name and Title, and click the "Certified by electronic signature box." Click **Submit**.

VPK Amendment Certification

I do effective date of the Amendment shall be the date that it is signed by both parties. All provisions in the contract and any amendments thereto in conflict with this amendment shall be and are hereby changed to conform to this Amendment. All provisions not in conflict with this Amendment shall remain in full force and effect until the terms hereof are exhausted or the term of the contract expires. The board shall be the member named in the contract.

Warranty of Authority. Each person signing this Amendment warrants that he or she is duly authorized to do so and to bind the respective party to the amendment.

By signing this form I certify that:

- I had the opportunity to review the Amendment to the Statewide Voluntary Prekindergarten (VPK) Provider Contract.
- I have examined this amendment and, to the best of my knowledge and belief, the information provided is true and correct.
- I understand that upon the approval of my provider's amendment, I will receive notification my amendment is in force.
- I am duly authorized to sign and bind the respective party to the amendment.

Submit Amendment

Full Name: [Text Field]

Title: [Text Field]

☒ Certified by electronic signature

Amendment sign date: [Text Field]

Submit

Previous Step

The successfully completed, signed, certified, and submitted message appears.

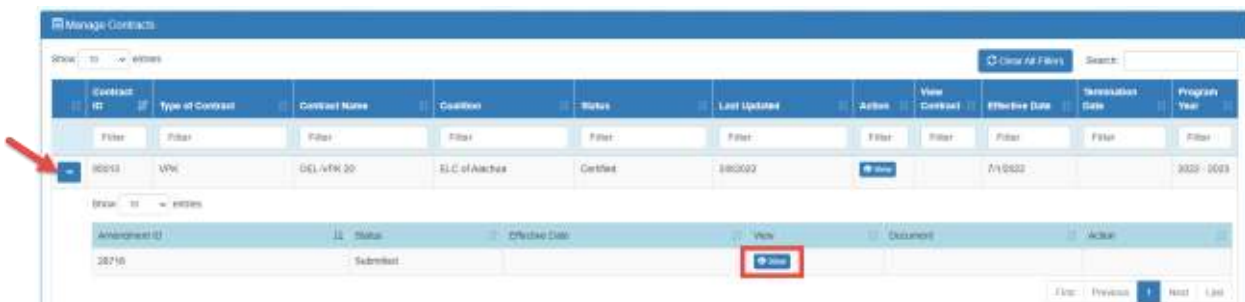


Navigate to **Contracts > Manage Contracts**.



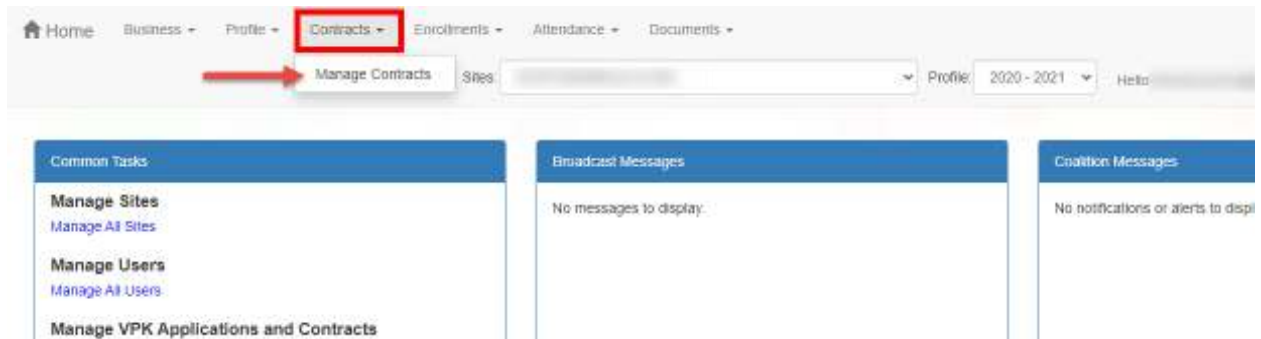
The Manage Contracts page displays. Click the plus “+” sign to the left of the VPK contract that is being amended to expand the amendment section. The amendment is in **Submitted** status.

To preview the submitted DEL-VPK 20A form and any associated exhibits, click the **View** button.



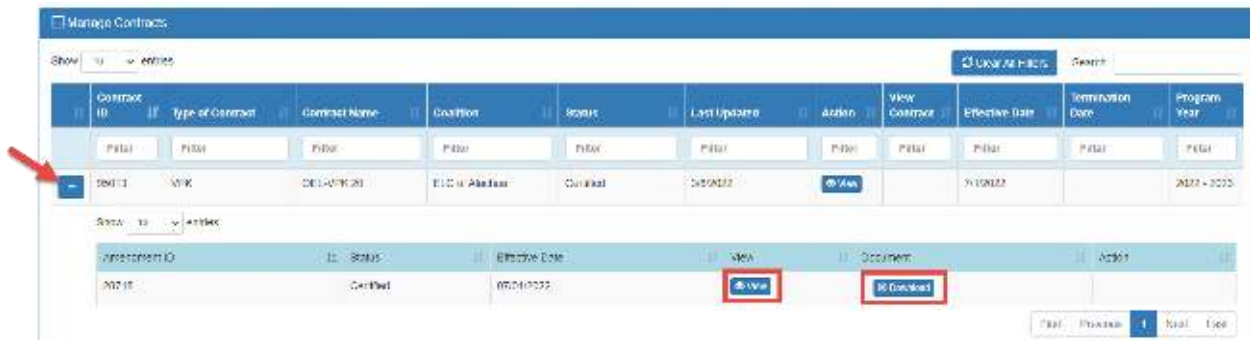
## Viewing a Certified VPK Contract Amendment

Navigate to **Contracts > Manage Contracts**.



The Manage Contracts page displays. Click the plus “+” sign to the left of the VPK contract to expand the amendment section. The amendment is in **Certified** status.

To preview the certified DEL-VPK 20A form and any associated exhibits, click the **View** button, or click the **Download** button to download the amendment as a PDF.

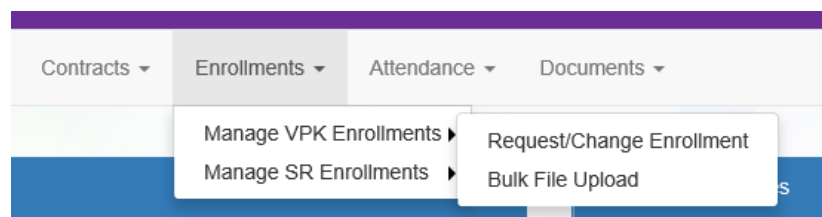


**NOTE:** The amendment status changes from **Initiated** to **Incomplete** while the amendment is being edited.



## Enrollments - VPK

VPK Providers may manage VPK enrollment online by going to **Enrollments > Manage VPK Enrollments**. Two options are available: Request/Change Enrollment and Bulk File Upload.



### Request/Change Enrollment

This feature allows VPK Providers to request or change enrollment for children in verified classes submitted through the VPK Provider Application. To begin, select the VPK Program Year, VPK Session, and VPK Class.

A screenshot of the 'Request/Change VPK Enrollment' form. The form has two tabs: 'Request/Change VPK Enrollment' (active) and 'Bulk VPK Enrollment'. Below the tabs, there are three dropdown menus for 'VPK Program Year', 'VPK Session', and 'VPK Class', each with a '-Select-' option. To the right of these are fields for 'Class Start Date' and 'Class End Date'. Below these fields are input fields for 'Max Class Size', 'VPK Children Count', and 'Non-VPK Children Count'. A 'Please Note' message states: 'Based on the VPK session and instructors assigned, the maximum class size is 8. The class must have a minimum of 4 VPK children to start.' At the bottom, there are input fields for 'Certificate Number', 'Child First Name', 'Child Last Name', and 'Child DOB' (with a date format hint MM/DD/YYYY). A blue button labeled 'Enroll to this Class' is to the right of the 'Child DOB' field. Below the form is a table with columns: 'Actions', 'Certificate Number', 'Child First Name', 'Child Last Name', 'Child DOB', 'Child Age', 'Student ID', 'Anticipated Start Date', 'Actual Start Date', 'Termination Effective Date', and 'Status'. A message below the table says 'Please choose valid program year, session and class from drop downs to see results'.

With the VPK Program Year, VPK Session, and VPK Class selected, the class start date and end date appear as well as the max class size. This information is directly tied to the VPK Provider Application. For example, if there is one lead instructor for the school-year session submitted and verified on the VPK Provider Application, the max class size will be 11; if there are two instructors for the school-year session submitted and verified on the VPK Provider Application, the max class size will be 20.

Next, the VPK children count and Non-VPK children count are displayed. These two counts (summed together) cannot exceed the max class size. The Non-VPK children count is used to anonymously indicate private pay children participating in the VPK class. The Non-VPK children count defaults to zero. When the Non-VPK children count is used, the number of VPK children permitted in the class is reduced to maintain the max class size limit.

A screenshot of the 'Request/Change VPK Enrollment' form with data entered. The 'VPK Program Year' is set to '2019-2020', 'VPK Session' is 'School-year (140 hours)', and 'VPK Class' is 'AP18 - All Handbells'. The 'Class Start Date' is '08/06/2019' and 'Class End Date' is '05/17/2020'. The 'Max Class Size' is '11', 'VPK Children Count' is '8', and 'Non-VPK Children Count' is '3'. A message below the counts says: 'New VPK Children Count updated successfully for this class.' A 'Please Note' message states: 'Based on the VPK session and instructors assigned, the maximum class size is 11. The class must have a minimum of 4 VPK children to start.' The 'Enroll to this Class' button is now blue. The table below the form is empty, with a message 'No records found for this class.'



Actions	Certificate Number	Child First Name	Child Last Name	Child DOB	Child Age	Student ID	Anticipated Start Date	Actual Start Date	Termination Effective Date	Status
No records found for this class										

Actions	Certificate Number	Child First Name	Child Last Name	Child DOB	Child Age	Student ID	Anticipated Start Date	Actual Start Date	Termination Effective Date	Status
<a href="#">View Details</a>	MPK1471239 2019	Michael	Johnson	01/01/2010	4y	00100001	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1474559 2019	Emily	Johnson	01/01/2010	4y	00100002	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1477891 2019	Michael	Johnson	01/01/2010	5y	00100003	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1471239 2019	Michael	Johnson	01/01/2010	5y	00100004	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1474559 2019	Emily	Johnson	01/01/2010	5y	00100005	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1477891 2019	Michael	Johnson	01/01/2010	6y	00100006	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1471239 2019	Michael	Johnson	01/01/2010	6y	00100007	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1474559 2019	Emily	Johnson	01/01/2010	6y	00100008	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1477891 2019	Michael	Johnson	01/01/2010	7y	00100009	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1471239 2019	Michael	Johnson	01/01/2010	7y	00100010	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1474559 2019	Emily	Johnson	01/01/2010	7y	00100011	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1477891 2019	Michael	Johnson	01/01/2010	8y	00100012	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1471239 2019	Michael	Johnson	01/01/2010	8y	00100013	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1474559 2019	Emily	Johnson	01/01/2010	8y	00100014	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1477891 2019	Michael	Johnson	01/01/2010	9y	00100015	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1471239 2019	Michael	Johnson	01/01/2010	9y	00100016	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1474559 2019	Emily	Johnson	01/01/2010	9y	00100017	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1477891 2019	Michael	Johnson	01/01/2010	10y	00100018	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1471239 2019	Michael	Johnson	01/01/2010	10y	00100019	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1474559 2019	Emily	Johnson	01/01/2010	10y	00100020	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1477891 2019	Michael	Johnson	01/01/2010	11y	00100021	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1471239 2019	Michael	Johnson	01/01/2010	11y	00100022	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1474559 2019	Emily	Johnson	01/01/2010	11y	00100023	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1477891 2019	Michael	Johnson	01/01/2010	12y	00100024	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1471239 2019	Michael	Johnson	01/01/2010	12y	00100025	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1474559 2019	Emily	Johnson	01/01/2010	12y	00100026	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1477891 2019	Michael	Johnson	01/01/2010	13y	00100027	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1471239 2019	Michael	Johnson	01/01/2010	13y	00100028	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1474559 2019	Emily	Johnson	01/01/2010	13y	00100029	02/10/2019	02/10/2019	03/10/2019	Enrolled
<a href="#">View Details</a>	MPK1477891 2019	Michael	Johnson	01/01/2010	14y	00100030	02/10/2019	02/10/2019</		

Using the child's approved Certificate of Eligibility (COE) provided by the family, enter the Certificate Number, Child First Name, Child Last Name, and Child DOB. Then, click **Enroll to this Class**.

Request/Change VPK Enrollment | Bulk VPK Enrollment


VPK Program Year: 2018-2019 | VPK Session: School-year (540 hours) | VPK Class: AE 18 - All Reddick | Class Start Date: 09/26/2018 | Class End Date: 05/17/2019

Max Class Size: 11 | VPK Children Count: 0 | Non-VPK Children Count: 3

**Please Note:** Based on the VPK session and instructors assigned, the maximum class size is 11. The class must have a minimum of 4 VPK children to start.

Certificate Number: vpk7372018 | Child First Name: apple | Child Last Name: brown | Child DOB: 09/06/2013 | [Enroll in this Class](#)

Actions	Certificate Number	Child First Name	Child Last Name	Child DOB	Child Age	Student ID	Anticipated Start Date	Actual Start Date	Termination Effective Date	Status
No records found for this class.										



**STATE OF FLORIDA**  
**VOLUNTARY PREKINDERGARTEN (VPK) EDUCATION PROGRAM**  
**Child Certificate of Eligibility**

---

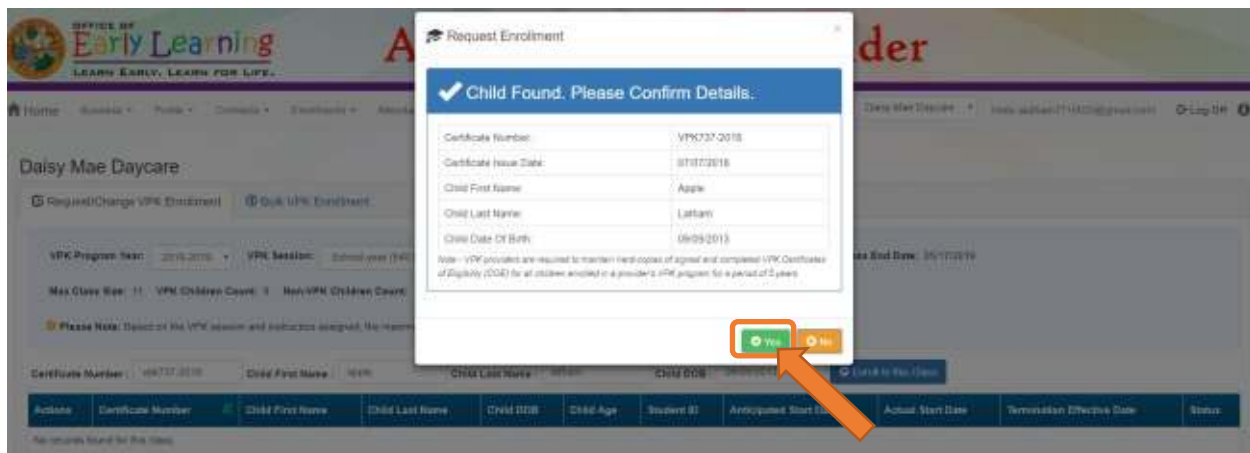
**I. CHILD CERTIFICATE OF ELIGIBILITY** *(Issued by Early Learning Coalition, through the Family Portal)*

<b>1. VPK program year</b> 2018-2019	<b>2. Certificate number</b> VPK737-2018	<b>3. Certificate issue date</b> 7/7/2018	<b>4. Parent email address</b> 
<b>5. Parent name</b> 	<b>6. Primary contact number</b> 	<b>7. Secondary contact number</b> 	
<b>8. Child's full name</b> Apple Latham	<b>9. Child's date of birth</b> 09/09/2013	<b>10. County</b> Clay	

The system verifies that the information entered matches a child with an approved COE for the VPK program year selected and that the child is not already enrolled (or in a non-eligible status for enrollment).

**NOTE:** The county on the COE does not have to match the provider's county because the child has been deemed eligible to participate in the VPK program. The enrollment process automatically updates the child's county for service to the provider's county so the corresponding early learning coalition may manage the child's enrollment with the provider.

When a matching child is found and validations checks are successful, a confirmation message appears. To continue, click Yes.



Next, the system asks for the Anticipated Start Date. This is the date the child will begin attending class. Typically, this is the class start date unless the child is starting after the class begins.

**NOTE:** An anticipated start date cannot be before the class start date or after the class end date. And, an anticipated start date cannot be before the child's COE issue date (as displayed on the child's COE and listed in the enrollment window).

The system validates each enrollment request to make sure the max class size is not exceeded (based on the number of instructors assigned, the VPK session type, and current class enrollment count). To continue, click **Enroll Child**.

**Request Enrollment**

Please Fill Form and Click Enroll Child.

Certificate Number: VPK737-2018  
 Certificate Issue Date: 07/07/2018  
 Child First Name: Apple  
 Child Last Name: Latham  
 Child Date of Birth: 09/09/2013  
 Class ID: AP18 - AM Redbirds  
 Anticipated Start Date: 08/20/2018

**Enroll Child**

When the enrollment request is successful, the child appears on the class's enrollment roster as "Enrollment Submitted" and the coalition receives the enrollment request for review/approval/rejection. In addition, the family receives a notification that their child's enrollment is in progress.

Actions	Certificate Number	Child First Name	Child Last Name	Child DOB	Child Age	Student ID	Anticipated Start Date	Actual Start Date	Termination Effective Date	Status
<a href="#">New Enrollment</a>	VPK737-2018	Apple	Latham	09/09/2013	4y		08/20/2018			Enrollment Submitted

While the enrollment request is being processed by the coalition, the status is updated on the enrollment roster. For example, the coalition has changed the status to Coalition Reviewing.

Actions	Certificate Number	Child First Name	Child Last Name	Child DOB	Child Age	Student ID	Anticipated Start Date	Actual Start Date	Termination Effective Date	Status
<a href="#">New Enrollment</a>	VPK737-2018	Apple	Latham	09/09/2013	4y		08/20/2018			Coalition Reviewing

If the coalition rejects or cancels the enrollment request, the child will no longer appear on the class roster. The VPK Director and family will receive an email notification. The family is instructed to download their child's COE from the Family Portal and re-start the enrollment process.

When the enrollment process is approved by the coalition, the child's status is Enrolled.

The screenshot shows the 'Bulk VPK Enrollment' page. At the top, there are filters for VPK Program Year (2018-2019), VPK Session (School year (540 hours)), VPK Class (AF18 - All Records), Class Start Date (08/25/2018), and Class End Date (05/17/2019). Below these are fields for Max Class Size (11), VPK Children Count (0), and Non-VPK Children Count (0). A note states: "Please Note: Based on the VPK session and instructors assigned, the maximum class size is 11. The class must have a minimum of 4 VPK children to start." Below the note is a search bar with fields for Certificate Number, Child First Name, Child Last Name, and Child DOB. A table lists enrollment records with columns: Actions, Certificate Number, Child First Name, Child Last Name, Child DOB, Child Age, Student ID, Anticipated Start Date, Actual Start Date, Termination Effective Date, and Status. The first row shows a child named Apple Latham with a status of 'Enrolled', which is highlighted by an orange box.

## Managing VPK Enrollment

The class roster has several features for managing enrollment. Providers may change the anticipated start date, request to move the child to another class, remove the child entirely from the roster because they never attended, or request a termination of services.

### Change Anticipated Start Date

To change the child's anticipated state date, click **Change** within the Anticipated State Date column. A window displays. The current start date populates in the *From* field; enter the new start date in the *To* field. This feature does not require coalition approval. Click **Save** to commit the new date or click **Close** to abandon the date change and close the window. This feature is available until the actual start date is recorded through the attendance process. When the actual start date is populated in the column, the **Change** button is no longer available.

The screenshot shows the 'Change Child Enrollment' window. It contains fields for Certificate Number (VPK737-2018), Certificate Issue Date (07/07/2018), Child Name (Apple Latham), Child Date Of Birth (09/09/2013), Anticipated Start Date (08/20/2018), and Class ID (AF18 - All Records). Below these fields is a section titled 'Change Anticipated Start Date' with a 'From' field (08/25/2018) and a 'To' field (08/31/2018). The 'To' field is highlighted with an orange box and an arrow. At the bottom of the window are 'Save' and 'Close' buttons.

### Class Change

Once the child's status is *Enrolled*, a class change may be requested. To change the child's class, click **Class Change** within the Actions column. A window displays. The current class populates in the *From* field; select the new class in the *To* field and enter the Transfer Effective Date. The Transfer Effective Date should be the first day the child will attend the new class. This feature requires coalition approval. Click **Submit Request** to send the request to the coalition or click **Close** to abandon the class change and close the window.

**NOTE:** Once a class change request is submitted to the coalition, a subsequent class change request for the same child is not allowed until the initial class change request is processed by the coalition.



Now that the class transfer request is submitted, the child appears on the roster for both classes. In the *From* class, the child's status is Enrolled.

