

Provider Portal User Guide

Version 2.5.1

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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 give providers a reference document to successfully navigate and perform business processes included in Release 2.5.1 of the Provider Portal.

Intended Audience

The intended audience for this document includes provider staff responsible for completing and maintaining Provider Portal registrations.

What's New in this User Guide?

New screenshots and text were added to the VPK Instructor, VPK Calendars, and VPK Class(es) subsections of the VPK-APP section. New screenshots were added to the Private Pay Rates and Documents tabs.

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 the Office of Early Learning Service Desk at <u>Service.Desk@oel.myflorida.com</u> or (850) 717-8600.

Accessing the Provider Portal

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

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.

Provider Services Logon	
Account Information	
User name (must be a valid email address)	Not yet registered?
Enter User Name	Clic <mark>t here t</mark> o register a new provider account.
Password	
Enter Password	
Log On	
Forgot my password	
Change my password	

Click the <u>here</u> link to start the new account registration process and the following page will display:

Register for a New Provider Account	
License Details Taxpayer or Provider identification number* 0	Already registered? Click here to log in with your existing account information.
License/Registration/Exemption number, or EXEMPT* 3	
Verify License Details	

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 <u>Verify License Details</u> 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	
entered. If we've correctly identified	lata which corresponds to the license information that you ed your provider, click Yes to pre-fill sections of the 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?	

If the information is not correct, click the <u>No</u> button and contact the local early learning coalition.

If the information is correct, click the <u>Yes</u> 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 Fo	und	
Taxpayer or Provider ID: License/Registration/Exemption #:	××	0000000000 EXEMPT
We were not able to find matching provide	er site or pi	rincipal 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.



After filling in the required information (noted with a red asterisk *), the Provider Portal user must click the **<u>Register</u>** 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 蒂
Owner/Operator name*
Principal Address line 1*
Principal Address line 2
Principal City *
Principal State*
Principal Zip code *

Location Details

Doing Business As name (DBA)*	
Provider type*	
	~
Legal status*	
	~
Contact person phone number*	

Physical Address of Facility

 $\hfill\square$ 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*



After clicking the **<u>Register</u>** button, the following message may display:

A	ddress Verification		
Prir	ncipal Address of Business		
JSF	PS standardized address is:		_
JSF	PS standardized address is: Entered Address	USPS Address	7
JSF		USPS Address 100 EXAMPLE ST, TALLAHASSEE, FL 32399-0001	

Close Apply

Click the <u>Select this</u> 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 <u>Apply</u> button to continue. If the Provider Portal user clicks the <u>Close</u> 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 logon 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 (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 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 Learnin' 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

(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 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 <u>https://providerservices.floridaearlylearning.com</u>.

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 <u>Log On</u> button to continue.

Provider Services Logon	
Account Information	
User name (must be a valid email address)	
Enter User Name	
Password	
Enter 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)	
Enter User Name	
Password	
Enter Password	
Forgot my password Change my password	Log On

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	

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

A password reset link was sent to the email address associated with your account.

Please click Continue to proceed to the login page.



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 converteddress 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 logon 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 <u>here</u> 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
Enter User Name
Password (must contain at least 8 characters)
Enter Password
Confirm password
Enter 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 **<u>Reset Password</u>** 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.



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)
Enter User Name
Password
Enter 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
Enter User Name
Current password
Enter Current Password
New password (must be at least 8 characters)
Enter New Password
Confirm new password
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.



Provider Dashboard

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

Home Business - Profile - Contracts - Documents -		Sites: Jim's House of Smarties	Profile: 2018 - 2019 V Hello ledbetter.kiwanis+10@gmail.com! C+ Log Off	
Common Tasks	Broadcast Messages		Coalition Messages	
Manage Sites Manage All Sites	No messages to display.		No notifications or alerts to display.	
Manage Users Manage All Users				
Manage VPK Applications and Contracts VPK Provider Application Manage VPK Instructors, Calendars, and Classes Statewide VPK Provider Contract				
VPK Contract Amendment	Provider Site Summary		Frequently-Used Links	
Manage SR Contracts Statewide SR Provider Contract SR Contract Amendment	License number:	Jim's House of Smartles Jim's House of Smartles 8435 9999999999	Bright Beginnings Core Competencies DCF Provider Training Early Learning Performance Funding Project Provider Portal User Guide VPK Provider Readiness Rate Website	

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.

Home Business - Profile - Contracts - Documents -		Site Jim's House of	of Smartles 🗸 Fotile: 2018 - 2019 🗸 Hello ledbetter kiwanis+10@gmail.com/ 🕞 L	.og Off 🚯
Common Tasks	Broadcast Messages		Coalition Messages	
Manage Sites Manage All Sites	No messages to display.		No notifications or alerts to display.	
Manage Users Manage All Users	0			
Manage VPK Applications and Contracts VPK Provider Application Manage VPK Instructors, Calendars, and Classes				
Statewide VPK Provider Contract VPK Contract Amendment	Provider Site Summary		Frequently-Used Links	
Manage SR Contracts Statewide SR Provider Contract SR Contract Amendment	Business name: Doing business as: Provider ID: License number: SSN / Federal ID number:	Jim's House of Smartiles Jim's House of Smartiles 8435 9999999999	Bright Beginnings Core Competencies DCF Provider Training Early Learning Performance Funding Project Provider Portal User Guide VPK Provider Readiness Rate Website	

Manage Sites

Providers with multiple site locations can use this feature to manage additional sites. Click the <u>Manage All Sites</u> 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.

ne Business + Profile + Contracts + Documents +					
mon Tasks	Broadcast Messages		Coalition Messages		
age Sites age All Sites age Users age All Users	No messages to display.		No notifications or alerts to display.		
age VPK Applications and Contracts Provider Application age VPK Instructors, Calendars, and Classes wide VPK Provider Contract Contract Amendment	Provider Site Summary		Frequently-Used Links		
age SR Contracts wide SR Provider Contract ontract Amendment	Business name: Doing business as: Provider ID: License number: SSN / Federal ID number:	Jim's House of Smarties Jim's House of Smarties 8435 9999999999	Bright Beginnings Core Competencies DCF Provider Training Early Learning Performance Funding Project Provider Portal User Guide VPK Provider Readiness Rate Website		
is page to add new provider sites and to edit or inactivate p tton is disabled, it means that you don't have sufficient acco			ditional access		
		,,	anonai access.		
ation name	License number	Address	JIIORA ALCESS.	Actions	
House of Learning 2	License number EXEMPT	Address	R TALLAHASSEE, FL 32301		je Users
After clicking the <u>Add Site</u> b Add New Site To add a new site for your bus number of the new site, and th	EXEMPT button, the following message iness, first type the license, registra ien click Verify License to verify that	Address 250 MARRIOTT DR will display:			je Users
Add New Site	EXEMPT button, the following message siness, first type the license, registra ten click Verify License to verify that em.	Address 250 MARRIOTT DR will display:			je Users

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

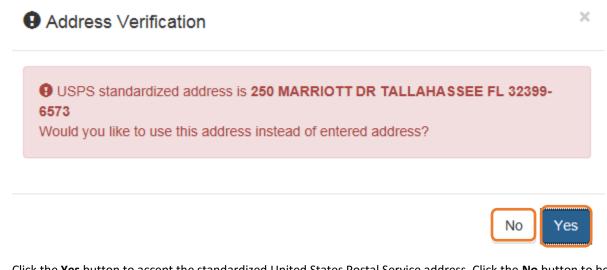
Edit Site

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	

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

To add a new site for your business, first type t number of the new site, and then click Verify Li available for use with the system.		
License/Registration/Exemption number, or	EXEMPT*	
8		Verify Licens
Legal status*		
Doing Business As (DBA) name*		
Provider type*		
Address line 1*		
Address line 2		
City*		
State		
Florida		
Zip code*		
County of physical location*		

After clicking the **<u>Register</u>** button, the following message may display:



Click the <u>Yes</u> button to accept the standardized United States Postal Service address. Click the <u>No</u> button to be taken 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.