Daisy Mae Daycare

Request/Change VPK Enrollment Bulk VPK Enrollment

VPK Program Year: 2018-2019 VPK Session: School-year (540 hours) VPK Class: AF18 - AM Redbirds Class Start Date: 08/01/2018 Class End Date: 05/17/2019

Max Class Size: 11 VPK Children Count: 8 Non-VPK Children Count: 3

Please Note: Based on the VPK session and instructors assigned, the maximum class size is 11. The class must have a minimum of 4 VPK children to start.

Certificate Number: Child First Name: Child Last Name: Child DOB: MM/DD/YYYY Enroll to this Class

Actions	Certificate Number	Child First Name	Child Last Name	Child DOB	Child Age	Student ID	Anticipated Start Date	Actual Start Date	Termination Effective Date	Status
<a href="#">Class change</a> <a href="#">New Request</a>	VPK737-2018	Apple	Latham	09/09/2013	4y		08/01/2018	<a href="#">Change</a>	<a href="#">Terminate</a>	Enrolled

In the *To* class, the child's status is Enrolled - Change Requested.

Daisy Mae Daycare

Request/Change VPK Enrollment Bulk VPK Enrollment

VPK Program Year: 2018-2019 VPK Session: School-year (540 hours) VPK Class: SP18 - PM Bluebirds Class Start Date: 08/01/2018 Class End Date: 05/17/2019

Max Class Size: 11 VPK Children Count: 11 Non-VPK Children Count: 0

Please Note: Based on the VPK session and instructors assigned, the maximum class size is 11. The class must have a minimum of 4 VPK children to start.

Certificate Number: Child First Name: Child Last Name: Child DOB: MM/DD/YYYY Enroll to this Class

Actions	Certificate Number	Child First Name	Child Last Name	Child DOB	Child Age	Student ID	Anticipated Start Date	Actual Start Date	Termination Effective Date	Status
<a href="#">New Request</a>	VPK737-2018	Apple	Latham	09/09/2013	4y		08/01/2018	<a href="#">Change</a>		Enrolled - Change Requested

When approved, the *From* class has a termination effective date (same as the transfer effective date). If the termination effective date has not passed, the status is Enrolled. When the termination effective date occurs, the status will be Enrollment Ended. No further actions can be taken on this enrollment.

Daisy Mae Daycare

Request/Change VPK Enrollment Bulk VPK Enrollment

VPK Program Year: 2018-2019 VPK Session: School-year (540 hours) VPK Class: AF18 - AM Redbirds Class Start Date: 08/01/2018 Class End Date: 05/17/2019

Max Class Size: 11 VPK Children Count: 8 Non-VPK Children Count: 3

Please Note: Based on the VPK session and instructors assigned, the maximum class size is 11. The class must have a minimum of 4 VPK children to start.

Certificate Number: Child First Name: Child Last Name: Child DOB: MM/DD/YYYY Enroll to this Class

Actions	Certificate Number	Child First Name	Child Last Name	Child DOB	Child Age	Student ID	Anticipated Start Date	Actual Start Date	Termination Effective Date	Status
	VPK737-2018	Apple	Latham	09/09/2013	4y		08/01/2018		08/30/2018	Enrolled

When approved, the *To* class is Enrolled with an anticipated start date and actual start date (same as the transfer effective date).

**Request/Change VPK Enrollment** **Bulk VPK Enrollment**

VPK Program Year: 2018-2019 VPK Session: School-year (540 hours) VPK Class: BF18 - Full Studybooks Class Start Date: 08/20/2018 Class End Date: 05/17/2019

Max Class Size: 11 VPK Children Count: 11 Non-VPK Children Count: 0

**Please Note:** Based on the VPK session and instructors assigned, the maximum class size is 11. The class must have a minimum of 4 VPK children to start.

Certificate Number: Child First Name: Child Last Name: Child DOB:  **Enroll to this Class**

Actions	Certificate Number	Child First Name	Child Last Name	Child DOB	Child Age	Student ID	Anticipated Start Date	Actual Start Date	Termination Effective Date	Status
<a href="#">Class change</a> <a href="#">Request Enrollment</a>	VPK737-2018	Apple	Latham	08/08/2013	4y		08/20/2018 <a href="#">Class</a>	08/20/2018	<a href="#">Enrollment</a>	Enrolled

**NOTE:** A class transfer request cannot be submitted for a child if the transfer effective date overlaps an existing enrollment period for that child. If the transfer effective date is BEFORE the termination effective date of the last enrollment, an error message appears, "The class transfer effective date overlaps an existing enrollment period for this child."

When rejected, the request no longer appears in the *To* class. The child remains enrolled in the *From* class.

#### Class Change to a Full Class

If a provider wants to move a child from class BF18 to class AF18, but class AF18 is full, the class change can still be done.

Class BF18 is not full.

**Daisy Mae Daycare**

**Request/Change VPK Enrollment** **Bulk VPK Enrollment**

VPK Program Year: 2018-2019 VPK Session: School-year (540 hours) VPK Class: BF18 - Forest Room Class Start Date: 08/13/2018 Class End Date: 05/03/2019

Max Class Size: 11 VPK Children Count: 11 Non-VPK Children Count: 0

**Please Note:** Based on the VPK session and instructors assigned, the maximum class size is 11. The class must have a minimum of 4 VPK children to start.

Certificate Number: Child First Name: Child Last Name: Child DOB:  **Enroll to this Class**

Actions	Certificate Number	Child First Name	Child Last Name	Child DOB	Child Age
<a href="#">Class change</a>	VPK752-2018	Blue Fairy	Latham	08/08/2013	5y
<a href="#">Class change</a>	VPK754-2018	Cinderella	Latham	07/07/2013	5y
<a href="#">Class change</a>	VPK756-2018	Cruella de Vil	Latham	02/02/2013	5y
<a href="#">Class change</a>	VPK823-2018	Snow White	Latham	01/01/2014	4y
<a href="#">Class change</a>	VPK830-2018	Dor	Latham	09/09/2013	5y
<a href="#">Class change</a>	VPK831-2018	Sleepy	Latham	10/12/2013	5y
	VPK832-2018	Happy	Latham	08/08/2013	5y
<a href="#">Class change</a>	VPK838-2018	Sneezy	Latham	11/11/2013	5y

Class AF18 is full.

## Daisy Mae Daycare

[Request/Change VPK Enrollment](#)

[Bulk VPK Enrollment](#)

VPK Program Year: 2018-2019 VPK Session: School-year (540 hours) VPK Class: AF18 - Flower Room Class Start Date: 08/13/2018 Class End Date: 05/03/2019

Max Class Size: 11 VPK Children Count: 11 Non-VPK Children Count: 0

**Please Note:** Based on the VPK session and instructors assigned, the maximum class size is 11. The class must have a minimum of 4 VPK children to start.

Certificate Number : Child First Name : Child Last Name : Child DOB : MM/DD/YYYY [Enroll to this Class](#)

Actions	Certificate Number	Child First Name	Child Last Name	Child DOB	Child Age
<a href="#">Class change</a>	VPK748-2018	Ariel	Latham	02/02/2014	4y
<a href="#">Class change</a>	VPK751-2018	Bambi	Latham	01/01/2014	4y
<a href="#">Class change</a> <a href="#">Never Attended</a>	VPK753-2018	Pinocchio	Latham	12/12/2013	5y
<a href="#">Class change</a> <a href="#">Never Attended</a>	VPK820-2018	Turtle	Latham	04/04/2014	4y
<a href="#">Class change</a>	VPK832-2018	Happy	Latham	08/08/2013	5y
<a href="#">Class change</a> <a href="#">Never Attended</a>	VPK833-2018	Bashful	Latham	01/01/2014	5y
<a href="#">Class change</a> <a href="#">Never Attended</a>	VPK834-2018	Grumpy	Latham	02/12/2014	4y
<a href="#">Class change</a>	VPK835-2018	Dopey	Latham	02/14/2014	4y
	VPK836-2018	Sneezy	Latham	11/11/2013	5y
<a href="#">Class change</a> <a href="#">Never Attended</a>	VPK883-2018	Seahorse	Latham	01/01/2014	4y
<a href="#">Class change</a> <a href="#">Never Attended</a>	VPK884-2018	Dolphin	Latham	01/01/2014	4y

The provider wants to move Blue Fairy Latham to AF18 from BF18.

## Change Child Enrollment

Certificate Number: VPK752-2018

Certificate Issue Date: 07/29/2018

Child Name: Blue Fairy Latham

Child Date Of Birth: 08/08/2013

Anticipated Start Date: 12/10/2018

Class ID: BF18 - Forest Room

### Transfer Child Class

 Coalition approval required

From: BF18 - Forest Room


To: --Select--

Transfer Effective Date: MM/DD/YYYY

[Submit Request](#)



[Close](#)


The provider selects AF18 in the *To* field and enters the Transfer Effective Date. Once the **Submit Request** button is clicked, the provider receives a red message.

 **Change Child Enrollment** ✕

---

<b>Certificate Number:</b>	VPK752-2018	<b>Certificate Issue Date:</b>	07/29/2018
<b>Child Name:</b>	Blue Fairy Latham	<b>Child Date Of Birth:</b>	08/08/2013
<b>Anticipated Start Date:</b>	12/10/2018	<b>Class ID:</b>	BF18 - Forest Room


 **Transfer Child Class** 

 Coalition approval required


From:

BF18 - Forest Room

To:


AF18 - Flower Room 


Transfer Effective Date:

02/27/2019 

☐ Swap spot with enrolled child from selected class.

Target class is full. Please choose a valid class or select the swap child feature.


 **Submit Request**

 **Close**

127



Now, the provider can either select a class that is not full, or select a child to swap with in the full class. Click the **Submit Request** button to complete the class change.

 **Change Child Enrollment** ✕

---

**Certificate Number:** VPK752-2018      **Certificate Issue Date:** 07/29/2018



---


**Child Name:** Blue Fairy Latham      **Child Date Of Birth:** 08/08/2013

---


**Anticipated Start Date:** 12/10/2018      **Class ID:** BF18 - Forest Room

---


 **Transfer Child Class** 

 Coalition approval required

**From:** BF18 - Forest Room


**To:** AF18 - Flower Room 

**Transfer Effective Date:**


02/27/2019 


☒ Swap spot with enrolled child from selected class.

**Swap spot with:**

Ariel Latham 

Target class is full. Please choose a valid class or select the swap child feature.

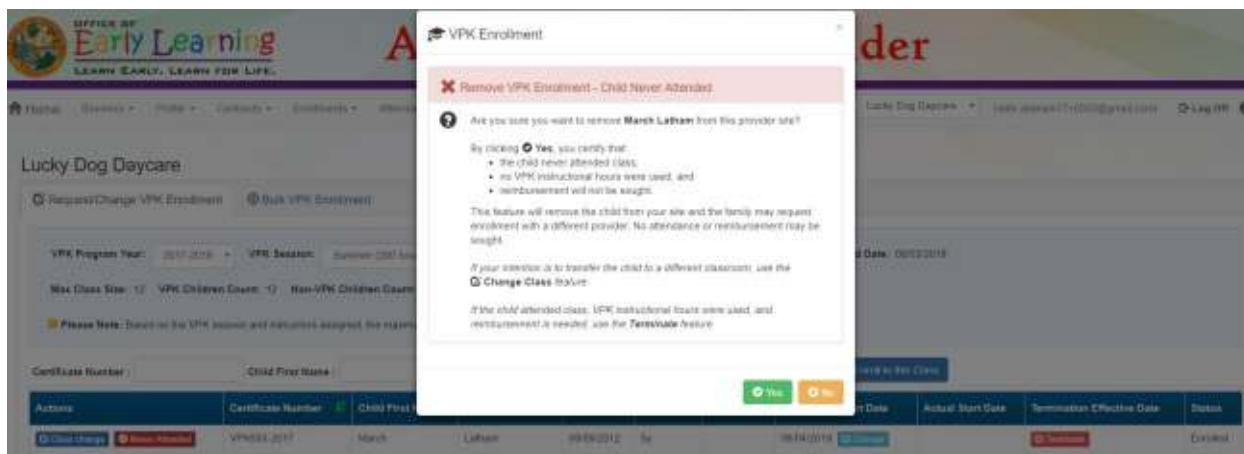
 **Submit Request**

 **Close**

### Never Attended

To remove a child from a class completely because they never attended, click **Never Attended** within the Actions column. A window displays. This feature does not require coalition approval. Click **Yes** to remove the child or click **No** to abandon the removal and close the window. Removing an enrollment changes the record's status to *Enrollment Cancelled* and the enrollment process starts over for the family. The provider's VPK Director will receive an email notification to inform them the enrollment is removed; no attendance or reimbursement may be sought. The child's record is no longer listed on the class enrollment roster or attendance roster in the Provider Portal. The family will receive an email notification to inform them the enrollment for their child was cancelled; instructions are provided to log into the Family Portal to download the child's COE and select another VPK provider.

This feature is available until the actual start date is recorded through the attendance process. When the actual start date is populated in the column, the **Never Attended** button is no longer available.



**NOTE:** Be very careful with the **Never Attended** feature. If the intention is to transfer the child to a different classroom, use the **Class Change** feature. If the child attended class, VPK instructional hours were used, and reimbursement is needed, use the **Terminate** feature.

## Terminate

To terminate a child's enrollment, click **Terminate** within the Termination Effective Date column. A window displays. Enter the last day that services will be/were rendered and select the reason for termination. The Termination Effective Date is displayed below the Last Day of Services as one day after the last day of services. Therefore, the Termination Effective Date is the first day the child is NOT attending class. This feature requires coalition approval. Click **Submit Request** to send the request to the coalition or click **Close** to abandon the termination request and close the window.

**NOTE:** A child's enrollment cannot be terminated before the class start date. If the provider enters a date in the Last Day of Services that is BEFORE the class start date, an error message appears, "Termination effective date cannot be prior to the class start date. If the child never attended, click the **Never Attended** button to cancel the enrollment." Either enter a termination date that is after the class start date (and on or after the COE issue date), or click **Close** to abandon the termination request and close the window.

When the termination request is submitted, the child appears on the class's enrollment roster as "Enrolled - Change Requested." The coalition will receive the termination request for review/approval/rejection.

Request/Change VPK Enrollment									
Bulk VPK Enrollment									
VPK Program Year: 2018-2019   VPK Session: School-year (9:00 hours)   VPK Class: BPTS - Morning/Afternoon Room   Class Start Date: 08/13/2018   Class End Date: 05/01/2019 Max Class Size: 11   VPK Children Count: 11   Non-VPK Children Count: 0									
Please Note: Based on the VPK session and instruction assigned, the maximum class size is 11. The class must have a minimum of 4 VPK children to start.									
Certificate Number:   Child First Name:   Child Last Name:   Child DOB: MM/DD/YYYY   <a href="#">Enroll to this Class</a>									
Actions	Certificate Number	Child First Name	Child Last Name	Child DOB	Child Age	Enrolled Date	Anticipated Start Date	Actual Start Date	Termination Effective Date
	VPK0000000	Robert	Ludwig	08/06/2014	4y	11/18/2018			12/16/2018
									Enrolled - Change Requested

When the termination request is approved and the termination effective date has not passed, the status is Enrolled. When the termination effective date occurs, the status will be Enrollment Ended. No further actions can be taken on this enrollment.

Request/Change VPK Enrollment Bulk VPK Enrollment

VPK Program Year: 2018-2019 VPK Session: School Year (540 hours) VPK Class: EF15 - Tompkins Room Class Start Date: 08/13/2018 Class End Date: 05/14/2019

Max Class Size: 11 VPK Children Count: 11 Non-VPK Children Count: 0

Please Note: Based on the VPK session and instructors assigned, the maximum class size is 11. The class must have a minimum of 4 VPK children to start.

Certificate Number: Child First Name: Child Last Name: Child DOB: MM/DD/YYYY Enroll to this Class

Actions	Certificate Number	Child First Name	Child Last Name	Child DOB	Child Age	Student ID	Anticipated Start Date	Actual Start Date	Termination Effective Date	Status
	VPK15-0018	Isaac	Latham	04/02/2014	4Y		11-18-2018		12/12/2018	Enrolled

When rejected, the child remains enrolled in the class.

Request/Change VPK Enrollment Bulk VPK Enrollment

VPK Program Year: 2017-2018 VPK Session: Summer (200 hours) VPK Class: SS17 - Crafts Class Start Date: 05/14/2018 Class End Date: 08/03/2018

Max Class Size: 12 VPK Children Count: 12 Non-VPK Children Count: 0

Please Note: Based on the VPK session and instructors assigned, the maximum class size is 12. The class must have a minimum of 4 VPK children to start.

Certificate Number: Child First Name: Child Last Name: Child DOB: MM/DD/YYYY Enroll to this Class

Actions	Certificate Number	Child First Name	Child Last Name	Child DOB	Child Age	Student ID	Anticipated Start Date	Actual Start Date	Termination Effective Date	Status
<a href="#">New change</a> <a href="#">New rejection</a>	VPK15-3117	March	Latham	01/09/2012	5Y		05/14/2018			Enrolled

## VPK Bulk Enrollment Process

In addition to the enrollment method described in “Enrolling a VPK Child,” providers may submit enrollment requests to the coalition via a file process. To begin, click the **Bulk VPK Enrollment** tab. The bulk file processing page displays.

Request/Change VPK Enrollment Bulk VPK Enrollment

Download [CSV file template](#), and click the Upload button. Note: The MSD column is for public school use only. See the Provider Portal User Guide for more information.

Upload

Actions	Uploaded On	Document Type	File Name	File Size	Total Records Count	Completed Records Count	Failed Records Count	Processed Time	Status	Final Results
No records found.										

Next, click on the link to download the **CSV file template**. The file may appear at the bottom of the computer screen depending on the user’s browser.

Request/Change VPK Enrollment Bulk VPK Enrollment

Download [CSV file template](#), and click the Upload button. Note: The MSD column is for public school use only. See the Provider Portal User Guide for more information.

Upload

Actions	Uploaded On	Document Type	File Name	File Size	Total Records Count	Completed Records Count	Failed Records Count	Processed Time	Status	Final Results
No records found.										

Please contact our [support center](#) for immediate assistance.

This site is best viewed with Internet Explorer version 10 or higher. Download the latest version of Internet Explorer.

If you are using an Apple device (iPad, iPhone, Mac computer, MacBook), please download and use Google Chrome, instead of Safari, to complete your application.

vpkdocsbulk...csv

Open the file and expand the columns. Each column is explained below.

	A	B	C	D	E	F	G	H
1	Provider ID	Certification Number	Child First Name	Child Last Name	Child DOB (MM/DD/YYYY)	VPK Program Year	Class ID	Anticipated Start Date (MM/DD/YYYY)
2								
3								
4								

A. **Provider ID** = this is the provider ID for the site displayed on the Provider Portal home page/dashboard.

Provider Site Summary	
Business name:	Growing Up Strong, LLC
Doing business as:	Growing Up Strong
<b>Provider ID:</b>	<b>19449</b>
License number:	
SSN / Federal ID number:	

**Frequently-Used Links:**  
[Bright Beginnings](#)  
[Core Competencies](#)  
[DCF Provider Training](#)  
[Early Learning Performance Funding Project](#)  
[Provider Portal User Guide](#)  
[VPK Provider Readiness Rate Website](#)

B. **Certification Number** = this is the child's certificate number listed on their COE. The field is not case sensitive, however, the certificate number must be entered exactly as it appears on the COE (i.e. VPK####-YYYY).

**STATE OF FLORIDA**  
**VOLUNTARY PREKINDERGARTEN (VPK) EDUCATION PROGRAM**  
**Child Certificate of Eligibility**

**I. CHILD CERTIFICATE OF ELIGIBILITY** *(Issued by Early Learning Coalition, through the Family Portal)*

1. VPK program year 2017-2018 <b>F</b>	2. Certificate number VPK1095621-2017 <b>B</b>	3. Certificate issue date 6/30/2018	4. Parent email address
5. Parent name		6. Primary contact number	7. Secondary contact number
8. Child's full name KitKat Latham <b>C D</b>		9. Child's date of birth 09/09/2012 <b>E</b>	10. County

C. **Child First Name** = this is the child's first name listed on their COE. The field is not case sensitive.

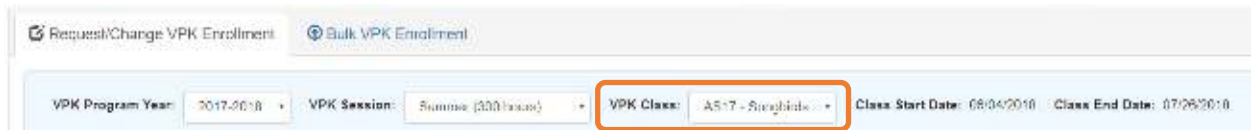
D. **Child Last Name** = this is the child's last name listed on their COE. Do not include a suffix (if any). The field is not case sensitive.

E. **Child DOB (MM/DD/YYYY)** = this is the child's date of birth listed on their COE. The field will accept M/D/YYYY as well.

F. **VPK Program Year** = this is the child's approved VPK program year listed on their COE. The field is looking for the first 4-digit year only. For example, if the VPK program year is 2017-2018, the entry would be

2017. Generally, the 4-digit VPK program year matches the year included at the end of the child's COE number.

- G. **Class ID** = this is the desired class's 4-digit ID. The class ID must be entered as the 4-digit assigned ID. Do not include the class name (if any). Looking at the example below, the entry would be "AS17" not "Songbirds" or "AS17-Songbirds."

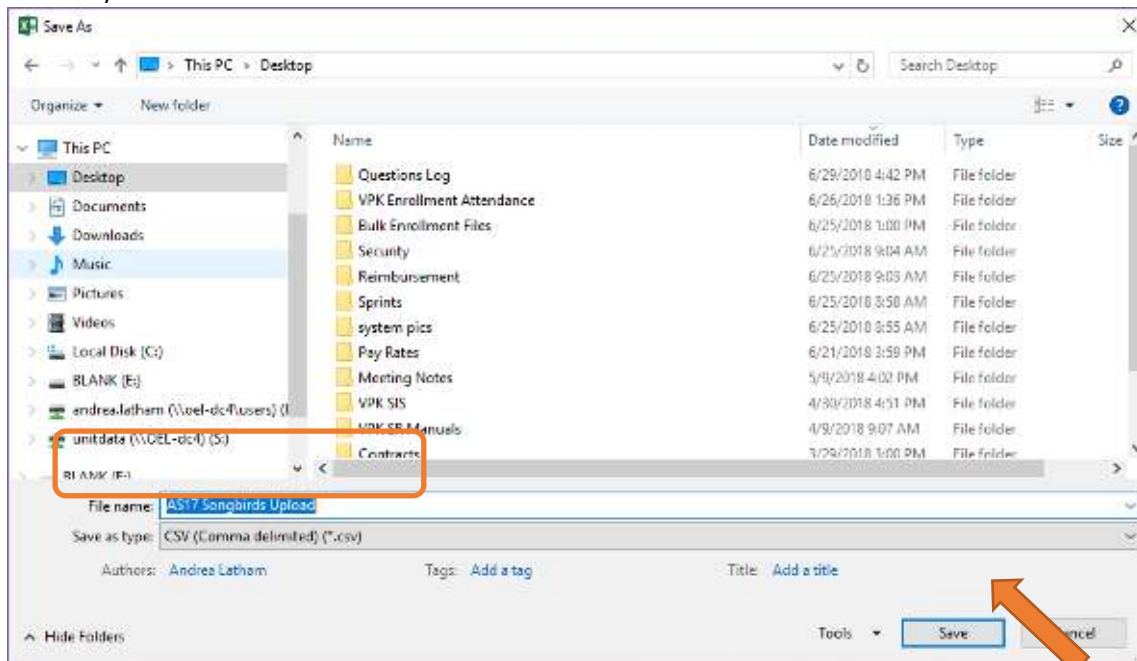


The screenshot shows a web form for VPK Enrollment. At the top, there are two tabs: "Request/Change VPK Enrollment" and "Bulk VPK Enrollment". Below the tabs, there are several input fields: "VPK Program Year" (set to 2017-2018), "VPK Session" (set to Summer (200 hours)), "VPK Class" (a dropdown menu with "AS17 - Songbirds" selected and highlighted by an orange box), "Class Start Date" (set to 06/04/2018), and "Class End Date" (set to 07/26/2018).

- H. **Anticipated Start Date (MM/DD/YYYY)** = this is the date the child will begin attending class. Typically, this is the class start date unless the child is starting after the class begins.  
**NOTE:** An anticipated start date cannot be before the class start date or after the class end date. And, an anticipated start date cannot be before the child's COE issue date. The field will accept M/D/YYYY as well.
- I. **MSID (XX-XXXX)** = this field is for public schools only. Public schools may enter their Master School Identification (MSID) number in a 6-digit format, where the first 2 digits are the district number followed by a hyphen and 4-digit school number. The MSID number can be used in lieu of the Provider ID in column A. Both IDs are accepted.

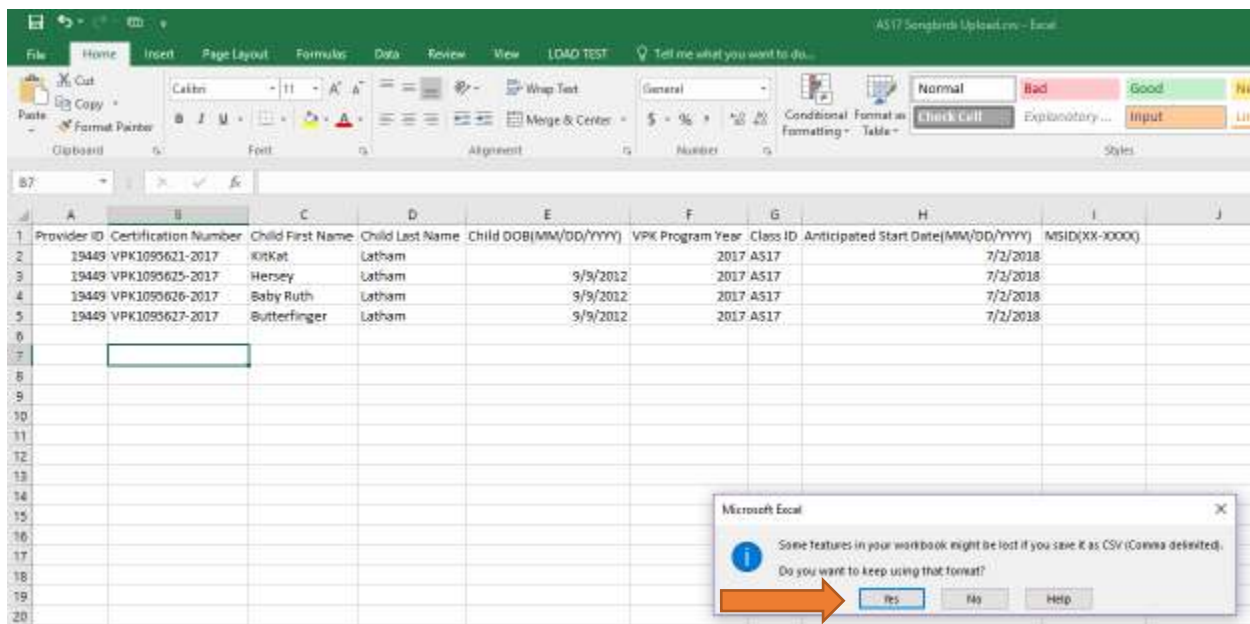
When the file is complete, name it and save it as a CSV file type.

**NOTE:** It may be helpful to include the provider name and class in the file name if troubleshooting is ever necessary.

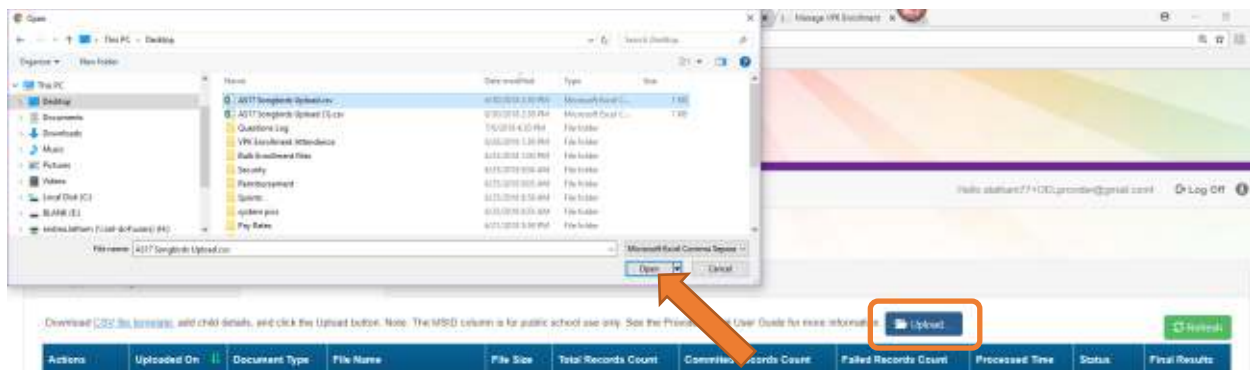




When changing the file format to CSV, Excel often displays a message to ask if you want to keep using that format. If this message appears, click **Yes**.



Click the **Upload** button. A window displays. Select your file and click **Open**.



The file upload will begin. The file details will populate on a row and turn green. Click the **Refresh** button to populate the results.



The file details will be updated. The file size, total records count, committed records count, failed records count, processed time, status, and final results are updated. The file results are also returned and can be downloaded by clicking on the **Download** button.



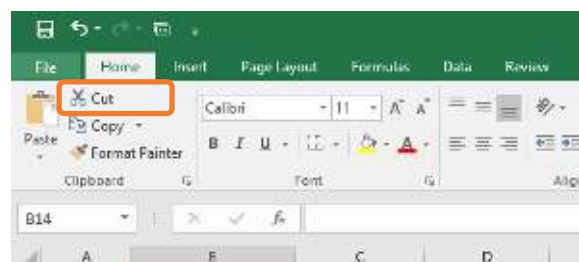
In this example, there is one failed record and three committed records. The file download will include the error message and status for each record submitted. The three committed records are now “Enrollment Submitted” and the failed record was not included because of an invalid date of birth. The same validations that occur with a manual child enrollment occur with the bulk enrollment file process.

Provider ID	Certification Number	Child First Name	Child Last Name	Child DOB(MM/DD/YYYY)	VPK Program Year	Class ID	Anticipated Start Date(MM/DD/YYYY)	MSID(XX-XXXX)	Error or Status
19449	VPK1095621-2017	Kirkat	Latham		2017	AS17	7/2/2018		Invalid Date of Birth
19449	VPK1095625-2017	Hersey	Latham	9/9/2012	2017	AS17	7/2/2018		Enrollment Submitted
19449	VPK1095626-2017	Baby Ruth	Latham	9/9/2012	2017	AS17	7/2/2018		Enrollment Submitted
19449	VPK1095627-2017	Butterfinger	Latham	9/9/2012	2017	AS17	7/2/2018		Enrollment Submitted

The three committed records are displayed on the class’s enrollment roster as “Enrollment Submitted” and the coalition receives the enrollment requests for review/approval/rejection. In addition, the family receives a notification that their child’s enrollment is in progress. The same processes that occur with a manual child enrollment occur with the bulk enrollment file process.

Actions	Certificate Number	Child First Name	Child Last Name	Child DOB	Child Age	Student ID	Anticipated Start Date	Actual Start Date	Remission Effective Date	Status
Enrollment Submitted	VPK1095621-2017	Kirkat	Latham	09/09/2012	5y		07/02/2018			Enrollment Submitted
Enrollment Submitted	VPK1095625-2017	Baby Ruth	Latham	09/09/2012	5y		07/02/2018			Enrollment Submitted
Enrollment Submitted	VPK1095627-2017	Butterfinger	Latham	09/09/2012	5y		07/02/2018			Enrollment Submitted

**NOTE:** When correcting records and re-uploading the file, be sure to remove the “Error or Status” column as it is not accepted for the upload. Also, it is best to NOT include records that have already been submitted successfully as they will now error as having been processed. When removing successful records and the Error or Status column, it is best to highlight the row/column and use the cut/delete option instead of just deleting the information. Excel often retains formats even if the cells are now empty.





## VPK-20 Contract Verification

A provider must have a Certified VPK-20 contract on the Anticipated Start Date before an enrollment can be added. In the below example, the VPK application information is entered by the provider, and the **+ Enroll to this Class** button is clicked.

BOCC SOUTH COUNTY HEAD START CENTER

☒ Request/Change VPK Enrollment ☐ Bulk VPK Enrollment

VPK Program Year: 2020-2021 VPK Session: School-year (540 hours) VPK Class: AF20 - AF21 Class Start Date: 01/25/2021 Class End Date: 06/30/2021


Max Class Size: 20 VPK Children Count: 20 Non VPK Children Count: 0


**Please Note:** Based on the VPK session and instructors assigned, the maximum class size is 20. The class must have a minimum of 4 VPK children to start.

Certificate Number: VPK-2020 Child First Name: Child Last Name: A Child DOB: **+ Enroll to this Class**

Actions	Certificate Number	Child First Name	Child Last Name	Child DOB	Child Age	Student ID	Anticipated Start Date
---------	--------------------	------------------	-----------------	-----------	-----------	------------	------------------------

In this example, the provider does not have a Certified VPK-20 contract, so an error message displays, alerting the provider that the enrollment cannot be submitted.

 Request Enrollment ×

 Enrollment cannot be submitted without a certified VPK-20 contract. Please contact your early learning coalition for assistance.

## Enrollments - SR

### Pending Family Acceptance Status

When a new School Readiness enrollment is created for an eligible child, families must accept the terms and conditions, establish their consent for developmental screening and/or child assessment, and sign the payment certificate. Families receive an email notification from OEL every five days until these steps are completed and the enrollment status changes from **Pending Family Acceptance** to **Enrolled**.

New enrollments in **Pending Family Acceptance** will not be visible on provider attendance rosters and will only appear once the family signs the payment certificate; however, there are exceptions.

- New enrollments for at-risk children (BG1) or at-risk children in relative care (BG3R) billing groups in **Pending Family Acceptance** will populate on attendance rosters
- Existing enrollments in **Pending Family Acceptance** that have already been submitted for attendance in previous months will continue to populate on attendance rosters

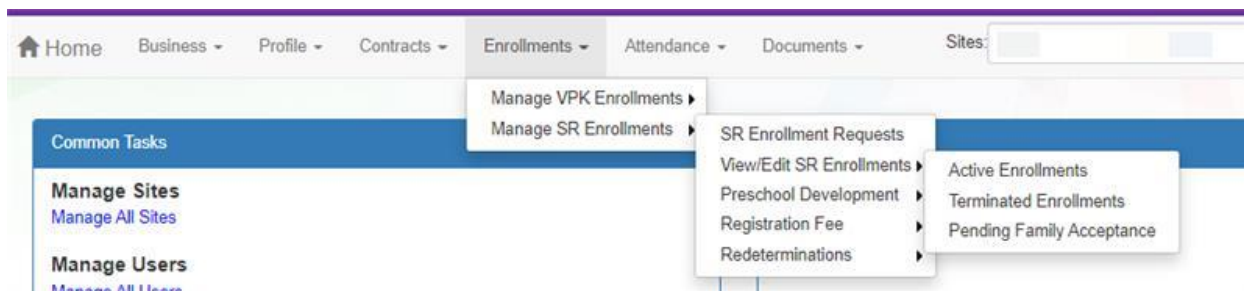
Providers will be able to process attendance and be paid for these enrollments, but not until the payment certificate is signed by the family.

If a provider has new enrollments in **Pending Family Acceptance**, when the provider accesses SR attendance, a pop-up window will display with a count of those new enrollments and a link to the Manage SR Enrollment queue.



## Viewing Enrollments in Pending Family Acceptance

To view enrollments in **Pending Family Acceptance**, navigate to **Enrollments > Manage SR Enrollments > View/Edit SR Enrollments > Pending Family Acceptance**.



## Ending Enrollments in Pending Family Acceptance

Providers can end enrollments in **Pending Family Acceptance**. Navigate to **Enrollments > Manage SR Enrollments > View/Edit SR Enrollments > Pending Family Acceptance**. Find the enrollment, then click the **End Enrollment** button.

Attendance Start Date			
<div>Clear All Filters Export Search: <input type="text"/></div>			
Attendance Start Date	Enrollment End Date	Status	Action
Filter	Filter	Pending	
		Pending Family Acceptance	End Enrollment

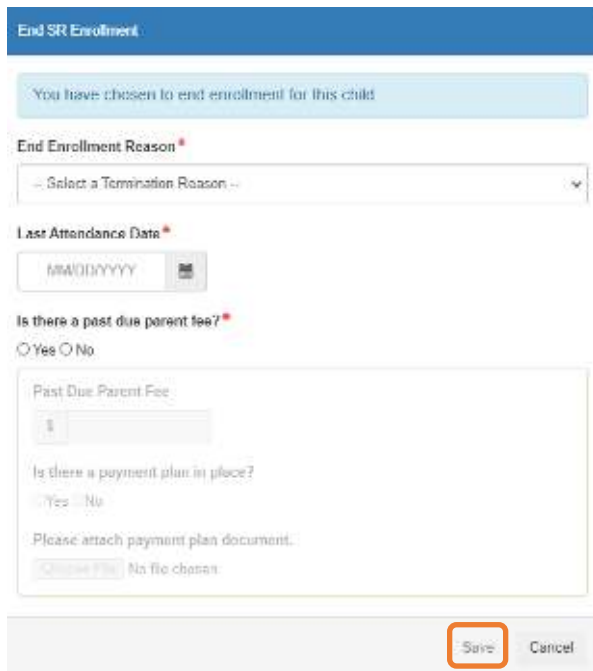
A confirmation pop-up window displays. Click **Yes** to continue or **No** to stop the End Enrollment process.

End child SR enrollment

Do you want to end this Provider Enrollment?

Yes No

After clicking the **Yes** button, the following pop-up window displays. Complete the required information and click **Save**.



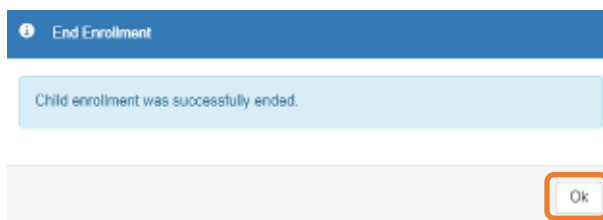
The form is titled "End SR Enrollment" in a blue header. Below the header is a light blue message box that says "You have chosen to end enrollment for this child". The form contains several sections: "End Enrollment Reason" with a dropdown menu labeled "Select a Termination Reason"; "Last Attendance Date" with a date input field showing "MM/DD/YYYY" and a calendar icon; "Is there a past due parent fee?" with radio buttons for "Yes" and "No"; a "Past Due Parent Fee" section with a dollar sign input field; "Is there a payment plan in place?" with radio buttons for "Yes" and "No"; and a section for attaching a payment plan document with a "Choose File" button and the text "No file chosen". At the bottom right, there are "Save" and "Cancel" buttons, with the "Save" button highlighted by an orange rectangle.

After clicking **Save**, a confirmation pop-up window displays. Click **Yes** to end the enrollment or **Cancel** to cancel the End Enrollment process.



The dialog is titled "Confirm End Enrollment" in a blue header. It contains a light blue message box with the text: "Ending the enrollment on this day means that reimbursements will not be provided for services after this date. End this enrollment with the specified dates?". At the bottom right, there are "Yes" and "Cancel" buttons, with the "Yes" button highlighted by an orange rectangle.

After clicking the **Yes** button, a pop-up window displays a message that the enrollment is ended. Click **Ok** to continue.

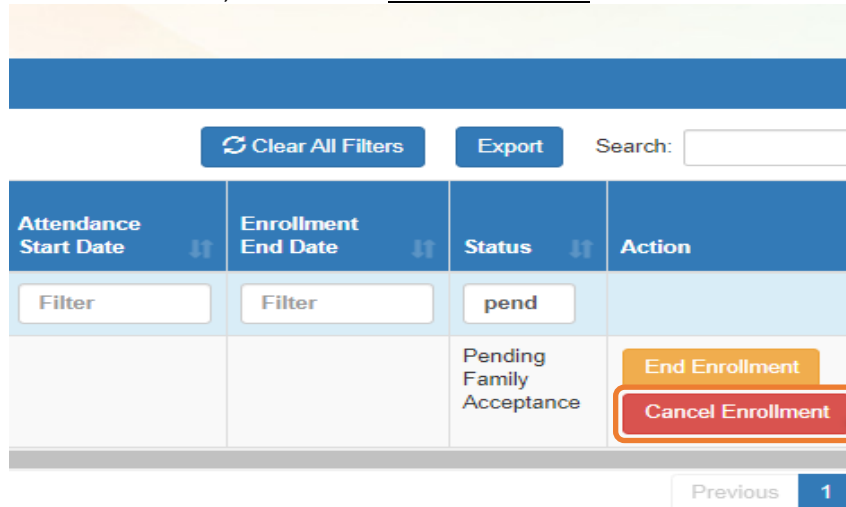


The window is titled "End Enrollment" in a blue header. It contains a light blue message box that says "Child enrollment was successfully ended." At the bottom right, there is an "Ok" button highlighted by an orange rectangle.

## Cancelling Enrollments in Pending Family Acceptance

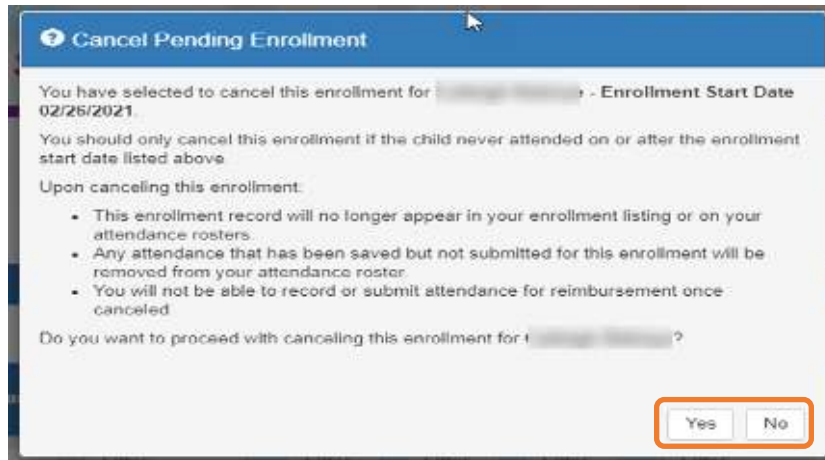
Providers can cancel enrollments in **Pending Family Acceptance**, but only if the enrollment is not for an at-risk child (BG1) or at-risk child in relative care (BG3R) and attendance has not been submitted for the enrollment.