Home Business - Profile - Contracts - Documents -		Sites: Jim's House of Smar	ties V Profile: 2018 - 2019 V Helio ledbetter.kiwanis+10@gmail.com! C+ Log Off	
Common Tasks	Broadcast Messages		Coalition Messages	
Manage Sites Manage All Sites Manage Lisers Manage All Users Manage VPK Applications and Contracts VPK Provider Application Manage VPK Instructors, Calendars, and Classes Statewide VPK Provider Contract	No messages to display.		No notifications or alerts to display.	
VPK Contract Amendment	Provider Site Summary		Frequently-Used Links	
Manage SR Contracts Statewide SR Provider Contract SR Contract Amendment	Business name: Doing business as: Provider ID: License number: SSN / Federal ID number:	Jim's House of Smarties Jim's House of Smarties 8435 9393999999	Bright Beginnings Core Competencies DCF Provider Training Early Learning Performance Funding Project Provider Portal User Guide VPK Provider Readiness Rate Website	

To edit the role of a Provider Portal user, click the <u>Edit</u> 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	Edit Inactivate			
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 adminstrator if you need additional access.

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

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.

		Check Use	er Name

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 <u>Save</u> button to continue.

Add New User	
Fo add a new user to your site, first type the user name (and then click Check User Name to see if the user is alre	· · · · · · · · · · · · · · · · · · ·
Jser name*	
oeldemonstration+5@gmail.com	Check User Name
oeldemonstration+5@gmail.com The specified user account already exists in the system, s needed. Select the role and permissions for the new us Role*	so no further account information
The specified user account already exists in the system, s needed. Select the role and permissions for the new u	so no further account information

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.

To add a new user to your site, first type the user name (en and then click Check User Name to see if the user is alread	
User name*	
oeldemonstration+7@gmail.com	Check User Name
The specified user account does not yet exist in the system below, and then click Save.	. Please complete the form
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 oeldemonstration+3@gmail.com for your log in information.

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 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	•
Use	er 🗸 🗸 🗸
Permi	issions
*	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 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	Edit			
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 <u>Add User</u> button, entering the required information, and then click the <u>Save</u> button. Then, the user will click the <u>Inactive</u> 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 <u>Add User</u> button and create oeldemonstration+3@gmail.com, click <u>Save</u>, and then click <u>Inactivate</u> for oeldemonstation@gamaial.com. It is important to create the correct email address first before inactivating the incorrect email address.

Broadcast Messages

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.

A Home Business - Profile - Contracts - Documents -		Sites: Jim's House of Si	Smartles V Profile: 2018 - 2019 V Hello ledbetter.kiwanis+10@gmail.com! C+ Log Of	0
Common Tasks	Broadcast Messages		Coalition Messages	
Manage Sites Manage All Sites	No messages to display.		No notifications or alerts to display.	
Manage Users Manage All Users				
Manage VPK Applications and Contracts VPK Provider Application Manage VPK Instructors, Calendars, and Classes				
Statewide VPK Provider Contract VPK Contract Amendment	Provider Site Summary		Frequently-Used Links	
Manage SR Contracts Statewide SR Provider Contract SR Contract Amendment	Business name: Doing business as: Provider ID:	Jim's House of Smartles Jim's House of Smartles 8435	Bright Beginnings Core Competencies DCF Provider Training	
	License number: SSN / Federal ID number:	9999999999	Early Learning Performance Funding Project Provider Portal User Guide VPK Provider Readiness Rate Website	

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.

✿ Home Business		Sites: Jim's House of Smarti	es V Profile: 2018 - 2019 V Hello ledbetter.kiwanis+10@gmail.com! C+ Log Off
Common Tasks	Broadcast Messages		Coalition Messages
Manage Sites Manage All Sites	No messages to display.		No notifications or alerts to display.
Manage Users Manage All Users			
Manage VPK Applications and Contracts VPK Provider Application Manage VPK Instructors, Calendars, and Classes Statewide VPK Provider Contract			
VPK Contract Amendment	Provider Site Summary		Frequently-Used Links
Manage SR Contracts Statewide SR Provider Contract SR Contract Amendment	Business name: Doing business as: Provider ID: License number: SSN / Federal ID number:	Jim's House of Smarties Jim's House of Smarties 8435 9999999999	Bright Beginnings Core Competencies DCF Provider Training Early Learning Performance Funding Project Provider Portal User Guide 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.

Home Business + Profile + Contracts + Documents + Sites Jim's House of Smarties			✔ Profile: 2018 - 2019 ♥ Hello ledbetter.kiwanis+10@gmail.com! C+ Log Off €
Broadcast Messages			Coalition Messages
No messages to display.			No notifications or alerts to display.
10			
Drouider Sila Summan			Frequently-Used Links
Business name: Doing business as: Provider ID: License number: SSN / Federal ID number:	Jim's House of Smartles Jim's House of Smartles 8435 9999999999		Prequently-based Links Bright Beginnings Core Competencies DCF Provider Training Early Learning Performance Funding Project Provider Portal User Guide VPK Provider Readiness Rate Website
	No messages to display. Provider Site Summary Business name: Doing business as: Provider ID: License number:	Broadcast Messages No messages to display. Provider Site Summary Business name: Jim's House of Smartles Doing business as: Jim's House of Smartles Provider ID: 8435 License number: House of Smartles	Broadcast Messages No messages to display. Provider Site Summary Business name: Jim's House of Smartles Doing business as: Jim's House of Smartles Provider ID: 8435 License number: Hereiter

Completing the Provider Profile

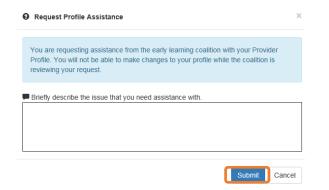
After registering as a provider, the next step is to complete the Provider Profile.

Request Assistance

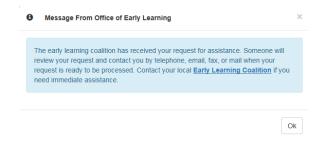
If a Provider Portal user needs assistance filling out any information in the Provider Profile, click the **<u>Request</u>** <u>Assistance</u> button.

Jim's House of Learning 3 Profile	2017 - 2018 Program Year		Current Status: Submitted
Request Assistance General Facility Services Curriculum Fees & Discounts Hours of Operation	Staffing & Capacity Private Pay Rates Closures Calenda	r Documents Review Sign & Certify	
General			
1. Do you want to have your program referred to families seeking child care listings? () $\circledast~$ Yes $~\odot~$ No			
2. Do you want to complete a contract to participate in the School Readiness Program? $\circledast~$ Yes $~\odot~$ No			
2.1 Have you completed the Health & Safety Inspection by Department of Children an $\circledast~{\rm Yes}~\odot~{\rm No}$	d Families?		
3. Do you want to complete a contract to participate in the Voluntary Prekindergarten (VPK) Edu $\circledast~$ Yes $~\odot~$ No	cation Program?		
3.1 Do you wish to receive VPK advanced payments?			
4. Do you want to complete a contract to receive local funding?			
5. Are you a Gold Seal provider?			
6. Are you an accredited provider? ○ Yes ● No			

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

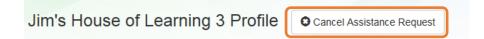


After clicking **<u>Submit</u>**, the following message will display:



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.

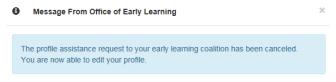


If a Provider Portal user cancels the assistance request, the following message will display and the user will complete the field, briefly describing the reason for cancelling the request. Click the **Submit** button to continue.

Ok

Cancel Assistance Request	×
You have selected to cancel your request for assistance prior to the early learning coalition reviewing it.	
Please provide the reason for your cancellation.	_
Submit	cel

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.

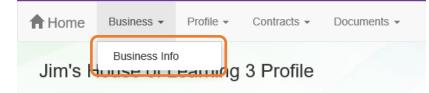
NOTE: This information was previously captured in the Business tab of the provider profile. Although the Business Information page is now separated from the provider profile, it must be completed before the profile may be submitted.

Tool tips, indicated by the ⁽¹⁾ symbol, are available to provide useful information to Provider Portal users about specific terms in the Provider Profile. Click the ⁽³⁾ to see the message.

To complete the Business Info page, click the **<u>Business</u>** dropdown menu from the Provider Dashboard.