Navigate to **Enrollments > Manage SR Enrollments > View/Edit SR Enrollments > Pending Family Acceptance**. Find the enrollment, then click the **Cancel Enrollment** button.



The screenshot shows a web interface for managing SR Enrollments. At the top, there are buttons for 'Clear All Filters' and 'Export', and a search bar. Below this is a table with the following columns: 'Attendance Start Date', 'Enrollment End Date', 'Status', and 'Action'. The 'Attendance Start Date' and 'Enrollment End Date' columns have 'Filter' buttons. The 'Status' column has a 'pend' button and a 'Pending Family Acceptance' status. The 'Action' column has two buttons: 'End Enrollment' and 'Cancel Enrollment'. The 'Cancel Enrollment' button is highlighted with a red border. At the bottom right, there are 'Previous' and '1' buttons.

A confirmation pop-up window displays. Click **Yes** to cancel the enrollment and remove it from the SR Enrollment queue. Click **No** to stop the Cancel Enrollment process.



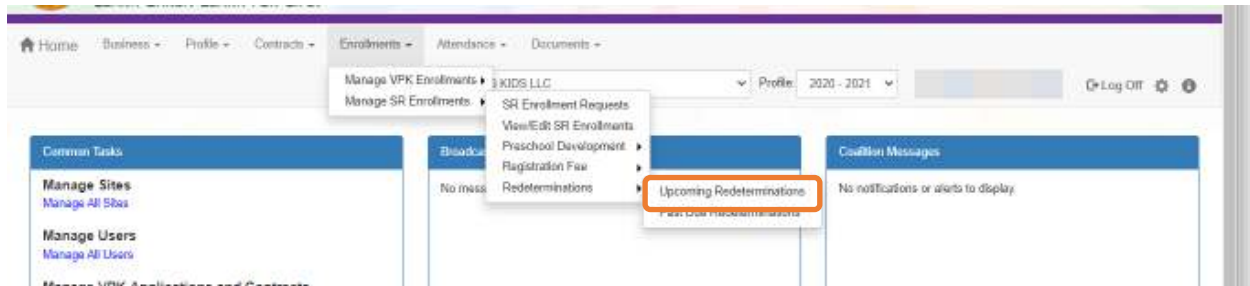
The screenshot shows a confirmation pop-up window titled 'Cancel Pending Enrollment'. The text inside the window reads: 'You have selected to cancel this enrollment for [redacted] - Enrollment Start Date 02/26/2021. You should only cancel this enrollment if the child never attended on or after the enrollment start date listed above. Upon cancelling this enrollment: This enrollment record will no longer appear in your enrollment listing or on your attendance rosters. Any attendance that has been saved but not submitted for this enrollment will be removed from your attendance roster. You will not be able to record or submit attendance for reimbursement once canceled. Do you want to proceed with cancelling this enrollment for [redacted]?' At the bottom right, there are two buttons: 'Yes' and 'No'. The 'Yes' button is highlighted with a red border.

## SR Eligibility Redeterminations

The SR Eligibility Redetermination menu allows providers to view enrollments with “upcoming” or “past due” redeterminations. These queues are for informational purposes only and aid providers in knowing when an enrolled child is reaching the end of their School Readiness eligibility.

### Upcoming Eligibility Redeterminations

To see the enrollments with upcoming eligibility redeterminations, navigate to **Enrollments > Manage SR Enrollments > Redeterminations > Upcoming Redeterminations**.

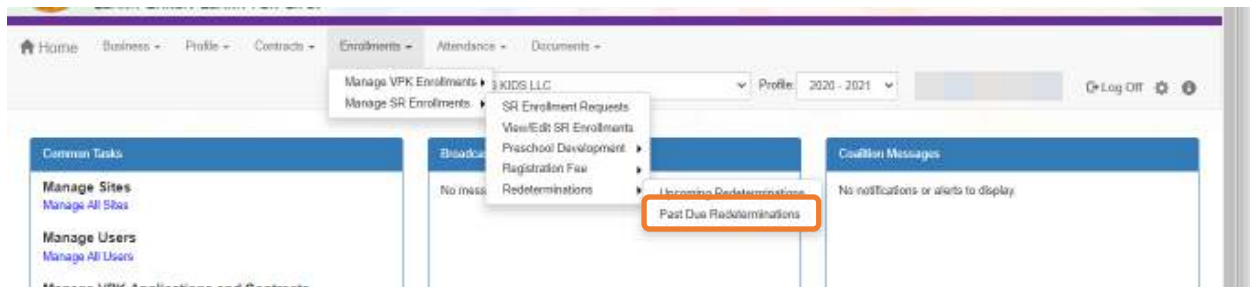


Redetermination records will only appear in the Provider Portal Upcoming Redetermination queue when:

- Child eligibility status is Eligible
- Child enrollment status is Enrolled or Pending Family Acceptance
- The redetermination is within 45 days from the due date

### Past Due Eligibility Redeterminations

To see the enrollments with past due eligibility redeterminations, navigate to **Enrollments > Manage SR Enrollments > Redeterminations > Past Due Redeterminations**.



Redetermination records will only appear in the Provider Portal Past Due Redetermination queue when:

- Child eligibility status is Eligible
- Child enrollment status is Enrolled or Pending Family Acceptance
- The redetermination is at least one day past the redetermination due date

After clicking the **Upcoming Redeterminations** or **Past Due Redeterminations** link, the following appears.

Click Here For Filtering Tips

Show 10 entries

Clear All Filters Export Search

Child Name	Eligibility Assignment Start Date	Eligibility Assignment End Date	Payment Certificate
Filter	Filter	Filter	
El	08/03/2020	03/11/2021	View
Fl	12/05/2020	03/11/2021	View
Gl	12/07/2020	03/08/2021	View
Gr	09/03/2020	02/26/2021	View
Hy	02/26/2020	02/26/2021	View
Na	11/09/2020	02/26/2021	View

Showing 1 to 6 of 6 entries

Previous Next

Click the link for a child name in the Child Name column, and a pop-up message displays child eligibility and enrollment details for the child.

Click **View** in the Payment Certificate column, and a pop-up message displays the payment certificate for the enrollment. If the payment certificate does not exist, the **View** button will not be active, but hovering over the button displays a message: "The payment certificate is not viewable until signed by the parent."

**NOTE:** If the ELC changes the Household Eligibility Status from **Redetermination** to **Active** or **Inactive**, the child's eligibility will be removed from Redetermination status and the record(s) will be removed from the Provider Portal Redetermination queues.

Child Eligibility Details

**Child Information**

Name: [Redacted] Date of Birth: [Redacted] Age: 1

**Parent Contact Information**

Name: [Redacted] Telephone: (555) 555-5555

Address: [Redacted]

City: Mount Dora State: FL Zip Code: 32757

**Eligibility Information**

CV Number: CV\_0000-037 Co Payment: \$4.25

Eligibility Status: COALITION REVIEWING Eligibility Start Date: 08/03/2020 Eligibility End Date: 03/11/2021

Enrollment Status: Enrolled Redetermination Due Date: 03/11/2021

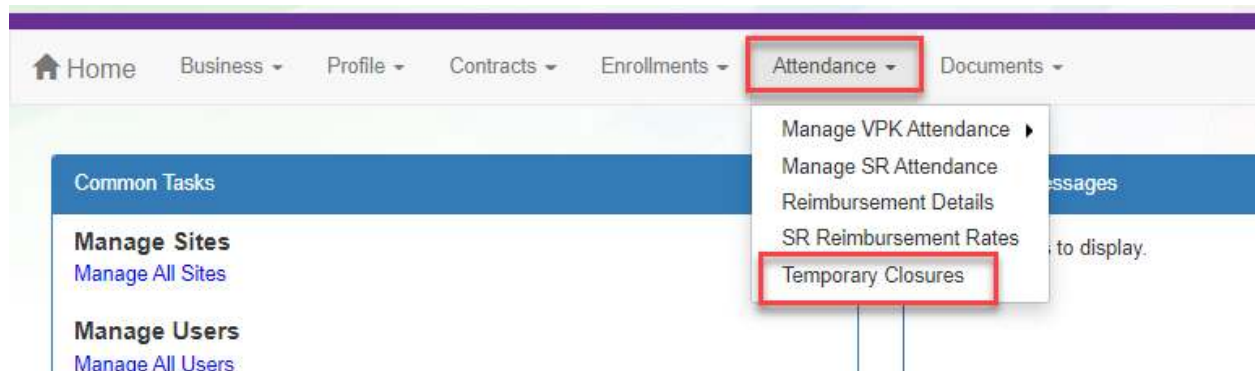
Close

## Temporary Closures

Temporary closures must be created when the whole site or program or specific classroom is temporarily closed due to emergency circumstances. Provider and Coalition users can initiate temporary closures.

**NOTE:** Temporary closures must be created BEFORE attendance is submitted for the month in which the closure occurs.

To add a closure, navigate to **Attendance > Temporary Closures**.



Click the **Add Closure** button.

The screenshot shows the 'Closures' page. The 'Add Closure' button is highlighted with a red box. Below the button is a table with 11 columns: Actions, Closure ID, IF, Type, Date of Closure, Status, Condition, Comments, Providers, Last Modified Date, and Last Modified By. The table contains 7 rows of data, each representing a closure record. The first row is highlighted. The table is paginated, showing 1 to 7 of 7 entries.

Actions	Closure ID	IF	Type	Date of Closure	Status	Condition	Comments	Providers	Last Modified Date	Last Modified By
<a href="#">View</a> <a href="#">Remove</a>	10753		Some VPK	11/19/2019 - 11/19/2019	Processed		1-1A closure approved for TH		11/23/2019 9:21:31 AM	
<a href="#">View</a> <a href="#">Remove</a>	10375		Whole Site	05/11/2020 - 05/29/2020	Processed		Closed due to Covid 19		5/20/2020 7:44:42 AM	
<a href="#">View</a> <a href="#">Remove</a>	0930		Whole Site	04/11/2020 - 04/30/2020	Processed		covid 19		4/30/2020 1:19:21 PM	
<a href="#">View</a> <a href="#">Remove</a>	2650		Whole Site	03/30/2020 - 03/31/2020	Processed		Closure Reimbursement (CR) -		3/31/2020 11:12:06 AM	
<a href="#">View</a> <a href="#">Remove</a>	2047		Whole Site	03/16/2020 - 03/25/2020	Processed		Closure Reimbursement (CR) -		3/25/2020 11:10:32 AM	
<a href="#">View</a> <a href="#">Remove</a>	1075		Whole Site	09/13/2019 - 09/05/2019	Processed		Closure Reimbursement due to ...		9/27/2019 11:55:05 AM	
<a href="#">View</a> <a href="#">Remove</a>	670		Whole Site	07/06/2018 - 07/06/2018	Processed		SITE CLOSED FOR SUMMER		8/16/2019 1:52:53 PM	

Showing 1 to 7 of 7 entries.



The Report Temporary Closure pop-up window opens.

**Report Temporary Closure**

**Closed Provider Site(s)**  
Select Providers

**Closure Details**  
Closed From Closed To

**Closure Reasons (select all that apply)**

- ☐ Exposure to COVID-19
- ☐ Scheduled deep-cleaning due to COVID-19
- ☐ Lack of child attendance
- ☐ Lack of staff availability
- ☐ Declared state of emergency other than COVID-19 (such as a hurricane)
- ☐ Other

**Documentation**  
Attach the documentation necessary to establish proof of site closure.

**Closure Documents**  
Upload Document

**Comments (limit 1000 characters)**

Save Cancel Submit to Coalition

## Creating a Temporary Closure for a Whole Site Closure

Complete the form. Hover over the information icons for additional information.

- **Closed Provider Site(s)** – Select the site(s) that were temporarily closed due to emergency circumstances. Each site that the user has access to is listed. Only providers with VPK or SR enrollments display in the dropdown list.  
**NOTE:** If providers were closed for different dates, they should be unchecked and have separate closure events created.
- **Closure Details** – Enter the closure date range. The “Closed From” date is the first day of the closure and the “Closed To” date is the last day of the closure. A single day closure would have the same “Closed From” and “Closed To” date. No services are available on dates included in the closure date range.  
**NOTE:** The closure date range is limited to a single month. If the closure crosses into the next month, an additional closure is needed to cover that time period.

**Report Temporary Closure**

**Closed Provider Site(s)**

Select Provider(s) \*

**Closure Details**

Closed From \* 05/03/2022 Closed To \* 05/03/2022

**Reimbursement Requests \***

For each provider, indicate whether all services were stopped, and then select one or more classes and care levels involved in the closure, along with the corresponding reimbursement request per closure day. If all services were involved in the closure, please review the corresponding VPK provider applications.

**Providers**

☒ No Services ☐ Provider

VPK Classes (0 of 0) SR Care Levels (7 of 7)

- ☒ INF - < 12 Months
- ☒ TOD - 12 to 24 Months
- ☒ 2VR - 24 to 36 Months
- ☒ PR3 - 36 to 48 Months
- ☒ PR4 - 48 to 60 Months
- ☒ PR5 - 60 to 72 Months
- ☒ SCH - in School

**INF August 2022**

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Total Processed Closure Reimbursement (CR) Days in Program: 0

☒ CR - Closure Reimbursable ☐ Non-Reimbursable

Clicking the No Services checkbox will select multiple providers with whole site closures and a pop-up will indicate that all classes and care levels are selected for all providers

**Report Temporary Closure**

**All Classes and Care Levels Were Selected**

By selecting the "No Services" checkbox for all providers, all classes and care levels have been automatically selected in the closure.

**Reimbursement Requests \***

For each provider, indicate whether all services were stopped, and then select one or more classes and care levels involved in the closure, along with the corresponding reimbursement request per closure day. If all services were involved in the closure, please review the corresponding VPK provider applications.

**Providers**

☒ No Services ☐ Provider

VPK Classes (0 of 0) SR Care Levels (7 of 7)

- ☒ INF - < 12 Months
- ☒ TOD - 12 to 24 Months
- ☒ 2VR - 24 to 36 Months
- ☒ PR3 - 36 to 48 Months
- ☒ PR4 - 48 to 60 Months
- ☒ PR5 - 60 to 72 Months
- ☒ SCH - in School

**INF August 2022**

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Unchecking the No Services checkbox will deselect all providers, but all classes and care levels for each provider are still selected. The user will need to deselect classes and care levels for each provider that should not be included in the closure.

**Report Temporary Closure**

**Class and Care Levels Selections Need Review**

All providers that "No Services" checkbox has been deselected by all providers, including classes and care levels were not deselected. Please deselect the classes and care levels that should not be included in the closure.

**Reimbursement Requests \***

For each provider, indicate whether all services were stopped, and then select one or more classes and care levels involved in the closure, along with the corresponding reimbursement request per closure day. If all services were involved in the closure, please review the corresponding VPK provider applications.

**Providers**

☐ No Services ☐ Provider

VPK Classes (0 of 0) SR Care Levels (7 of 7)

- ☒ INF - < 12 Months
- ☒ TOD - 12 to 24 Months
- ☒ 2VR - 24 to 36 Months
- ☒ PR3 - 36 to 48 Months
- ☒ PR4 - 48 to 60 Months
- ☒ PR5 - 60 to 72 Months
- ☒ SCH - in School

**INF August 2022**

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

- **Closure Reasons** – Select the applicable reason(s) for closure. If ‘Other’ is selected as the closure reason, then a comment is required.
- **Documentation** – Click the **Upload Document** button to upload necessary documents (optional).
- **Comments** – Enter comments related to the closure. If no comments are entered when the form is saved or submitted, the system will enter “Closure added by provider user” in the comments.

Clicking the **Save** button on the Report Temporary Closure form saves the record in “Incomplete” status. Incomplete closure forms can be seen by the coalition for assistance. To edit a temporary closure record, click the **Edit** button on the incomplete record.

Actions	Closure ID	JP	Type	Date of Closure	Payable	Status	Coalition	Comments	Providers	Last Modified Date	Last Modified By
<a href="#">Edit</a> <a href="#">Remove</a>	12137		Whole Site	10/01/2020 - 10/08/2020		Incomplete				10/22/2020 5:15:44 PM	
<a href="#">View</a> <a href="#">Remove</a>	11200		Whole Site	05/01/2020 - 05/15/2020	Yes	Processed		Closed due to COVID-19		5/20/2020 5:34:25 PM	
<a href="#">View</a> <a href="#">Remove</a>	8461		Whole Site	04/01/2020 - 04/30/2020	Yes	Processed		Closed due to COVID-19		4/28/2020 11:52:35 AM	
<a href="#">View</a> <a href="#">Remove</a>	4526		Whole Site	03/16/2020 - 03/16/2020	Yes	Processed		Closed due to COVID-19		4/14/2020 11:32:07 AM	
<a href="#">View</a>	1271		Whole Site	09/03/2019 - 09/03/2019	Yes	Processed		Hurricane Dorian Closure		10/1/2019 11:55:00 AM	

Edit the closure details and click **Submit to Coalition**. After clicking the **Submit to Coalition** button, the Sign and Certify message appears. Complete the authorized electronic signature fields, then click **Submit**.

Temporary Closure – Sign and Certify

By signing this form I certify that:

- I certify that the temporary closure was due to the circumstances as described above and the information provided is true and correct.
- I understand the coalition will determine reimbursement eligibility based on 6M-6.204 Uniform Attendance Policy for Funding the VPK Program and 6M-4.501 Reimbursement During Emergency Closures for the SR program.
- I understand child attendance records will not be collected for closure days.
- I understand the VPK Provider Application classroom calendars must be modified to restore instructional hours in excess of the allotted emergency closure days in order to receive reimbursement.

Authorized Electronic Signature

Full Name \*

☐ Certify by Electronic Signature \*

Submission Date

Submit

Cancel

The temporary closure is submitted to the coalition. The record appears in the Submitted closures queue in “Submitted” status.

## Creating a Temporary Closure for all or some SR Care Levels.

### Report Temporary Closure

#### Closure Details

Closed From

Closed To

#### Reimbursement Requests

For each provider, indicate whether all services were stopped, and then select one or more classes and care levels involved in the closure, along with the corresponding reimbursement request per closure day. If VPK classes were involved in the closure, please review the corresponding VPK provider applications.

##### Providers

No	Services	Provider
1	<input type="checkbox"/>	

##### Reimbursement Requests (0 of 0)

VPK Classes (0 of 0) SR Care Levels (0 of 7)

☒ INF - 12 Months
 ☒ TOD - 12 - 24 Months
 ☒ 2YK - 24 - 36 Months
 ☐ PR3 - 36 - 48 Months
 ☒ PR4 - 48 - 60 Months
 ☒ PR5 - 60 - 72 Months
 ☐ SCH - In School

##### PR5 August 2022

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Total Processed Closure Reimbursable (CR) Days in Program Year: 0

☒ CR = Closure Reimbursable ☐ CR = Closure Non-Reimbursable

#### Closure Reasons (Select all that apply)

☐ Exposure to COVID-19
 ☒ Scheduled deep cleaning due to COVID-19

Save

Cancel

Submit to Coalition

Complete the form. Hover over the information icons for additional information.

- Closed Provider Site(s)** – Select the site(s) that were completely, temporarily closed due to emergency circumstances. Each site that the user has access to is listed. Only providers with a certified contract display in the dropdown list.  
**NOTE:** If providers were closed for different dates, they should be unchecked and have separate closure events created.
- Closure Details** – Enter the closure date range. The “Closed From” date is the first day of the closure and the “Closed To” date is the last day of the closure. A single day closure would have the same “Closed From” and “Closed To” date. No services are available on dates included in the closure date range.  
**NOTE:** The closure date range is limited to a single month. If the closure crosses into the next month, additional closure is needed to cover that time period.
- Reimbursement Requests** – Select the care level(s) impacted by the closure. Check the checkbox for the care levels to include it in the closure.  
**NOTE:** The days default to ‘CR’.

VPK Classes (0 of 0)

SR Care Levels (5 of 7)

☒ INF - < 12 Months  
☒ TOD - 12 < 24 Months  
☒ 2YR - 24 < 36 Months  
☐ PR3 - 36 < 48 Months  
☒ PR4 - 48 < 60 Months  
☒ PR5 - 60 < 72 Months  
☒ SCH - In School

### PR5 August 2022

Sun	Mon	Tue	Wed	Thu	Fri	Sat
31	1	2	3 CR	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3

Total Processed Closure Reimbursable (CR) Days in Program Year: 0

CR = Closure Reimbursable. CN = Closure Non-Reimbursable.