Home Business - Profile - Contracts - Documents -		Sites: Jim's House of Smartie	Profile: 2018 - 2019 V Helio ledbetter.kiwanis+10@gmail.com! 🕞 Log Off 🚯
Common Tasks Manage Sites Manage All Sites Manage Users Manage All Users	Broadcast Messages No messages to display.		Coalition Messages No notifications or alerts to display.
Manage VPK Applications and Contracts VPK Provider Application Manage VPK Instructors, Calendars, and Classes Statewide VPK Provider Contract VPK Contract Amendment	Provider Site Summary		Frequently-Used Links
Manage SR Contracts Statewide SR Provider Contract SR Contract Amendment	Business name: Doing business as: Provider ID: License number: SSN / Federal ID number:	Jim's House of Smarties Jim's House of Smarties 8435 999999999	Bright Beginnings Core Competencies DCF Provider Training Early Learning Performance Funding Project Provider Portal User Guide VPK Provider Readiness Rate Website

Then, click Business Info.



iness Information				
uningen Name Annenisted with Very Terrenus Identification Number 🌢 🙃				
usiness Name Associated with Your Taxpayer Identification Number* 1				
m's House of Learning 3				
axpayer Identification Number* 🚯				
888888				
wner Information 🚯				
Owner Name*	Owner Telepho	one Number ⁴	•	
Jim Ledbetter	(555) 555-555			
Owner Email Address*	Owner Phone			
fake@foo.com	Mobile Phone	e		~
wner's Designee or Contact Person Information (
Designee/Contact Name*	Designee/Cont	act Telephor	ne Number*	
Jim Ledbetter	(555) 555-555	55		
Designee/Contact Email Address*	Designee/Cont	tact Phone Ty	/pe *	
fake@foo.com	Unknown			~
usiness Ownership Type* 👔				
orporation				~
hysical Address Information 🧃				
Address Line 1*				
250 MARRIOTT DR				
Address Line 2				
City*	State*		Zip Code*	
TALLAHASSEE	State *	~	32301	
		~		
		~		
TALLAHASSEE		~		
TALLAHASSEE		~		
TALLAHASSEE ailing Address Information ① ☑ Mailing address is the same as the principal address.		~		
TALLAHASSEE ailing Address Information () Image: State of the same as the principal address. Address Line 1* 250 MARRIOTT DR * Altering this address may trigger USPS verification		~		
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TALLAHASSEE ailing Address Information ① ☑ 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	FL	~	32301	
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TALLAHASSEE ailing Address Information ③ ☑ 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●	FL		32301 Zip Code*	
TALLAHASSEE ailing Address Information ③ Image: 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	FL		32301 Zip Code*	
TALLAHASSEE ailing Address Information ① ☑ 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 ayment Mailing Address Information ①	FL		32301 Zip Code*	
TALLAHASSEE ailing Address Information ③ ☑ 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 ayment Mailing Address Information ③ ☑ Payment address is the same as the mailing address. Address Line 1●	FL		32301 Zip Code*	
TALLAHASSEE ailing Address Information ③ Image: 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 ayment Mailing Address Information ④ Image: Payment address is the same as the mailing address.	FL		32301 Zip Code*	
TALLAHASSEE ailing Address Information ③ ☑ 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 ayment Mailing Address Information ③ ☑ Payment address is the same as the mailing address. Address Line 1● 250 MARRIOTT DR	FL		32301 Zip Code*	
TALLAHASSEE ailing 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 ayment Mailing Address Information () Y Payment address is the same as the mailing address. Address Line 1* 250 MARRIOTT DR * Altering this address may trigger USPS verification Address Line 1 250 MARRIOTT DR * Altering this address may trigger USPS verification Address Line 2	FL		32301 Zip Code* 32301	
TALLAHASSEE ailing Address Information ③ 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 ayment Mailing Address Information ④ Payment address is the same as the mailing address. Address Line 1* 250 MARRIOTT DR * Altering this address may trigger USPS verification	FL		32301 Zip Code*	
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TALLAHASSEE ailing Address Information ③ Image: Address Information ④ Image: Address Information ④ 250 MARRIOTT DR * Altering this address may trigger USPS verification Address Line 2 City● TALLAHASSEE ayment Mailing Address Information ④ Image: Payment address is the same as the mailing address. Address Line 1● 250 MARRIOTT DR * Altering this address may trigger USPS verification Address Line 1● 250 MARRIOTT DR * Altering this address may trigger USPS verification Address Line 1● 250 MARRIOTT DR * Altering this address may trigger USPS verification Address Line 2 City●	FL State* FL	~	32301 Zip Code* 32301	

Profile

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

Tool tips, indicated by the ¹ symbol, are available to provide useful information to Provider Portal users about specific terms in the Provider Profile. Click the ¹ to see the message.

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

A Home Business - Profile - Contracts - Documents -		Sites: Jim's House of Smartie	s V Profile: 2018 - 2019 V Hello ledbetter.kiwanis+10@gmail.com! C+ Log Off		
Common Tasks	Broadcast Messages		Coalition Messages		
Manage Sites Manage All Sites	No messages to display.		No notifications or alerts to display.		
Manage Users Manage All Users					
Manage VPK Applications and Contracts VPK Provider Application Manage VPK Instructors, Calendars, and Classes Statewide VPK Provider Contract					
Statewide VFK Provider Contract VPK Contract Amendment	Provider Site Summary		Frequently-Used Links		
Manage SR Contracts Statewide SR Provider Contract SR Confract Amendment	Business name: Doing business as: Provider ID: License number: SSN / Federal ID number:	Jim's House of Smarties Jim's House of Smarties 8435 9999999999	Bright Beginnings Core Competencies DCF Provider Training Early Learning Performance Funding Project Provider Portal User Guide VPK Provider Readiness Rate Website		

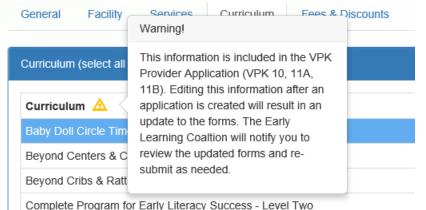
Then, click Provider Profile.

A Home	Profile 🔻	Contracts	▼ Documents ▼
	Provider P	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: <<u>OELSystemTest@oel.myflorida.com</u>> Date: Wed, Aug 16, 2017 at 12:06 PM Subject: Signature Required - VPK Provider Application Updated To: alatham77@gmail.com Ce: <u>ME@nowhere.com</u>

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 v Yes	vant to have your program referred to families seeking child care listings? (1)
2. Do you v • Yes	vant to complete a contract to participate in the School Readiness Program? No
	2.1 Have you completed the Health & Safety Inspection by Department of Children and Families? Yes No
3. Do you v • Yes	vant to complete a contract to participate in the Voluntary Prekindergarten (VPK) Education Program? No
	 3.1 Do you wish to receive VPK advanced payments? Yes No
4. Do you v	vant to complete a contract to receive local funding? () No
 5. Are you ● Yes ○ 	a Gold Seal provider? 🚯 🛆 No
	5.1 Gold Seal Accreditation (select one)
	Gold Seal for birth to 5
6. Are you ● Yes ○	an accredited provider?
	6.1 Accreditation (select all that apply)

Step 2 – Facility

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.).

Facility					
1. Doing Business as Name (DBA) 🛕					
Jim's House of Canes & Gators					
2. Contact 🛕					
Telephone Number*		Phone Type •			
(999) 999-9999		Mobile Phone			
Fax Number		Email Address			
		oeldemonstration+PB@gmail.com			
3. Physical Address of Facility 🛕					
Address Line 1*		Address Line 2			
2300 HIGH RIDGE RD					
City*	State *		Zip Code®		
BOYNTON BEACH	Florida	~	33426		
County*					
Palm Beach	*				
4. Director		-			
Director Name*		Director Email*			
Not Jim Ledbetter		oeldemonstration+pb@gmail.com			
Director Telephone Number*		Director Phone Type*			
(585) 555-5555		Mobile Phone		~	
Is Authorized Contract Rep					
5. VPK Director					
VPK Director information is the same as the Director information. VPK Director Name*		VPK Director Email*			
Not Not Jim Ledbetter		oeldemonstration+pb@gmail.com			
VPK Director Telephone Number*		VPK Director Phone Type *			
(555) 555-5555		Mobile Phone		~	
Is VPK Authorized Contract Rep					
6. Legal Status 🛕					
Exempt	•				
7. Exemption Details 🛕					
Exempt Number •		Expiration Date			
EXEMPT		03/30/2017		**	
Exemption Reason [®]		Private School Code*			
Private School	•	1234			
8. Provider Type • 1 A					
Private School	•				
Additional Facility Contacts					
Add New Contact					

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

Add New Contact	
Contact Type	Email Primary Telephone Extension
Primary Phone Type Select Type	· · · · · · · · · · · · · · · · · · ·
Secondary Telephone Number	Secondary Telephone Extension
Secondary Phone Type	
Select Type	~
Fax	
Authorized Contract Rep	
	Save Cancel

Contact Type

Contact Type

	•
General Contact Information	~
SR Contact	
CCRR Contact	
Assistant Director	
Facility Director	
Operations Manager	
Principal	
Assistant Principal	
Extended Day Contact	*

	•
Before School Contact	
After School Contact	\sim
Finance	
Food & Nutrition	
Attendance	- 1
Camp Contact	
Admissions	
Enrollment	
Administrator	Y
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.