- Clicking on CR changes the value to CN and vice versa.
- Closure Reasons** – Select the applicable reason(s) for closure. If ‘Other’ is selected as the closure reason, then a comment is required.
- Documentation** – Click the Upload Document button to upload necessary documents (optional).
- Comments** – Enter comments related to the closure.
- Clicking the Submit button submits the closure to the coalition. The record appears in the Closures grid with “Submitted” status. It is available in Coalition’s ‘Submitted’ queue.  
**NOTE:** Save button saves the record in ‘Incomplete’ status.
- Complete the authorized electronic signature fields, then check the Certify by Electronic signature box, then click the Submit button.

Temporary Closure ~ Sign and Certify

By signing this form I certify that:

- I certify that the temporary closure was due to the circumstances as described above and the information provided is true and correct.
- I understand the coalition will determine reimbursement eligibility based on 6M 8.204 Uniform Attendance Policy for Funding the VPK Program and 6M 4.501 Reimbursement During Emergency Closures for the SR program.
- I understand child attendance records will not be collected for closure days.
- I understand the VPK Provider Application classroom calendars must be modified to restore instructional hours in excess of the allotted emergency closure days in order to receive reimbursement.

Authorized Electronic Signature

Full Name \*

☐ Certify by Electronic Signature \*

Submission Date

10/22/2020

Submit

Cancel

- Clicking the **Submit** button submits the closure to the coalition. The record appears in the grid with “Submitted” status. It is available in Coalition’s ‘Submitted’ queue.

The screenshot shows a table titled 'Closures' with columns: Actions, Closure ID, IF, Type, Date of Closure, Status, Coalition, Comments, Providers, Last Modified Date, and Last Modified By. Two rows are visible, both with a status of 'Submitted'.

Actions	Closure ID	IF	Type	Date of Closure	Status	Coalition	Comments	Providers	Last Modified Date	Last Modified By
View	2389		Some SR	30/01/2021 - 30/04/2021	Submitted		Closure added by provider user		02/03/21 11:03:10 PM	System Administrator
View	2389		Some SR	30/01/2021 - 30/03/2021	Submitted		Closure added by provider user		02/03/21 11:01:12 PM	System Administrator

Once the submitted record is processed by the coalition, the record changes to **Processed** status.

**NOTE:**

- When the status of the record is submitted, there is only a **View** button. The provider cannot edit or delete a temporary closure record that is in **Submitted** or **Coalition Reviewing** status.
- Incomplete** and **Processed** records can be deleted.
- If a coalition adds more providers to the closure that the provider user does not have access to, there will not be a **Remove** button.

The screenshot shows a table titled 'Closures' with columns: Actions, Closure ID, IF, Type, Date of Closure, Payable, Status, Coalition, Comments, Providers, Last Modified Date, and Last Modified By. The first row is 'Submitted' and the others are 'Processed'. A red box highlights the bottom row, which has a 'View' button and a red arrow pointing to it.

Actions	Closure ID	IF	Type	Date of Closure	Payable	Status	Coalition	Comments	Providers	Last Modified Date	Last Modified By
View	12537		Whole Site	10/01/2020 - 10/08/2020		Submitted				10/02/2020 5:27:54 PM	
View Remove	11296		Whole Site	05/11/2020 - 25/10/2020	Yes	Processed		Closed due to COVID-19		5/08/2020 6:34:28 PM	
View Remove	8481		Whole Site	04/11/2020 - 04/03/2020	Yes	Processed		Closed due to COVID-19		4/30/2020 11:52:36 AM	
View Remove	4526		Whole Site	03/10/2020 - 03/11/2020	Yes	Processed		Closed due to COVID-19		4/14/2020 11:52:07 AM	
View	1271		Whole Site	05/03/2019 - 05/03/2019	Yes	Processed		Hurricane Dorian Closure		10/11/2019 11:50:50 AM	

- Individual students, not affected by a temporary closure, may be edited in SR attendance. For example, a 2 Year Old class has 6 children showing a CR for the temporary closure, but 3 of them were present on the CR days. The provider can change the CR days to an X to mark the 3 children present.

## Creating a Temporary Closure for all or some VPK Classes.

**Edit Temporary Closure**

**Closed Provider Site(s)**

Select Providers \*

**Closure Details**

Closed From \* 11/01/2020 Closed To \* 11/09/2020

**Reimbursement Requests \***

For each provider, indicate whether all services were stopped, and then select one or more classes and care levels involved in the closure, along with the corresponding reimbursement request per closure day. If VPK classes were involved in the closure, please review the corresponding VPK provider applications. ⓘ

**Providers**

No Services Provider VPK Classes (0 of 3) SR Care Levels (0 of 3)

AF20 - Class A  
DF20 - Class 2  
DF20 - Class 1

**AF20 November 2020**

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5

Total Processed Closure Reimbursable (CR) Days in Class: 2 ⓘ

CR = Closure Reimbursable NCR = Closure Non-Reimbursable

Save Cancel Submit to CASHION

Complete the form. Hover over the information icons ⓘ for additional information.

- **Closed Provider Site(s)** – Select the site where some or all VPK classes were temporarily closed due to emergency circumstances. Each site that the user has access to is listed. Only providers with enrollments display in the dropdown list.
- **Closure Details** – Enter the closure date range. The “Closed From” date is the first day of the closure and the “Closed To” date is the last day of the closure. A single day closure would have the same “Closed From” and “Closed To” date. No services are available on dates included in the closure date range.

**NOTE:** The closure date range is limited to a single month. If the closure crosses into the next month, an additional closure is needed to cover that time period.

- **Classes and Reimbursement Requests** – Select the class(es) impacted by the closure using the checkbox.
  - The Missed Instructional Hours pop-up window opens.
    - Selecting 'Yes', marks the day as 'Closure Non-Reimbursable' (CN) in the calendar.
    - Selecting 'No', marks the days as 'Closure Reimbursable' (CR) in the calendar.

The screenshot shows the 'Report Temporary Closure' form. A pop-up window titled 'Missed Instructional Hours' is open, asking 'Do you plan to make up any of the missed instructional hours?' with 'Yes', 'No', and 'Cancel' buttons. The form includes sections for 'Closed Provider Site(s)', 'Closure Details' (Closed From: 3/24/2021, Closed To: 3/25/2021), and 'Reimbursement Requests'. Under 'Reimbursement Requests', there is a table for 'EASTER SEALS- JACKSON DADE (17668)' with columns for 'VPK Classes (0 of 3)' and 'SR Care Levels (0 of 0)'. The table lists 'AF20 - Class A', 'AF20 - Class B', and 'CP20 - Class C'. A calendar for 'AF20 June 2021' is also visible, showing dates from 1 to 30. At the bottom, there is a legend for 'CR - Closure Reimbursable' and 'CN - Closure Non-Reimbursable' and buttons for 'Save', 'Cancel', and 'Submit to Coalition'.

- The days populate as CN – Closure Non-Reimbursable or as CR – Closure Reimbursable.
- Clicking on CN changes the value to CR and vice versa.



**Report Temporary Closure**

**Closed Provider State(s)**  
 Select Providers\*

**Closure Details**  
 Closed From\* 06/01/2021 Closed To\* 06/03/2021

**Reimbursement Requests\***  
 For each provider, indicate whether all services were stopped, and then select one or more classes and care levels involved in the closure, along with the corresponding reimbursement request per closure day. If VPK classes were involved in the closure, please follow the corresponding VPK provider requirements.

**Providers**  
 No Services Provider

**Selected Services - Associated Service Classes**  
 VPK Classes (4 of 7) BR Care Levels (0 of 0)

✓ AF20 - Class A  
 1 J PD20 - Class B  
 1 J CP20 - Class C

**AF20 June 2021**

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	1	2	3	4	5	6
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3

Total Approved Closure Reimbursement (CR) Data in Class: 1

☒ - Closure Reimbursable ☐ - Closure Non-Reimbursable

- **Closure Reasons** – Select the applicable reason(s) for closure. If “Other” is selected as the closure reason, then a comment is required.
- **Documentation** – Click the **Upload Document** button to upload necessary documents (optional).
- **Comments** – Enter comments related to the closure. If no comments are entered when the form is saved or submitted, the system will enter “Closure added by provider user” in the comments.
- After clicking the **Submit to Coalition** button, the **Sign and Certify** message appears.  
**NOTE:** Clicking the **Save** button saves the record in “Incomplete” status. The coalition can view incomplete forms.

Report Temporary Closure

COVID-19 Closure

19	14	12	16	17	18	19
20	11	22	23	24	25	26
27	28	29	30			

Total Temporary Closure (Temporary Closure) Days in Closure: 2

CR = Closure to Reopen CR = Closure from Reopen

Closure Reasons (check all that apply):

- ☐ Exposure to COVID-19
- ☐ Scheduled deep-cleaning due to COVID-19
- ☐ Lack of child attendance
- ☐ Lack of staff availability
- ☐ Declared state of emergency other than COVID-19 (such as a hurricane)
- ☐ Other

Documentation

Attach the documents that are required to substantiate your closure.

Closure Documents

Upload Document

Comments (limit 1000 characters)

Save Cancel **Submit to Coalition**

- Complete the authorized electronic signature information, then click the **Submit** button.

Temporary Closure ~ Sign and Certify

By signing this form I certify that:

- I certify that the temporary closure was due to the circumstances as described above and the information provided is true and correct.
- I understand the coalition will determine reimbursement eligibility based on 6M-6.204 Uniform Attendance Policy for Funding the VPK Program and 6M-4.501 Reimbursement During Emergency Closures for the SR program.
- I understand child attendance records will not be collected for closure days.
- I understand the VPK Provider Application classroom calendars must be modified to restore instructional hours in excess of the allotted emergency closure days in order to receive reimbursement.

Authorized Electronic Signature

Full Name \*

☐ Certify by Electronic Signature \*

Submission Date

10/22/2020

Submit

Cancel

- Clicking the **Submit** button submits the closure to the coalition. The record appears in the grid with "Submitted" status. It is available in Coalition's 'Submitted' queue.

## VPK Non-Reimbursable Temporary Closures

After the coalition approves a temporary closure that has non-reimbursable (CN) days, VPK providers must take additional steps to complete the process. When the temporary closure with non-reimbursable days is set to “Processed”:

1. The provider’s VPK provider application (VPK-APP) is changed to “Incomplete” status.
2. If the class(es) associated with the non-reimbursable closure shares a calendar with another class, the system separates the calendar so that each class that shared the calendar will have its own calendar. In other words, the original class calendar is cloned as many times as needed and each cloned calendar is assigned to a class so that all classes involved in the closure have its own calendar. (One of the classes will keep the original calendar.)
  - A new cloned calendar’s name consists of the word “Revised:” followed by the original calendar’s name and the associated class’s name in parenthesis.
  - If the original calendar does not have a name, the cloned calendar’s name will only consist of “Revised:” and the associated class’s name in parenthesis.

Example:

### Original Calendar:

Calendar Name: M - F 8:30 - 11:30  
Program Type: School Year (540 hours)  
Calendar Start Date: 08/10/2021  
Calendar End Date: 05/27/2022

Non-Instructional, Site Closures and Exceptional Instructional Days: August 2021

Sun	Mon	Tue	Wed
1	2	3	4

### Cloned Calendar assigned to class AF21:

Calendar Name: Revised: M - F 8:30 - 11:30 (AF21)  
Program Type: School Year (540 hours)  
Calendar Start Date: 08/10/2021  
Calendar End Date: 05/27/2022

Non-Instructional, Site Closures and Exceptional Instructional Days: August 2021

Sun	Mon	Tue	Wed
1	2	3	4

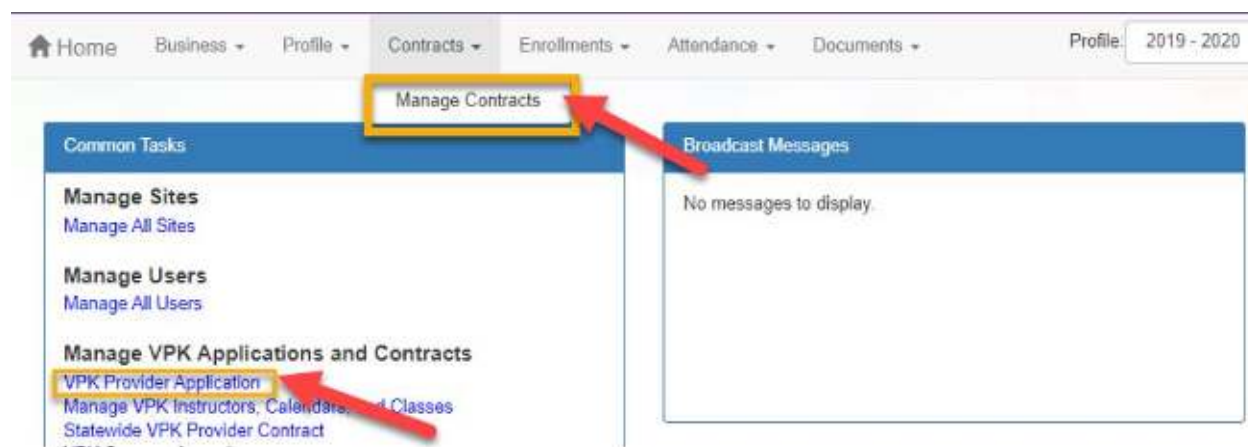
3. The non-reimbursable temporary closures for each class are automatically written to the original and/or cloned calendar as “**Non-Instructional: Temporary Closure Added**” in the correct service period month.

**NOTE:** When non-instructional temporary closure days are added to a VPK calendar, the Total Calculated Hours are reduced, so the provider must adjust the calendar to restore the calculated hours to “540”.

4. An email notification is sent to the provider advising that their VPK-APP is in non-certified status due to a temporary closure. The provider is instructed to log into the account to update and submit the VPK-APP to the coalition.

## Update VPK Class Calendar

Providers must revise their VPK class calendar(s) in their VPK-APP to make up the hours for the non-instructional day(s) due to temporary closure (CN days). In the Provider Portal, navigate to the **Contracts > Manage Contracts**. Or, on the home page Common Tasks section, click the VPK Provider Application link.



On the Manage Contracts page, click the **Edit** button for the incomplete VPK-APP.

The screenshot shows the 'Manage Contracts' page. At the top, there is a search bar and a 'Clear All Filters' button. Below the search bar, there is a table with the following columns: Contract ID, Type of Contract, Contract Name, Coalition, Status, Last Updated, Action, View Contract, Effective Date, Termination Date, and Program Year. The table contains five rows of data. The first row is highlighted with a red box around the 'Edit' button in the 'Action' column. The table also includes a 'Filter' button and a 'Showing 1 to 5 of 5 entries (filtered from 17 total entries)' message at the bottom.

Contract ID	Type of Contract	Contract Name	Coalition	Status	Last Updated	Action	View Contract	Effective Date	Termination Date	Program Year
25883	VPK-APP	VPK 10.11A.11B		Incomplete	2/29/2021	<b>Edit</b>				2021 - 2022
24341	VPK-APP	VPK 10.11A.11B		Certified	6/24/2021	<b>Edit</b>	<b>Download</b>	8/19/2020		2020 - 2021
15000	VPK-APP	VPK 10.11A.11B		Certified	6/24/2020	<b>Edit</b>	<b>Download</b>	8/12/2019		2019 - 2020
7313	VPK-APP	VPK 10.11A.11B		Certified	7/10/2019	<b>Edit</b>	<b>Download</b>	8/12/2018		2018 - 2019
7110	VPK-APP	VPK 10.11A.11B		Certified	7/10/2019	<b>Edit</b>	<b>Download</b>	8/12/2018		2017 - 2018

Click the **VPK Calendars** tab to open the calendars page.



Identify the calendar(s) with the non-instructional temporary closure days. Click the **Edit** button to make changes to a calendar. The system defaults to the first calendar month of the class. Click the forward arrow if needed to view the month with the closure.

Day	Start Time	End Time	Total Hours
Monday	08:15 AM	11:15 AM	3
Tuesday	08:15	11:15	3

The Totaled Calculated Hours will be reduced for each non-instructional day based on the hours defined for the day.

Calendar Name:  Program Type:  Calendar Start Date:  Calendar End Date:

Instructional Days:

Day	Start Time	End Time	Total Hours
<input type="checkbox"/> Monday	08:15 AM	11:15 AM	3
<input type="checkbox"/> Tuesday	08:15 AM	11:15 AM	3
<input type="checkbox"/> Wednesday	08:15 AM	11:15 AM	3
<input type="checkbox"/> Thursday	08:15 AM	11:15 AM	3
<input type="checkbox"/> Friday	08:15 AM	11:15 AM	3
<input type="checkbox"/> Saturday			0
<input type="checkbox"/> Sunday			0

Click a date to modify instructional hours. Multiple days may be selected by clicking and dragging days.

August 2021

Total Calculated Hours are reduced by the NonInstructional Day(s) due to the temporary closure.

Total Calculated Hours: 537.00

The Total Calculated Hours are less than the hours allotted for the VPK Program Type selected. Please correct if needed.

Total VPK Instructional Days: 179

Make adjustments to the calendar to restore the hours to 540. This can be accomplished in a variety of ways such as:

- Canceling previously identified future non-instructional days
- Extending the class end date
- Extending the time on instructional days by creating Instructional Day Exceptions with different class hours

When the changes are done and the calculated hours are restored, click the **Save** button.

**NOTE:** These steps must be completed for each impacted calendar.

When all impacted calendars are updated, click on the **Certify and Submit** tab. Complete the signature information, then click the **Submit VPK Provider Application** button.

The screenshot shows the 'Certify and Submit' tab in a web application. At the top, there's a navigation bar with links: 'Attendance Policy', 'VPK Director', 'VPK Instructors', 'VPK Calendars', 'VPK Class/CS', 'Review', and 'Certify and Submit' (which is highlighted with an orange box). Below the navigation bar, the 'Certify and Submit' section has a blue header. Underneath, there's a yellow box with the text 'By signing this form I certify that:' followed by a list of bullet points. The main form area is white and contains several fields: 'Signer's Name' (with a red asterisk), 'Day Time Phone Number' (with a red asterisk), 'Electronic Signature' (with a red asterisk and a checked box for 'Check this box to certify by electronic signature'), and 'Application Completion Date' (with a red asterisk). At the bottom of the form is a green button labeled 'Submit VPK Provider Application', which is pointed to by an orange arrow.

After clicking **Submit VPK Provider Application**, the VPK-APP status changes to “Submitted” and the application is available for the coalition to review.

**NOTE:** Since reimbursable temporary closure (CR) days do not reduce the total class hours, they will not be added to the VPK calendar.



## Attendance Rosters

After the temporary closure is processed by the coalition, the temporary closure days will show on SR and/or VPK attendance rosters as CR or CN.

**NOTE:** For VPK, if there were any CN days, the coalition must review the provider's updates to the VPK calendar and set the VPK-APP status to Certified before attendance can be done.

In the blue header, the temporary closure details display the closure dates.

SR Attendance Roster:

Program Type\*: SR School Readiness (SR)

Service Period\*: July 2021 Due Date: 8/4/2021

Coalition\*: ELC of St. Lucie

Attendance has NOT been submitted to ELC of St. Lucie.

Care Level: TOD, 2YR, PR3, PR4, PR5

Hours Of Operation: M-F 7:00am-5:30pm

SR/Local Funding Students: 6

Paid Holidays: 2021-07-05

Temporary Closures: 07/26/2021 - 07/27/2021

Temporary Closures: 07/28/2021 - 07/29/2021

1 to 6 of 6 enrolled

Search:

Indicate the child's attendance below. Supporting documentation may be uploaded to the Document Management Library as needed.

Attendance Calendar

July 2021

Child's Current Information

Name: [Redacted]

DOB: [Redacted] Age: 3

Copay: \$6.30 BGrp: BG8

Status: Enrolled

Monthly Attendance Summary

Anticipated Start Date: 6/7/2021

Days Absent: 2

Days Present: 16

Reimbursed Holidays: 1

Non-Reimbursable Days: 0

RWA: No

Schedule Note: N/A

Reject Reason:

A “” symbol indicates that the child's care level is impacted by a temporary closure during the service period.

	Child Name	DOB	Care	Age	BG	Status
1.			PR4	5y	BG8	
2.			PR5	5y	BG8	
3.			PR4	4y	BG8	
4.			PR4	4y	BG8	
5.			2YR	2y	BG8	
6.			PR4	4y	BG8	
7.			2YR	2y	BG8	
8.			2YR	2y	BG8	
9.			TOD	1y	BG8	
10.			INF	1y	BG8	
11.			TOD	2y	BG8	
12.						
13.						
14.						
15.						
16.						

needed.

Attendance Calendar						
March 2022						
Sun	Mon	Tue	Wed	Thu	Fri	
	27	28	1	2	3	
	6	7	8	9	10	
	13	14	15	16	17	1

Indicates the child's care level is impacted by a temporary closure during the service period.

## VPK Attendance Roster:

PreKindergarten (VPK)

Due Date : 9/3/2021

Summary

**Class attendance has NOT been submitted to Coalition at this time.**

<b>Class</b>	AF21-3hr AM	<b>Max Class Size</b>	20
<b>Start Date</b>	8/10/2021	<b>End Date</b>	5/27/2022
<b>Curriculum</b>	Mother Goose Time	<b>Edition</b>	2017

**Temporary Closure (ID: 25242) 08/13/2021 - 08/20/2021**

Indicate the child's attendance below. Supporting documentation may be uploaded to the Document Management Library as needed.