1. Age of Children for which Care is Provided*					
Minimum Age		Maximum Age [*]			
1 Months	•	2		Months	•
2. Programs Offered (select all that apply)					
Before School× Migrant Head Start× Playgroup×					•
3. About My Program (select all that apply) [®]					
Music lessons × Dance × Swim lessons ×					•
4. Languages Spoken by Staff (select all that apply) English × Spanish × Haitian/Creole ×					•
English* Spanish* Halilah/Greule*					
5. Other Spoken Languages 🕦					
6. Meals (select all that apply) [®]					
Morning Snack × Afternoon Snack ×					-
7. Do you provide transportation services? [●] ④ Yes ◯ No					
8. Transportation (select all that apply)					
Transportation to/from local school ×					•
8.1 Transportation to/from Local School					
School	Transportation To	Transportation From			
Add school			Add		
Mickey Mouse			✓Edit ★Remove	2	
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? O Yes No					
11. Is your facility wheelchair-accessible? * • Yes O No					
12. Does your program/facility offer therapeutic services to children? ⁶ Yes 🔿 No					
13. Do you participate in a quality rating system? [●] () ● Yes ○ No					

14. Affiliation - Not for Profit[®] O 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 Facility Services Curriculum Fees & Discounts Hours of Operation Staffing & Capacity Private Pay Rates Closures Calendar Documents Review Sign & Certify

Curriculum (select all that apply)								
Curriculum 🛆	Age Range	Edition/Year						
Baby Doll Circle Time								
Beyond Centers & Circle Time								
Beyond Cribs & Rattles	Birth - 2	1st edition/2005						
Complete Program for Early Literacy Success - Level Two	4	1st edition/2012						

Step 5 – Fees & Discounts

3. Other Family Discounts 🚺

The Fees & Discounts tab collects information about fees the provider assesses the parent. The Provider Portal user should enter all applicable fees but is not required to input any fees or discounts if none exist. The only required field is Family Discounts Offered. If no discounts are offered, the user must select "None."

Description	Amount	Frequency	Per Child / Per Family	
Annual	\$ 0		*	
Application/Registration	\$ 0		*	
Diapers	\$ 0		•	
Early Drop Off	\$ 0		•	
Extended Stay	\$ 0		•	
Insurance	\$ 0		•	
Late Payment	\$ 0		•	
Late Pick-Up	\$ 0		*	
Meals/Snacks	\$ 0		•	
Returned Check	\$ 0		•	
School Age	\$ 0		•	
Supplies/Materials	\$ 0		•	
Waiting List Registration	\$ 0		•	

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 Oper	ration						
1. Enhanced Schedu	ile (select all that apply)						
							•
24-hour Care							~
Drop in Care							
Early/Extended Car	re						
Emergency/Tempo	rary						
Evening							
Full Year							
Full-time							
Overnight							\sim
Part time		open		01030		Total Hours	_
Tuesday	✓ 24 hours	12:00 AM	٥	11:59 PM	0	23.98	
		Open		Close		Total Hours	
✓ Wednesday	✓ 24 hours	12:00 AM	0	11:45 PM	Ø	23.75	
		Open		Close		Total Hours	
Thursday	24 hours	12:00 AM	0	12:00 AM	0	0	
		Open		Close		Total Hours	
Friday	24 hours	12:00 AM	0	12:00 AM	0	0	
		Open		Close		Total Hours	
Saturday	24 hours	12:00 AM	0	12:00 AM	0	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.