### Attendance Calendar

August 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
*	*	*	*	*	*	*
8	9	10	11	12	13	14
*	*	X	X	X	CR	*
15	16	17	18	19	20	21
*	CR	CR	CR	CR	CN	*
22	23	24	25	26	27	28
*	X	X	X	X	X	*
29	30	31	1	2	3	4
*						

#### Child's Current Information

**Name** [REDACTED]  
**DOB** [REDACTED] **Age** 4  
**Status** Enrolled **BGrp** VPK  
**Cert** VPK [REDACTED] -2021

**Class** AF21-3hr AM

#### Monthly Attendance Summary

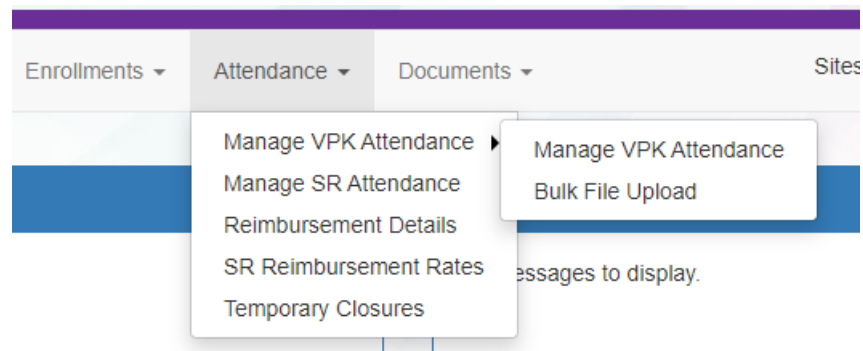
**Days Present** 0  
**Days absent** 0  
**Reject Reason**  
 N/A  
**Reject Comment**  
 N/A

After each child's attendance for the month is reviewed, it can be submitted to the coalition.



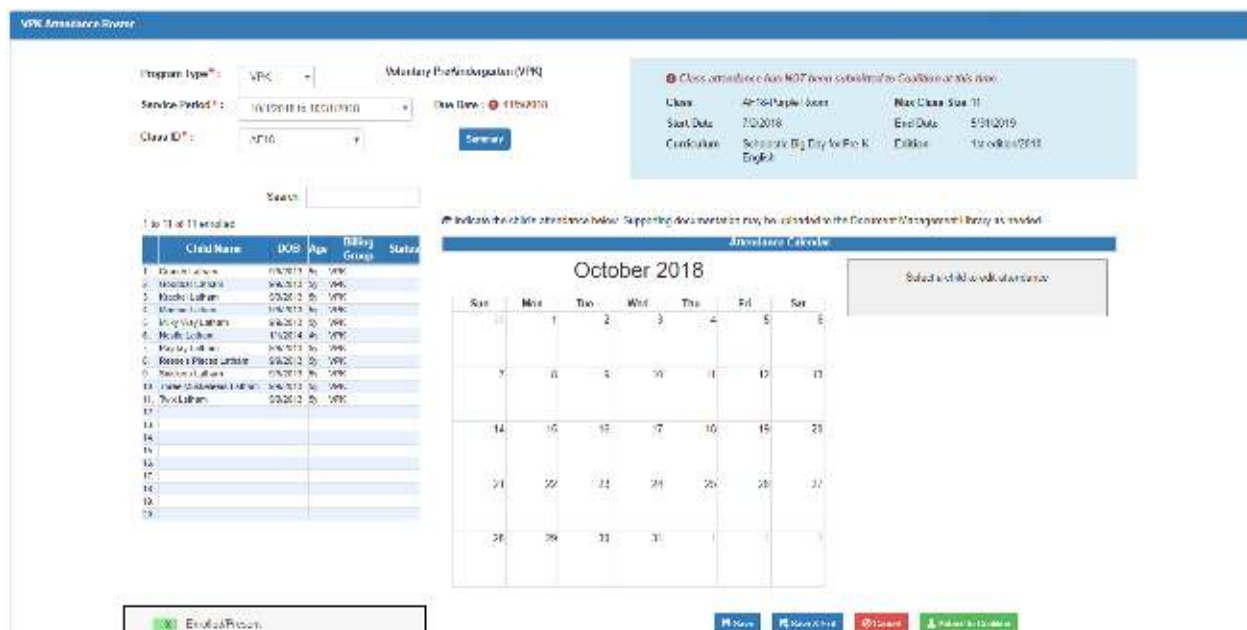
## Attendance - VPK

Providers manage VPK attendance online by navigating to the Attendance menu item and selecting **Manage VPK Attendance**. Providers may submit their attendance through the web page or using a bulk file upload, similar to the bulk enrollment file upload. It is important to note that changes to enrollment, such as entering a termination date, or changes to the class schedule, such as reporting a site closure, cannot be performed in attendance. Enrollment information must be corrected in the Enrollments area. Class schedule information must be corrected in the **Contracts > VPK Provider Application** area. Any changes to source data should be done prior to submitting attendance. Coalitions may assist as needed.



## Submitting Attendance Online

Select the **Manage VPK Attendance** menu item. The VPK Attendance Roster displays, defaulting to the current service period and first class. The blue summary box to the right contains class details such as the class full name, start and end dates, and max class size. If necessary, use the drop downs to select a different service period and/or class.



**NOTE:** A service period is the month in which services were rendered. Child absences for the service period must be marked, saved, and submitted to the coalition for payment. A due date is displayed for each service period. Providers with multiple classes must submit an attendance roster for each class for payment.

The search feature may be used to search for any criteria included in the roster (i.e. a name, DOB, age, billing group, or status). The summary feature shows the current/saved attendance information for all children in one view.

To record attendance, click on a child's name to view their attendance for the month.

The screenshot displays a web-based attendance management system. On the left, a list of children is shown with columns for Child Name, DOB, Age, Billing Group, and Status. A search bar is located at the top left. The main area features a calendar for October 2018, where days are marked with 'X' for present and 'A' for absent. A legend in the bottom left explains the symbols: 'X' for Enrolled/Enrolled, 'A' for Absent, 'M' for Missing/Unscheduled/Scheduled Days, 'H' for First/Last Day, 'T' for Terminated/Transferred/Ended, 'C' for Closed, and 'D' for Attendance has not started. On the right, a 'Child's Current Information' box provides details for a selected child, including Name, DOB, Age, Status, Class, and a 'Monthly Attendance Summary' showing Days Present and Days Absent. At the bottom right, there are buttons for 'Save', 'Save & Exit', 'Submit', and 'Submit to Coalition'.

- Days the site is closed are marked with an asterisk “\*.”
- Days the child is scheduled to attend are marked with an “X” for present.
- A legend is provided in the bottom right for more code descriptions.

To change a present day to absent, click on the “X.” The “X” for present will now appear as an “A” for absent.

**NOTE:** Absences entered by mistake can be changed back to present by clicking on the “A.”

While not required, it is recommended to click **Save** (below the calendar) before moving on to another child.

When all child absences are marked for the month, click **Save** and then click the **Submit to Coalition** button. A window may appear if the attendance is being submitted early or late, or if no absences have been recorded. To continue to the *Sign & Certify* page, click **Continue**.



## Submitted Attendance

Upon submission, the screen returns to the VPK Attendance Roster view with the current service period displayed. Select the submitted service period from the drop down. The submitted roster now has a submitted message and each child shows "SUB" for submitted in the status column. This status will change as the child attendance is processed by the coalition.

The screenshot shows the VPK Attendance Roster interface. At the top, there are filters for Program Type (VPK), Service Period (10/15/2018 to 10/21/2018), and Class ID (A11A). A message box indicates that class attendance was submitted to the Coalition on 10/20/2018 by a user. Below the filters is a table of child records with columns: Child Name, DOB, Age, (Billing Group), Status. The status column shows "SUB" for all children. To the right is an Attendance Calendar for October 2018, showing a calendar grid with dates 1 through 31. A button "Select a child's calendar" is visible.

## Rejected Attendance

Coalition staff may reject submitted attendance. In this case, the individual that submitted the roster will receive an email notification. Instructions are provided to log in to the Provider Services Portal, review the roster, make necessary changes to rejected records, and re-submit. The rejected child records are displayed at the top of the roster list in red and show "REJ" for rejected in the status column. Only records with "REJ" may be edited.

The screenshot shows the VPK Attendance Roster interface. At the top, there are filters for Program Type (VPK), Service Period (9/11/2018 to 9/17/2018), and Class ID (A11A). A message box indicates that class attendance was submitted to the Coalition on 9/19/2018 by a user. Below the filters is a table of child records with columns: Child Name, DOB, Age, (Billing Group), Status. The status column shows "REJ" for all children. To the right is an Attendance Calendar for September 2018, showing a calendar grid with dates 1 through 30. A button "Select a child's calendar" is visible.

To edit, click the name of a rejected record. Any absences previously recorded appear. Make changes as needed. After the last record is corrected, click **Save**. Then, click the **Submit to Coalition** button and continue to the *Sign & Certify* page. This time, the *Sign & Certify* page only shows the rejected records that are being re-submitted to the coalition. Complete the Authorized Electronic Signature portion and click Submit.

**Attendance - Sign and Verify**

Provider Type: VPK      Service Period: 8/1/2018 to 8/31/2018      Due Date: 8/31/2018      Condition: CLE of TBI & DYSIT  
 Provider ID: 00010      SR#: Growing Up Strong      Site Address: 28604680011 100 141 1400000000 11 00000000      County: 000000000000  
 Class ID Name: 47164 Apple River      Class Start Date: 8/2/2018      Class End Date: 8/2/2018

Child Name	DOB	Age	Billing Group	Sun 8/5	Sun 8/12	Mon 8/13	Tue 8/14	Wed 8/15	Thu 8/16	Fri 8/17	Sat 8/18	Sun 8/19	Mon 8/20	Tue 8/21	Wed 8/22	Thu 8/23	Fri 8/24	Sat 8/25	Sun 8/26	Mon 8/27	Tue 8/28	Wed 8/29	Thu 8/30	Fri 8/31	Sat 9/1	Sun 9/2	Days Absent	Days Present	
1. Gordon, Lillian	8/6/2010	7:00	VPK			X	X	X	X			A	A	X	X					X	X		A					3	17
2. Gordon, Lillian	8/6/2010	7:00	VPK			X	X	X	X			X	X	X	X				X	X		X					0	15	

X: Provided/Personal    A: Absent    T: Trained/Trained/Personal    Close

By clicking this record, verify that:

- I have reviewed the SR, verified attendance as provided herein reviewed and, to the best of my knowledge and belief, the information provided is true and correct.
- Attendance and personal absence must be maintained for monitoring purposes and may be updated to the Document Library.

**Authorized Electronic Signature**

Full Name:

☐ Certify by electronic signature

Subscriber Date: 8/31/2018

Upon submission, the rejected "REJ" records appear on the roster as submitted "SUB."

## Approved Attendance

Coalition staff will continue to work submitted attendance until the records are approved for payment. Approved records appear on the attendance roster as "APP" for approved in the status column.

**VPK Attendance Roster**

Program Type: VPK      Secondary/Third Independence (VPK)  
 Service Period: 8/1/2018 to 8/31/2018      Due Date: 8/31/2018  
 Class ID: 47164 Apple River     

Class: 47164 Apple River      New Class Size: 11  
 Site Name: 28604680011 100 141 1400000000 11 00000000      End Date: 8/31/2018  
 Curriculum: Scholastic Big Day for Thank English      Website: TallulahGSE

1 of 10 of 10 records

Child Name	DOB	Age	Billing Group	Status
1. Gordon, Lillian	8/6/2010	7:00	VPK	APP
2. Gordon, Lillian	8/6/2010	7:00	VPK	APP
3. Gordon, Lillian	8/6/2010	7:00	VPK	APP
4. Gordon, Lillian	8/6/2010	7:00	VPK	APP
5. Gordon, Lillian	8/6/2010	7:00	VPK	APP
6. Gordon, Lillian	8/6/2010	7:00	VPK	APP
7. Gordon, Lillian	8/6/2010	7:00	VPK	APP
8. Gordon, Lillian	8/6/2010	7:00	VPK	APP
9. Gordon, Lillian	8/6/2010	7:00	VPK	APP
10. Gordon, Lillian	8/6/2010	7:00	VPK	APP

Indicate the child's attendance below. Supporting documentation may be uploaded to the Document Management Library as needed.

**Attendance Calendar**

August 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17

When records are paid by the coalition, the reimbursement details are posted on the Provider Portal under **Attendance > Reimbursement Details**.

Enrollments ▾    Attendance ▾    Documents ▾

Manage VPK Attendance ▸  
 Manage SR Attendance  
 Reimbursement Details  
 SR Reimbursement Rates  
 Temporary Closures

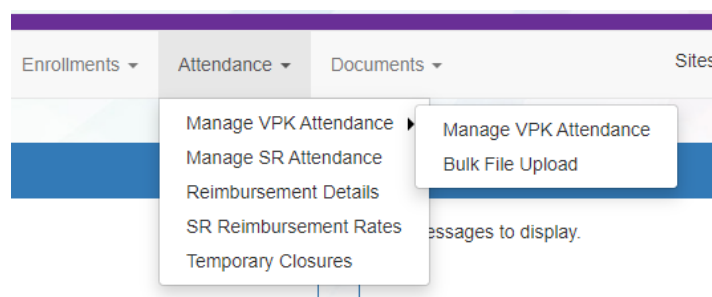


Providers can run a Payment Period or Service Period Reimbursement Report.



## Uploading Bulk Attendance File

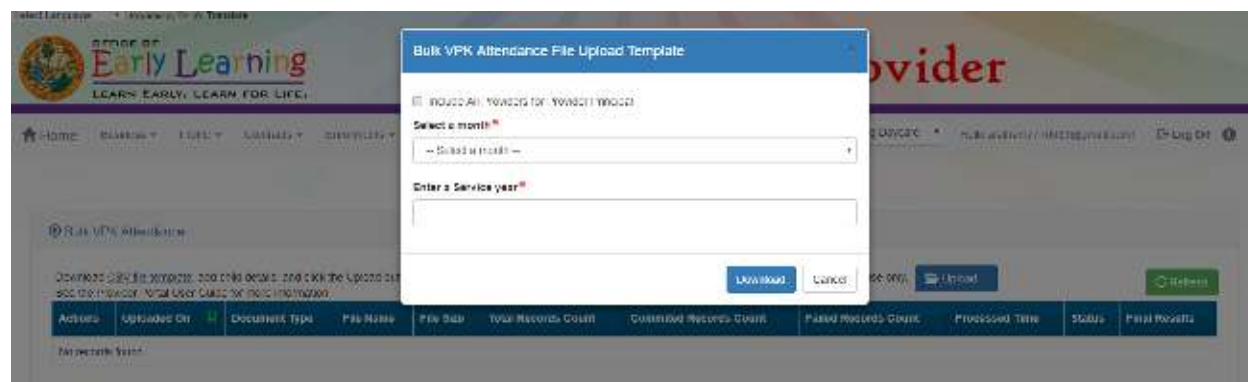
Providers may submit their attendance via a bulk file upload (similar to the enrollment bulk file upload process). To begin, go to the Attendance menu item, choose Manage VPK Attendance, and then select **Bulk File Upload**.



The Bulk VPK Attendance page displays.



Click the **CSV file template** link. A window appears. From this window, select the service month and year to generate a file for all of the enrollments (for all classes) at the site that month. Alternatively, multi-site providers may check the *"Include all providers for provider principal"* box to generate a file for all of the enrollments (for all classes) at all sites associated to the account for that month. Then, click the **Download** button.

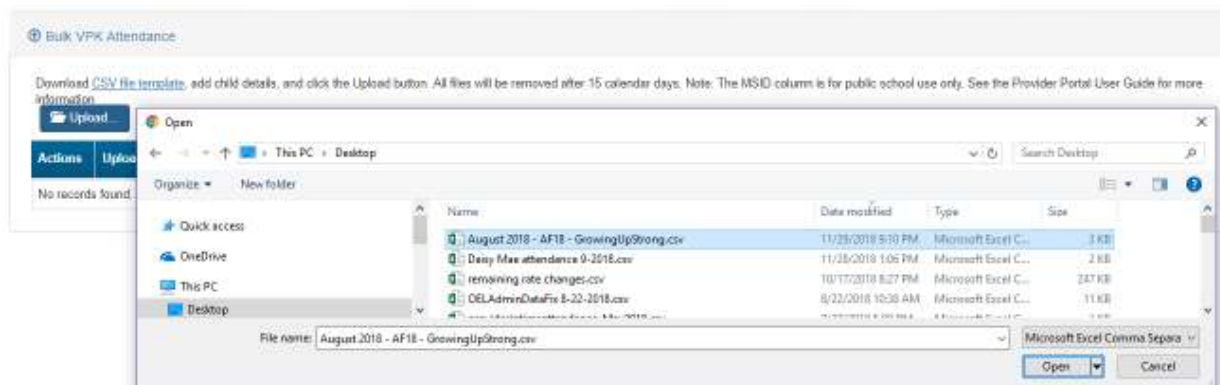


Open the downloaded file. The enrollment information for each class is pre-populated. Each instructional day during the student's enrollment defaults to present (X).

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	ProviderID	MSID	ProviderName	COENumber	FLEID	ChildLastName	ChildFirstName	ChildDateOfBirth	AttendanceMonth	AttendanceYear	Day_1	Day_2	Day_3	Day_4	Day_5	Day_6	Day_7	Day_8	Day_9
2	8433		Daisy Mae Daycare	VPK748-2018		Latham	Ariel	2/2/2014 0:00	8	2018	*	*	*	*	*	*	*	*	*
3	8433		Daisy Mae Daycare	VPK751-2018		Latham	Bambi	1/1/2014 0:00	8	2018	*	*	*	*	*	*	*	*	*
4	8433		Daisy Mae Daycare	VPK752-2018		Latham	Blue Fairy	8/8/2013 0:00	8	2018	*	*	*	*	*	*	*	*	*
5	8433		Daisy Mae Daycare	VPK753-2018		Latham	Pinocchio	12/12/2013 0:00	8	2018	*	*	*	*	*	*	*	*	*
6	8433		Daisy Mae Daycare	VPK747-2018		Latham	Aladin	1/1/2014 0:00	8	2018	*	*	*	*	*	*	*	*	*
7	8433		Daisy Mae Daycare	VPK757-2018		Latham	Chip	2/2/2013 0:00	8	2018	*	*	*	*	*	*	*	*	*
8	8433		Daisy Mae Daycare	VPK754-2018		Latham	Cinderella	7/7/2013 0:00	8	2018	*	*	*	*	*	*	*	*	*
9	8433		Daisy Mae Daycare	VPK756-2018		Latham	Cruella deVill	2/2/2013 0:00	8	2018	*	*	*	*	*	*	*	*	*
10	8433		Daisy Mae Daycare	VPK758-2018		Latham	Dalle	1/1/2014 0:00	8	2018	*	*	*	*	*	*	*	*	*
11	8433		Daisy Mae Daycare	VPK749-2018		Latham	Hercules	1/1/2014 0:00	8	2018	*	*	*	*	*	*	*	*	*

	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL	CM	CN	CO	CP	CQ	CR	CS	CT	CU	CV	CW	CX	CY	CZ	DA	DB	DC	DD	DE	DF	DG	DH	DI	DJ	DK	DL	DM	DN	DO	DP	DQ	DR	DS	DT	DU	DV	DW	DX	DY	DZ	EA	EB	EC	ED	EE	EF	EG	EH	EI	EJ	EK	EL	EM	EN	EO	EP	EQ	ER	ES	ET	EU	EV	EW	EX	EY	EZ	FA	FB	FC	FD	FE	FF	FG	FH	FI	FJ	FK	FL	FM	FN	FO	FP	FQ	FR	FS	FT	FU	FV	FW	FX	FY	FZ	GA	GB	GC	GD	GE	GF	GG	GH	GI	GJ	GK	GL	GM	GN	GO	GP	GQ	GR	GS	GT	GU	GV	GW	GX	GY	GZ	HA	HB	HC	HD	HE	HF	HG	HH	HI	HJ	HK	HL	HM	HN	HO	HP	HQ	HR	HS	HT	HU	HV	HW	HX	HY	HZ	IA	IB	IC	ID	IE	IF	IG	IH	II	IJ	IK	IL	IM	IN	IO	IP	IQ	IR	IS	IT	IU	IV	IW	IX	IY	IZ	JA	JB	JC	JD	JE	JF	JG	JH	JI	IJ	JK	KL	KM	KN	KO	KP	KQ	KR	KS	KT	KU	KV	KW	KX	KY	KZ	LA	LB	LC	LD	LE	LF	LG	LH	LI	LJ	LK	LL	LM	LN	LO	LP	LQ	LR	LS	LT	LU	LV	LW	LX	LY	LZ	MA	MB	MC	MD	ME	MF	MG	MH	MI	MJ	MK	ML	MM	MN	MO	MP	MQ	MR	MS	MT	MU	MV	MW	MX	MY	MZ	NA	NB	NC	ND	NE	NF	NG	NH	NI	NJ	NK	NL	NM	NN	NO	NP	NQ	NR	NS	NT	NU	NV	NW	NX	NY	NZ	OA	OB	OC	OD	OE	OF	OG	OH	OI	OJ	OK	OL	OM	ON	OO	OP	OQ	OR	OS	OT	OU	OV	OW	OX	OY	OZ	PA	PB	PC	PD	PE	PF	PG	PH	PI	PJ	PK	PL	PM	PN	PO	PP	PQ	PR	PS	PT	PU	PV	PW	PX	PY	PZ	QA	QB	QC	QD	QE	QF	QG	QH	QI	QJ	QK	QL	QM	QN	QO	QP	QQ	QR	QS	QT	QU	QV	QW	QX	QY	QZ	RA	RB	RC	RD	RE	RF	RG	RH	RI	RJ	RK	RL	RM	RN	RO	RP	RQ	RR	RS	RT	RU	RV	RW	RX	RY	RZ	SA	SB	SC	SD	SE	SF	SG	SH	SI	SJ	SK	SL	SM	SN	SO	SP	SQ	SR	SS	ST	SU	SV	SW	SX	SY	SZ	TA	TB	TC	TD	TE	TF	TG	TH	TI	TJ	TK	TL	TM	TN	TO	TP	TQ	TR	TS	TT	TU	TV	TW	TX	TY	TZ	UA	UB	UC	UD	UE	UF	UG	UH	UI	UJ	UK	UL	UM	UN	UO	UP	UQ	UR	US	UT	UU	UV	UW	UX	UY	UZ	VA	VB	VC	VD	VE	VF	VG	VH	VI	VJ	VK	VL	VM	VN	VO	VP	VQ	VR	VS	VT	VU	VV	VW	VX	VY	VZ	WA	WB	WC	WD	WE	WF	WG	WH	WI	WJ	WK	WL	WM	WN	WO	WP	WQ	WR	WS	WT	WU	WV	WW	WX	WY	WZ	XA	XB	XC	XD	XE	XF	YG	YH	YI	YJ	YK	YL	YM	YN	YO	YP	YQ	YR	YS	YT	YU	YV	YW	YX	YY	YZ	ZA	ZB	ZC	ZD	ZE	ZF	ZG	ZH	ZI	ZJ	ZK	ZL	ZM	ZN	ZO	ZP	ZQ	ZR	ZS	ZT	ZU	ZV	ZW	ZX	ZY	ZZ	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL	CM	CN	CO	CP	CQ	CR	CS	CT	CU	CV	CW	CX	CY	CZ	DA	DB	DC	DD	DE	DF	DG	DH	DI	DJ	DK	DL	DM	DN	DO	DP	DQ	DR	DS	DT	DU	DV	DW	DX	DY	DZ	EA	EB	EC	ED	EE	EF	EG	EH	EI	EJ	EK	EL	EM	EN	EO	EP	EQ	ER	ES	ET	EU	EV	EW	EX	EY	EZ	FA	FB	FC	FD	FE	FF	FG	FH	FI	FJ	FK	FL	FM	FN	FO	FP	FQ	FR	FS	FT	FU	FV	FW	FX	FY	FZ	GA	GB	GC	GD	GE	GF	GG	GH	GI	GJ	GK	GL	GM	GN	GO	GP	GQ	GR	GS	GT	GU	GV	GW	GX	GY	GZ	HA	HB	HC	HD	HE	HF	HG	HH	HI	HJ	HK	HL	HM	HN	HO	HP	HQ	HR	HS	HT	HU	HV	HW	HX	HY	HZ	IA	IB	IC	ID	IE	IF	IG	IH	II	IJ	IK	IL	IM	IN	IO	IP	IQ	IR	IS	IT	IU	IV	IW	IX	IY	IZ	JA	JB	JC	JD	JE	JF	JG	JH	JI	IJ	JK	KL	KM	KN	KO	KP	KQ	KR	KS	KT	KU	KV	KW	KX	KY	KZ	LA	LB	LC	LD	LE	LF	LG	LH	LI	LJ	LK	LL	LM	LN	LO	LP	LQ	LR	LS	LT	LU	LV	LW	LX	LY	LZ	MA	MB	MC	MD	ME	MF	MG	MH	MI	MJ	MK	ML	MM	MN	MO	MP	MQ	MR	MS	MT	MU	MV	MW	MX	MY	MZ	NA	NB	NC	ND	NE	NF	NG	NH	NI	NJ	NK	NL	NM	NN	NO	NP	NQ	NR	NS	NT	NU	NV	NW	NX	NY	NZ	OA	OB	OC	OD	OE	OF	OG	OH	OI	OJ	OK	OL	OM	ON	OO	OP	OQ	OR	OS	OT	OU	OV	OW	OX	OY	OZ	PA	PB	PC	PD	PE	PF	PG	PH	PI	PJ	PK	PL	PM	PN	PO	PP	PQ	PR	PS	PT	PU	PV	PW	PX	PY	PZ	QA	QB	QC	QD	QE	QF	QG	QH	QI	QJ	QK	QL	QM	QN	QO	QP	QQ	QR	QS	QT	QU	QV	QW	QX	QY	QZ	RA	RB	RC	RD	RE	RF	RG	RH	RI	RJ	RK	RL	RM	RN	RO	RP	RQ	RR	RS	RT	RU	RV	RW	RX	RY	RZ	SA	SB	SC	SD	SE	SF	SG	SH	SI	SJ	SK	SL	SM	SN	SO	SP	SQ	SR	SS	ST	SU	SV	SW	SX	SY	SZ	TA	TB	TC	TD	TE	TF	TG	TH	TI	TJ	TK	TL	TM	TN	TO	TP	TQ	TR	TS	TT	TU	TV	TW	TX	TY	TZ	UA	UB	UC	UD	UE	UF	UG	UH	UI	UJ	UK	UL	UM	UN	UO	UP	UQ	UR	US	UT	UU	UV	UW	UX	UY	UZ	VA	VB	VC	VD	VE	VF	VG	VH	VI	VJ	VK	VL	VM	VN	VO	VP	VQ	VR	VS	VT	VU	VV	VW	VX	VY	VZ	WA	WB	WC	WD	WE	WF	WG	WH	WI	WJ	WK	WL	WM	WN	WO	WP	WQ	WR	WS	WT	WU	WV	WW	WX	WY	WZ	XA	XB	XC	XD	XE	XF	YG	YH	YI	YJ	YK	YL	YM	YN	YO	YP	YQ	YR	YS	YT	YU	YV	YW	YX	YY	YZ	ZA	ZB	ZC	ZD	ZE	ZF	ZG	ZH	ZI	ZJ	ZK	ZL	ZM	ZN	ZO	ZP	ZQ	ZR	ZS	ZT	ZU	ZV	ZW	ZX	ZY	ZZ
Day 10	Day 11	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28	Day 29	Day 30	Day 31	ClientID	ClientName	County	Investment	POD	Product	Cost																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											

On the Provider Portal, click the **Upload** button. A file manager window opens. Locate the saved file and click **Open**.



The uploaded file displays in the Bulk VPK Attendance log.

Bulk VPK Attendance											
Download <a href="#">CSV file template</a> , add child details, and click the Upload button. All files will be removed after 15 calendar days. Note: The MSID column is for public school use only. See the Provider Portal User Guide for more information.											
<div>Upload</div> <div>Refresh</div>											
Actions	Uploaded On	Document Type	File Name	File Size	Total Records Count	Committed Records Count	Failed Records Count	Processed Time	Status	Final Results	
	11/29/2018	VPK Roster	August 2018 - AF18 - GrowingUpStrong.csv	2 KB	null	null	null		Submitted	Not Available	

Click the **Refresh** button to get final results.

Bulk VPK Attendance											
Download <a href="#">CSV file template</a> , add child details, and click the Upload button. All files will be removed after 15 calendar days. Note: The MSID column is for public school use only. See the Provider Portal User Guide for more information.											
<div>Upload</div> <div>Refresh</div>											
Actions	Uploaded On	Document Type	File Name	File Size	Total Records Count	Committed Records Count	Failed Records Count	Processed Time	Status	Final Results	
<a href="#">Download</a>	12/05/2018	VPK Roster	November 2018 - GrowingUpStrong.csv	2 KB	11	11	0		Completed	Submitted	

The successfully submitted attendance is now reflected on the class attendance roster. Each record shows "SUB" for submitted.



Providers manage SR attendance online by navigating to the Attendance menu item and selecting **Manage SR Attendance**. Providers may submit their attendance through the web page. It is important to note that changes to enrollment, such as entering a termination date, cannot be performed in the attendance module but rather the Manage SR Enrollment area. Also, when issues appear on the attendance roster (such as incorrect enrollment information, missing children, duplicate children, missing paid holidays, duplicate absences on the same day, etc.), the issues should be communicated to the coalition before submitting the attendance roster. Coalitions may assist in addressing the issues so that the attendance records have accurate information.



Program Type\*:

Service Period\*:

Classroom\*:

School Readiness (SR)

Due Date:

Attendance has NOT been submitted to ELC of the Big Bend Region

Core Level:

Hours Of Operation:

Estimated Funding Students:

Paid Holidays:

9/3/2018

1 to 9 of 5 (1/1/2018)

	Child Name	DOB	Age	Rating Group	Spans
1	Caprice Latham	2/25/2018	1y	0-20	
2	David Latham	2/25/2018	1y	0-20	
3	Shawna-Cla	10/10/19	3y	Other	
4	Shawna-Cla	10/10/19	3y	Other	
5	Shawna-Cla	10/10/19	3y	Other	
6	Shawna-Cla	10/10/19	3y	Other	
7	Shawna-Cla	10/10/19	3y	Other	
8	Shawna-Cla	10/10/19	3y	Other	
9	Shawna-Cla	10/10/19	3y	Other	
10	Shawna-Cla	10/10/19	3y	Other	
11	Shawna-Cla	10/10/19	3y	Other	
12	Shawna-Cla	10/10/19	3y	Other	
13	Shawna-Cla	10/10/19	3y	Other	
14	Shawna-Cla	10/10/19	3y	Other	
15	Shawna-Cla	10/10/19	3y	Other	
16	Shawna-Cla	10/10/19	3y	Other	
17	Shawna-Cla	10/10/19	3y	Other	
18	Shawna-Cla	10/10/19	3y	Other	
19	Shawna-Cla	10/10/19	3y	Other	
20	Shawna-Cla	10/10/19	3y	Other	

Find and click the child's attendance below. Supporting documentation may be uploaded to the Document Management Library as needed.

Attendance Calendar

August 2018

Select a child from enrollment to add attendance

Sun	Mon	Tue	Wed	Thu	Fri	Sat
29	30	31	1	2	3	4
5	6	7	8	9	10	11
13	14	15	16	17	18	19
20	21	22	23	24	25	26
28	29	30	31	1	2	3

Children that are “Enrolled” are included on the SR attendance roster.

New enrollments in “Pending Family Acceptance” will not be visible on attendance rosters and will only appear once the family signs the payment certificate; however, there are exceptions.

- New enrollments for at-risk children (BG1) or at-risk children in relative care (BG3R) billing groups in Pending Family Acceptance will populate on attendance rosters
- Existing enrollments in Pending Family Acceptance that have already been submitted for attendance in previous months will continue to populate on attendance rosters

If a provider has new enrollments in “Pending Family Acceptance”, when the provider clicks the **Manage SR Attendance** menu item, a pop-up window will display with a count of those new enrollments and a link to the Manage SR Enrollment queue.



See the Pending Family Acceptance Status section in this user guide for more information.

The search feature may be used to search for any criteria included in the roster (i.e. a name, DOB, age, billing group, or status). The summary feature shows the current/saved attendance information for all children in one view.

To record attendance, click on a child's name to view their attendance for the month.

The screenshot displays the Attendance Calendar interface. On the left is a roster table with columns: Child Name, DOB, Age, Billing Group, and Status. The main area shows a calendar for August 2018 with days of the week (Sun to Sat) and dates. Each date cell contains a status code (X, A, NS, H, etc.) indicating attendance. On the right is a 'Child's Current Information' summary box. Below the calendar is a legend explaining the status codes: X for Present/Excused, A for Absent, NS for Not Scheduled, H for Paid Holiday, and others. At the bottom right are buttons for 'Save', 'Cancel', and 'Add New Child'.

Child Name	DOB	Age	Billing Group	Status
Child 1	01/01/2018	1	Group 1	Active
Child 2	02/02/2018	2	Group 2	Active
Child 3	03/03/2018	3	Group 3	Active
Child 4	04/04/2018	4	Group 4	Active
Child 5	05/05/2018	5	Group 5	Active
Child 6	06/06/2018	6	Group 6	Active
Child 7	07/07/2018	7	Group 7	Active
Child 8	08/08/2018	8	Group 8	Active
Child 9	09/09/2018	9	Group 9	Active
Child 10	10/10/2018	10	Group 10	Active
Child 11	11/11/2018	11	Group 11	Active
Child 12	12/12/2018	12	Group 12	Active
Child 13	13/13/2018	13	Group 13	Active
Child 14	14/14/2018	14	Group 14	Active
Child 15	15/15/2018	15	Group 15	Active
Child 16	16/16/2018	16	Group 16	Active
Child 17	17/17/2018	17	Group 17	Active
Child 18	18/18/2018	18	Group 18	Active
Child 19	19/19/2018	19	Group 19	Active
Child 20	20/20/2018	20	Group 20	Active

**Child's Current Information Summary**

Name: Child 1  
 DOB: 01/01/2018 Age: 1  
 Copy: \$1.00 Bill: 1000  
 Status: ENROLL  
 Monthly Attendance Summary  
 Attendance Start Date: 7/1/2018  
 Days Absent: 0  
 Days Present: 23  
 Reimbursed Holidays: 0  
 Non-Reimbursable Days: 0

**Legend:**

- X: Present/Excused
- A: Absent
- NS: Not Scheduled
- H: Paid Holiday
- Terminated/Not Enrolled
- Enrolled
- Attendance Not Started

**Buttons:** Save, Cancel, Add New Child

- Days the site is closed are marked with an asterisk “\*”
- Days the child is not scheduled to attend are marked with “NS”. If the entire month for a child is marked “NS”, contact the local early learning coalition to correct the care days.
- Days the child is scheduled to attend are marked with an “X” for present along with his/her scheduled unit of care
- Paid holidays where a child is also scheduled to attend are marked with an “H”
- A legend is provided in the bottom right for more code descriptions

**NOTE:** The “Child’s Current Information” displayed on the right is current as of today. When working prior months, the information displayed may not align. For example, if a child’s enrollment was terminated in February 2019, the current enrollment status is *Enrollment Ended*. Each month (prior to February) will also display *Enrollment Ended* in the “Child’s Current Information” area because it is the current enrollment status. This does not impact the ability to record attendance for those prior months. Enhancements are planned to address the display.

To change a present day to absent, click on the “X.” A pop-up message appears to collect more information.

- Select an absent reason from the dropdown.
- Include a message to the coalition regarding the absence in the Note area. *(optional for most reasons)*
- Attach a file for supporting documentation by clicking **Choose File**. *(optional)*
- Click **Save** when done and the pop-up message will close.
- The “X” for present will now appear as an “A” for absent.

- f. Consecutive absences can be entered by using a date range. A document can be attached to the absence range and the document will be associated to every day entered in the date span.
- g. Absences entered by mistake can be changed back to present by clicking on the “A.” The below pop-up message appears. To undo the absence, click the **Remove Absence** button. That day will show an “X”, the absence reason is removed, and the attachment is removed.

Indicate the child's attendance below. Supporting documentation may be uploaded to the Document Management Library as needed.

**Note:**

**X** - Enrolled/Present – **Allows Date Span Absence**

**A** - Absent – **Allows Date Span Absence**

**CR** - Reimbursable Temporary Closure Day - Partial – **Allows Date Span Absence**

**CN** -Non-Reimbursable Temporary Closure Day – Partial – **Allows Date Span Absence**

**N** - Non-Reimbursable Day – **Does Not Allow Date Span Absence**

**NS** - Non-Scheduled Day – **Does Not Allow Date Span Absence**

**H** - Paid Holiday – **Does Not Allow Date Span Absence**

**T** - Terminated/Enrollment Ended – **Do Not Allow Date Span Absence**

**\*** Closed – **Does Not Allow Date Span Absence**

**CR** - Reimbursable Temporary Closure Day - Whole Site – **Does Not Allow Date Span Absence**

**CN** - Non-Reimbursable Temporary Closure Day - Whole Site – **Does Not Allow Date Span Absence**

**Attendance has not started** – **Does Not Allow Date Span Absence**

While not required, it is recommended to click **Save** (below the calendar) before moving on to another child. When all child absences are marked for the month, click **Save** and then click the **Submit to Coalition** button. A window may appear if the attendance is being submitted early or late, or if no absences have been recorded. To continue to the *Sign & Certify* page, click **Continue**.

**Submit Attendance**

The due date for this service period has passed. Late attendance records may be processed in the next reporting period.

Clicking Continue will move to Sign & Certify.

**Child's Current Information:**

Name: YOUNG, Lathan  
DOB: 3/5/2016 Age: 1  
Copy: 0122 Group: 03-WLT  
Status: Enrolled

**Monthly Attendance Summary:**

Attendance Start Date: 7/1/2016

**Absences:**

8/21/2016

Days Absent: 0  
Days Present: 22  
Reimbursed Holidays: 0  
Non-Reimbursable Days: 0

The *Sign and Certify* page summarizes the information for each child and an electronic signature is required.

**Attendance - Sign and Certify**

Provider Type: SR Service Period: 8/1/2016 to 8/31/2016 Due Date: 8/6/2016 Coalition: ELC of the Big Bend Region  
Provider ID: 10411 Site: Florida Children Center A Site Address: 5051 BROADVIEW DR, LAKELAND, FL 33809 County: DeSoto

Child Name	DOB	Age	Billing Group	Wed 8/3	Thu 8/4	Fri 8/5	Sat 8/6	Sun 8/7	Mon 8/8	Tue 8/9	Wed 8/10	Thu 8/11	Fri 8/12	Sat 8/13	Sun 8/14	Mon 8/15	Tue 8/16	Wed 8/17	Thu 8/18	Fri 8/19	Sat 8/20	Sun 8/21	Mon 8/22	Tue 8/23	Wed 8/24	Thu 8/25	Fri 8/26	Sat 8/27	Sun 8/28	Mon 8/29	Tue 8/30	Wed 8/31	A	X	H	N
1. Lathan Young	3/5/2016	1y	03-WLT	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	1	22	0	
2. Lathan Young	3/5/2016	1y	03-WLT	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	0	22	0	
3. Lathan Young	3/5/2016	1y	03-WLT	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X	X	X	X	X	0	22	0		
4. Lathan Young	3/5/2016	1y	03-WLT	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X	X	X	X	X	0	22	0		
5. Lathan Young	3/5/2016	1y	03-WLT	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X	X	X	X	X	0	22	0		

X: Enrolled/Enrolled A: Absent N: Non-Reimbursable Days NR: Non-Scheduled Days H: Holiday H: Holiday T: Terminated/Enrolled C: Closed

I, the undersigned, certify that:

- I have examined this SR monthly attendance for payment reimbursement and, to the best of my knowledge and belief, the information provided is true and correct.
- Unauthorized personnel should not be permitted for monitoring purposes and may be reported to the Department of Education.

**Authorized Electronic Signature**

Full Name:

☒ Certify by electronic signature

Submission Date: 7/6/2016

**Submit**

**Cancel**



## Submitted Attendance

Upon submission, the screen returns to the SR Attendance Roster view with the current service period displayed. Select the submitted service period from the drop down. The submitted roster now has a submitted message and each child shows "SUB" for submitted in the status column. This status will change as the child attendance is processed by the coalition.

**SR Attendance Roster**

Program Type: SR  
 Service Period: 8/1/2018 to 8/31/2018  
 Coalition: FLC of the Big Bend Region

School Readiness (SR)  
 Due Date: 8/31/2018

**Submitted**  
 Attendance was submitted to FLC of the Big Bend Region on 8/24/2018 by [admin@flcbb.org](#)

Care Level: INF TOD 2YR PR3 PR4  
 Hours Of Operation: M-F 8:00am-5:30pm  
 SR Local Funding Students: 0  
 Paid Holidays: 0

Search:

1 to 6 of 6 enrolled

Child Name	DOB	Age	Billing Group	Status
1. JAMES LUTHER	8/2/2018	1y	SR3	SUB
2. JAMES LUTHER	8/2/2018	1y	SR3	SUB
3. JAMES LUTHER	7/7/2018	2y	CCCP	SUB
4. JAMES LUTHER	8/2/2017	1y	CCCP	SUB
5. JAMES LUTHER	1/1/2014	5y	CC3	SUB
6. JAMES LUTHER	5/2/2012	7y	CC4	SUB

Attendance Calendar: August 2018

Select a child from enrollees to edit attendance

## Rejected Attendance

Coalition staff may reject submitted attendance. In this case, the individual that submitted the roster will receive an email notification. Instructions are provided to log in to the Provider Services Portal, review the roster, make necessary changes to rejected records, and re-submit. The rejected child records are displayed at the top of the roster list in red and show "REJ" for rejected in the status column. Only records with "REJ" may be edited.

**SR Attendance Roster**

Program Type: SR  
 Service Period: 8/1/2018 to 8/31/2018  
 Coalition: FLC of the Big Bend Region

School Readiness (SR)  
 Due Date: 8/31/2018

**Rejected**  
 This roster has rejected attendance from FLC of the Big Bend Region. Attendance was lost 8/24/2018 on 8/24/2018.

Care Level: INF TOD 2YR PR3 PR4  
 Hours Of Operation: M-F 8:00am-5:30pm  
 SR Local Funding Students: 0  
 Paid Holidays: 0

Search:

1 to 6 of 6 enrolled

Child Name	DOB	Age	Billing Group	Status
1. JAMES LUTHER	8/2/2018	1y	SR3	REJ
2. JAMES LUTHER	8/2/2018	1y	SR3	REJ
3. JAMES LUTHER	7/7/2018	2y	CCCP	REJ
4. JAMES LUTHER	8/2/2017	1y	CCCP	REJ
5. JAMES LUTHER	1/1/2014	5y	CC3	REJ
6. JAMES LUTHER	5/2/2012	7y	CC4	REJ

Attendance Calendar: August 2018

Select a child from enrollees to edit attendance

To edit, click the name of a rejected record. Any absences previously recorded appear. Make changes as needed. After the last record is corrected, click **Save**. Then, click the **Submit to Coalition** button and continue to the *Sign & Certify* page. This time, the *Sign & Certify* page only shows the rejected records that are being re-submitted to the coalition. Complete the Authorized Electronic Signature portion and click **Submit**.

Attendance > Sign and Certify

Funder Type: GR  
Provider ID: 9204

Service Period: 8/1/2018 to 8/31/2018  
Site: FORD CHURCH CENTER

Due Date: 9/30/2018  
Site Address: 5735 BROADFORDVILLE RD TALLAHASSEE, FL 32309 County: LEON

Coalition: FIC of the Big Bend Region

Child Name	DOB	Age	Enroll Group	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	A	R	H	N
FORD, Lathan	8/28/2018	18y	GRCS	X	X	X	-	-	X	X	A	A	X	-	-	X	X	X	X	X	X	X	-	-	X	X	X	X	X	-	-	X	X	X	X	X	X	X	2	21	0	0

X: Enrolled/Present   A: Absent   N: Non Reimbursable Days   NS: Non Scheduled Days   H: Paid Holiday Days   T: Terminated/Enrollment Ended   C: Closed

By signing this form, I certify that:

- I have reviewed this GR monthly attendance for payment reimbursement and, to the best of my knowledge and belief, the information provided is true and correct.
- I understand a pen/sign sheet must be maintained for monitoring purposes and may be uploaded to the Document Library.

Authorized Electronic Signature

Full Name: \*

☐ Certify by electronic signature \*

Submission Date: 9/30/2018

Upon submission, the rejected "REJ" records appear on the roster as submitted "SUB."

## Approved Attendance

Coalition staff will continue to work submitted attendance until the records are approved for payment. Approved records appear on the attendance roster as "APP" for approved in the status column.

**SR Attendance Roster**

Program Type: SR School Readiness (SR) Service Period: 01/2018 to 03/1/2018 Coalition: ELC of the Big Bend Region

**Attendance Calendar**

August 2018

Child Name	DOB	Age	Billing Group	Status
1. JORDAN LUTHER	03/2018	1y	SR	APP
2. JORDAN LUTHER	03/2018	1y	SR	APP
3. JORDAN LUTHER	03/2018	1y	SR	APP
4. JORDAN LUTHER	03/2018	1y	SR	APP
5. JORDAN LUTHER	03/2018	1y	SR	APP
6. JORDAN LUTHER	03/2018	1y	SR	APP

When records are paid by the coalition, the reimbursement details are posted on the Provider Portal under **Attendance > Reimbursement Details**.

Enrollments Attendance Documents

- Manage VPK Attendance
- Manage SR Attendance
- Reimbursement Details
- SR Reimbursement Rates
- Temporary Closures

Providers can run a Payment Period or Service Period Reimbursement Report.

**First Reimbursement Report**

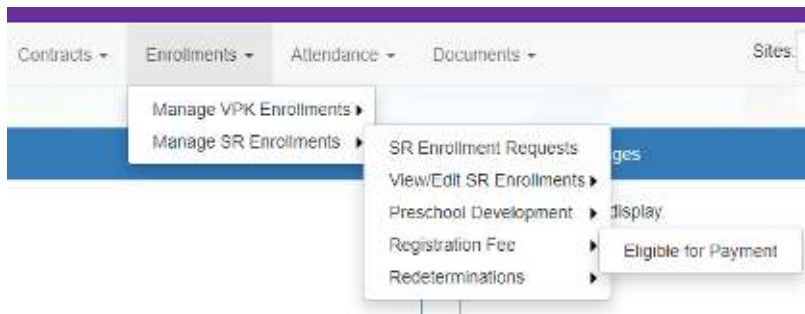
Report Name	Action
Payment Period Report	Run Report
Service Period Report	Run Report

**NOTE:** These reports have been enhanced to include children who are dismissed to get the registration fee. A dismissed child will show as \$0.00 in the reports.



## Request for Registration Fee Payment

Registration Fee Payments can only be requested by a provider. To request a Registration Fee, navigate to **Enrollments > Manage SR Enrollments > Registration Fees > Eligible for Payment**



Eligibility Rules for Registration Fee payments:

- Children are/were enrolled during the 2020-2021 program year.
- Children have not been paid more than 2 times in 5 years (or three with a hardship). Payments from 2019-2020 are excluded.
- Children with the BG1-ESS billing group and eligibility code are not eligible.
- Children “dismissed” by the provider for payment for the program year are not eligible.
- Children enrolled 3 months or less with expulsion reasons (Safety of Other Children or Behavior Problems) are not eligible.

The Registration Fee Payments screen lists children who are eligible for Registration Fee payments. To request a payment, check the checkboxes and click **Request Payment** button.

A screenshot of the 'Registration Fee Payments' screen. The screen has a blue header with the title 'Registration Fee Payments'. Below the header, there are two tabs: 'Program Year: 2020 - 2021' and 'Payment Period: March 2021'. A text box explains the eligibility criteria for registration fee payments. Below this, there is a table with columns: 'Child ID', 'Child Name', 'Child Date of Birth', 'Household ID', 'Parent Name', and 'Assigned Fee'. The table contains several rows of data, with the first row highlighted. To the left of the table, there is a column of checkboxes for selecting rows. At the bottom of the table, there is a summary row showing 'Total selected fees: \$0.00'. At the bottom right of the screen, there is a 'Request Payment' button and a 'Dismiss Children' button.

On the Request Payment pop-up, check the **I certify** checkbox and click **OK**. The record will be available for the coalition to Approve, Reject, or mark Ineligible.

**Request Payment**

You have selected 1 children for a total of \$75.00.  
Do you want to request payment for these children?

☒ I certify that [blank] has not received these payments from the corresponding families for this program year.

**OK** **Cancel**

Child ID	Child Name	Child Date of Birth	Household ID	Parent Name	Assessed Fee
8877386			1254033		\$75.00
2732509			2140516		\$75.00
1267337			351679		\$75.00
2373444			647730		\$75.00

Total selected fees: \$75.00

Showing 1 to 4 of 4 entries. (Filtered from 33 total entries) 1 row selected

**Request Payment** **Dismiss Children**

## Dismiss Children

If the provider has collected the registration fee from the family, the child is not eligible for a registration fee payment. To dismiss children from the list of registration fee payments, check the checkbox and click **Dismiss Children** button. Hovering over the **Dismiss Children** button will display the following message: "Remove all selected children from this list and indicate that payment is not expected from the coalition."

**Registration Fee Payments**

Program Year: 2020 - 2021 Payment Period: January 2021

The children below are eligible for registration fee payments based on the following criteria:

- The Provider has an online SR-20 contract/amendment with a registration fee greater than \$0.00 for the current program year.
- The child is in the SR Program.
- The child has not had more than two registration fee payments in the last 5 years (or three with a hardship).

Show 10 entries

**Clear All Filters** Search: [blank]

Child ID	Child Name	Child Date of Birth	Household ID	Parent Name	Assessed Fee
Filter	mar	Filter	Filter	Filter	Filter
<input checked="" type="checkbox"/>					\$75.00
<input type="checkbox"/>					\$75.00
<input type="checkbox"/>					\$75.00
<input type="checkbox"/>					\$75.00

Total selected fees: \$75.00

Showing 1 to 4 of 4 entries. (filtered from 33 total entries) 1 row selected

Previous 1 Next

**Request Payment** **Dismiss Children**

The Dismiss Children pop-up window opens. Click the **OK** button to confirm dismissing the child(ren) from the list of registration fee payments. The Provider won't be able to resubmit these children for registration fee payment.

The screenshot shows a web application interface for 'Registration Fee Payments'. A modal window titled 'Dismiss Children' is open in the center. The modal contains the text: 'You have selected 1 children. Do you want dismiss these children from receiving a payment from the coalition for the current program year?'. At the bottom right of the modal are two buttons: 'OK' (highlighted with a red square) and 'Cancel'.

The background interface includes a header 'Registration Fee Payments' and a sub-header 'Payment Period: January 2021'. Below the header, there is a list of children eligible for registration fee payments based on the following criteria:

- The Provider has an online SR-20 contract/amendment with a registration program year.
- The child is in the SR Program.
- The child has not had more than two registration fee payments in the last 5 years.

The main table displays a list of children with columns: Child ID, Child Name, Child Date of Birth, Household ID, Parent Name, and Assessed Fee. The first row is selected, and the total selected fees are \$75.00. The table shows 1 row selected out of 4 entries (filtered from 33 total entries).

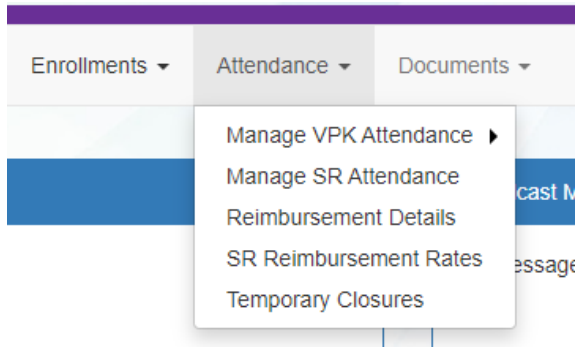
Child ID	Child Name	Child Date of Birth	Household ID	Parent Name	Assessed Fee
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	\$75.00
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	\$75.00
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	\$75.00
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	\$75.00

Showing 1 to 4 of 4 entries. (filtered from 33 total entries) 1 row selected

Buttons: Request Payment, Dismiss Children

## SR Reimbursement Rate Plan

Providers can view their reimbursement rate plans in the Provider Portal. Navigate to **Attendance > SR Reimbursement Rates**.



The Coalition dropdown shows all the coalitions the provider has a contract with. The Rate Plan Period dropdown displays all the rate plans available based on the selected coalition. Clicking the **Reimbursement Rates** button will navigate to the SR Reimbursement Rates screen.

### SR Reimbursement Rates

Coalition:

ELC of Palm Beach ▼

Rate Plan Period:

07/01/2022 - 12/31/2022 ▼

Reimbursement Rates

After clicking **Reimbursement Rates**, the SR Reimbursement Rates show for the selected coalition and rate plan period. The rates show the rates and differentials used to calculate reimbursement for the provider as shown in Exhibit 5 of the contract. The provider can view the rates for different units of care by selecting an option from the Unit of Care dropdown menu. Clicking the **View Provider Rates** button will navigate to the Provider's Private Pay Rates.

SR Reimbursement Rates - 16 -

Unit of Care: Full-Time Daily Rates Rates in effect on: 7/1/2022

\* Special needs rate will be negotiated up to twenty (20) percent above the maximum approved base reimbursement rate established for infant care by the coalition pursuant to Rule 6M-4.500, F.A.C. The negotiated rate will be based on the level of care needed for an individual child.

\* The rates below show the rates and differentials used to calculate reimbursement for this provider, as shown in Exhibit 5 of the contract.

[View Provider Rates](#) [View Differential Rates](#) [Sample VPH Wrap Calculation](#)

Care Code	Description	A Provider's Private Pay Rates	B Coalition Maximum Reimbursement Rates	C Approved Provider Reimbursement Rate without Gold Seal	D Gold Seal Differential (Column B + percentage)	E Approved Provider Reimbursement Rate with Gold Seal (Column C + D)	F Provider's Private Pay Rates Upper Limit (Column A + 20%)	G GPI Differential Rate (Column C + tier percentage)	H Local QI Level Differential Rate (Column C + tier percentage)	I Total Payment Rate (Column E + G + H)	J Contracted Slots Differential Rate (per child flagged for contracted slots)	K Child Assessment Differential Rate (Column C + tier percentage)
INF	<12 Months	\$0.00	\$50.00	\$0.00	\$0.00	\$0.00	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOD	12 <24 Months	\$0.00	\$40.24	\$0.00	\$0.00	\$0.00	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2YR	24 <36 Months	\$45.00	\$37.45	\$37.45	\$7.49	\$44.94	-	\$3.75	\$0.00	\$48.69	\$4.00	\$1.87
PR3	36 <48 Months	\$40.00	\$30.00	\$30.00	\$5.00	\$35.00	-	\$3.00	\$0.00	\$38.00	\$4.00	\$1.50
PR4	48 <60 Months	\$40.00	\$28.00	\$28.00	\$5.71	\$33.71	-	\$2.86	\$0.00	\$37.12	\$4.00	\$1.43
PR5	60 <72 Months	\$40.00	\$27.00	\$27.00	\$5.40	\$32.40	-	\$2.70	\$0.00	\$35.10	\$4.00	\$1.35
SCH	In School	\$38.00	\$19.86	\$19.86	\$3.97	\$23.83	-	\$1.99	\$0.00	\$25.82	-	-

[Back](#)

The rates are read-only. The rates in the Provider's Pay Rates screen are the rates that display in Column A of the SR Reimbursement Rates screen. Clicking the **Back** button will navigate to the SR Reimbursement Rates screen.

Provider's Private Pay Rates - ACADEMY INC.

Care Code	Description	PT	PT	PTL
INF	<12 Months	\$ 0.00	\$ 0.00	\$
TOD	12 <24 Months	\$ 0.00	\$ 0.00	\$
2YR	24 <36 Months	\$ 45.00	\$ 37.45	\$
PR3	36 <48 Months	\$ 40.00	\$ 30.00	\$
PR4	48 <60 Months	\$ 40.00	\$ 28.00	\$ 0.00
PR5	60 <72 Months	\$ 40.00	\$ 27.00	\$ 0.00
SCH	In School	\$ 38.00	\$ 19.86	\$ 12.00

[Back](#)

From the SR Reimbursement Rates screen, clicking the **View Differential Rates** button will navigate to the Provider's Differential Rates screen. Clicking the **Back** button will navigate to the SR Reimbursement Rates screen.

SR Reimbursement Rates - 16 -

Unit of Care: Full-Time Daily Rates Rates in effect on: 7/1/2022

View Provider Rates

View Differential Rates

Sample VPK Wrap Calculation

\* Special needs rate will be negotiated up to twenty (20) percent above the maximum approved base reimbursement rate established for infant care by the coalition pursuant to Rule 6M-4.500, F.A.C. The negotiated rate will be based on the level of care needed for an individual child.

\* The rates below show the rates and differentials used to calculate reimbursement for this provider, as shown in Exhibit 5 of the contract.

	A	B	C	D	E	F	G	H	I	J	K	
Care Code	Description	Provider's Private Pay Rates	Coalition Maximum Reimbursement Rates	Approved Provider Reimbursement Rate without Gold Seal	Gold Seal Differential (Column B - percentage)	Approved Provider Reimbursement Rate with Gold Seal (Column C + D)	Provider's Private Pay Rates Upper Limit (Column A + 20%)	GPI Differential Rate (Column C - tier percentage)	Local QI Level Differential Rate (Column C - tier percentage)	Total Payment Rate (Column E + G + H)	Contracted Slots Differential Rate (per child flagged for contracted slots)	Child Assessment Differential Rate (Column C - tier percentage)
INF	<12 Months	\$0.00	\$50.00	\$0.00	\$0.00	\$0.00	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOD	12 <24 Months	\$0.00	\$40.24	\$0.00	\$0.00	\$0.00	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2YR	24 <36 Months	\$45.00	\$37.45	\$37.45	\$7.49	\$44.94	-	\$3.75	\$0.00	\$48.69	\$4.00	\$1.57
PR3	36 <48 Months	\$40.00	\$30.00	\$30.00	\$5.00	\$35.00	-	\$3.00	\$0.00	\$38.00	\$4.00	\$1.50
PR4	48 <60 Months	\$40.00	\$28.50	\$28.00	\$5.71	\$34.25	-	\$2.86	\$0.00	\$37.12	\$4.00	\$1.43
PR5	60 <72 Months	\$40.00	\$27.00	\$27.00	\$5.40	\$32.40	-	\$2.70	\$0.00	\$35.10	\$4.00	\$1.35
SCN	In School	\$38.00	\$19.86	\$19.86	\$3.97	\$23.83	-	\$1.99	\$0.00	\$25.82	-	-

Back

From the SR Reimbursement Rates screen, clicking the **Sample VPK Wrap Calculation** link opens a pop-up with a sample calculation. Clicking the **Back** button will navigate to the SR Reimbursement Rates screen.

SR Reimbursement Rates - 16 (SN) -

Unit of Care: Full-Time Daily Rates Rates in effect on: 7/1/2022

[View Provider Rates](#) [View Differential Rates](#) [Sample VPK Wrap Calculation](#)

\* Reimbursable rate is included because the provider exceeds the provider's private pay rate upper limit set in Column F.  
\* The rates below show the rates and differentials used to calculate reimbursement for this provider, as shown in Exhibit 5 of the contract.

	A	B	C	D	E	F	G	H	I	J	K	
Care Code	Description	Provider's Private Pay Rates	Coalition Maximum Reimbursement Rates	Approved Provider Reimbursement Rate without Gold Seal (Column A or B, whichever is lower)	Gold Seal Differential (Column C - percentage)	Approved Provider Reimbursement Rate with Gold Seal (Column E + D) (upward contract waived column I)	Provider's Private Pay Rates Upper Limit (Column A + 20%)	GPI Differential Rate (Column C - tier percentage)	Local QI Level Differential Rate (Column C - tier percentage)	Total Payment Rate (Column E + G + H) (contract waived column I)	Contracted Slots Differential Rate (per child flagged for contracted slots)	Child Assessment Differential Rate (Column C - tier percentage)
INF	<12 Months	\$0.00	\$40.42	\$0.00	\$0.00	\$0.00	\$8.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOD	12 <24 Months	\$38.00	\$32.33	\$32.33	\$5.67	\$38.00	\$9.52	\$7.23	\$0.00	\$52.54	\$0.00	\$1.52
2YR	24 <36 Months	\$38.00	\$31.41	\$31.41	\$5.55	\$36.96	\$9.52	\$7.23	\$0.00	\$52.54	\$0.00	\$1.57
PR3	36 <48 Months	\$38.00	\$27.00	\$27.00	\$4.00	\$31.00	\$9.52	\$7.23	\$0.00	\$47.73	\$0.00	\$1.25
PR4	48 <60 Months	\$38.00	\$25.00	\$25.00	\$4.00	\$29.00	\$9.52	\$7.23	\$0.00	\$45.73	\$0.00	\$1.25
PR5	60 <72 Months	\$38.00	\$27.00	\$27.00	\$4.00	\$31.00	\$9.52	\$7.23	\$0.00	\$47.73	\$0.00	\$1.25
SCN	In School	\$38.00	\$17.00	\$17.00	\$3.97	\$20.97	\$9.52	\$7.23	\$0.00	\$38.19	\$0.00	\$1.48
SPN	Special Needs	\$30.00	\$20.47	\$20.47	\$5.83	\$26.30	\$9.52	\$7.23	\$0.00	\$42.00	\$0.00	\$2.00

Back

### Sample VPK Wrap Calculation

This is an example of a VPK wrap calculation for a child enrolled in both SR and VPK. The VPK class is 3 hours long and the child has full time care.

NOTE: The calculations are to 4 decimal places until the Gross Payment Amount, where it is rounded.

#### How are wrap rates calculated?

1. Provider Contract Approved Rate
2. Hourly Rate = Daily Rate/Max SR Hours *[calculated to 4 decimal places]*
3. Payable Hours = Max SR Hours - VPK Hours
4. SR Daily Rate = Payable Hours \* Hourly Rate *[calculated to 4 decimal places]*
5. Gross Payment Amount = SR Daily Rate \* Total Days Paid *[calculated to 4 decimal places]*

#### Example:

1. Provider Contract Approved Rate (PR4): \$24.50
2. Hourly Rate:  $\$24.50/11 = \$2.2273$
3. Payable Hours:  $11-3 = 8$
4. SR Daily Rate:  $8 * \$2.2273 = \$17.8184$
5. Gross Payment Amount:  $\$17.8184 * 20 = \$356.3680$

For this record on the 5045, the provider is reimbursed for \$356.37.

Close