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	0	:	0	0
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

2. Training/Educational Credentials in Your Program

Training/Education Type	Number of Staff 🚯
FCCH 30 HOUR TRAINING	1
40/45 HR INTRO CHILD CARE	0
AA/AS NONCHILD RELATED	0
WAS EARLY CHILDHOOD OR RELATED FIELD	0
DIRECTOR CREDENTIAL ADV	0
DIRECTOR CREDENTIAL LEVEL 1	0
DIRECTOR CREDENTIAL LEVEL 2	0
3A/BS NONCHILD RELATED	0
3A EARLY CHILDHOOD OR RELATED FIELD	0
BEHAVIOR OBSERVATION	0
DIRECTOR (NON VPK)	0
GED/HIGH SCHOOL	0
EARLY (EMERGENT) LITERACY	0
FCCPC/ECPC/CCAC/CDAE	0
MA DEGREE EARLY CHILDHOOD	0
MA NONCHILD RELATED	0
NATL EARLY CHILDHOOD CERT	0
SCHOOL-AGE CREDENTIAL	0
VPK DIRECTOR CREDENTIAL	0
OTHER- LIST	0

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 <u>SR Daily Rate Helper</u> 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.

NOTE: These rates will be utilized in the contracting process if the provider enters into a School Readiness contract with an early learning coalition.

	Infant ()	Toddler	2 Year Old 🚯	Preschool 3 (1)	Preschool 4(1)	Preschool 5(1)	School Age (1)	Special Needs ()
III Time Monthly Rate ()	S 0	S 0	\$ 0	\$ 0	S 0	S 0	\$ 0	\$ 0
ummer Camp Weekly Rate 🚯	S 0	S 0	\$ 0	\$ 0	S 0	\$ 0	S 0	\$ 0
)rop-In Daily Rate 🚺	S 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	S 0	\$ 0
ull Time Weekly Rate 🚯	S 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	S 0	\$ 0
Part Time Weekly Rate ()	S 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
PK Full Time Weekly Rate ()	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	\$ 0	\$ 0.00	\$ 0
PK Part Time Weekly Rate ()	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	\$ 0	\$ 0.00	\$ 0
chool Age After School Weekly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	\$ 0	\$ 0
chool Age Before School Weekly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	S 0	\$ 0
School Age - Both Before & After School Weekly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	S 0	\$ 0

Daily Rates for School Readiness Program

Enter the school readiness program daily rates in the table below. These rates will be used for SR contracting purposes and to determine your SR program reimbursement rates. Only complete the rate type for each age group that you offer. You may also use the SR Daily Rate Helper feature to automa above. The calculations are editable.

							SR Daily Rate Helpe	· _
	Infant	Toddler	2 Year Old 🚯	Preschool 3	Preschool 4(1)	Preschool 5	School Age ()	Special Needs (1)
Full Time Daily Rate 🕄	\$ 0	\$ 0	S 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Part Time Daily Rate	\$ 0	\$ 0	S 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
School Age - Both Before & After School Daily Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	\$ 0	\$ 0

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, 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.

												201	7 - 2018	rogram	Year												_	
			July 2017							August 201	7			_	September 2017							October 2017						
u	Mo	Tu	We	Th	Fr	Sa	Su	Мо	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr		
						1			1	2	3	4	5						1	2	1	2	3	4	5	6		
	3	4	5	6	7	8	8	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13		
	10	11	12	13	14	15	13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20		
5	17	18	19	20	21	22	20	21	22	23	24	25	28	17	18	19	20	21	22	23	22	23	24	25	28	27		
3	24	25	28	27	28	29	27	28	29	30	31			24	25	28	27	28	29	30	29	30	31					
Þ	31																											
		N	ovember 2	017					D	ecember 20)17					J	January 20	18					February 2018					
u	Mo	Tu	We	Th	Fr	Sa	Su	Мо	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Мо	Ти	We	Th	Fr		
			1	2	3	4						1	2		1	2	3	4	5	6					1	2		
5	6	7	8	0	10	11	3	4	5	6	7	8	9	7	8	0	10	11	12	13	4	6	6	7	8	9		
2	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	18	17	18	19	20	11	12	13	14	15	10		
9	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	28	27	18	19	20	21	22	23		
8	27	28	29	30			24	25	28	27	28	29	30	28	29	30	31				25	28	27	28				
							31																					
			March 201	8						April 2018					May 2018							June 2018						
u	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Ти	We	Th	Fr		
				1	2	3	1	2	3	4	5	6	7			1	2	3	4	5						1		
	5	8	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	8	7	8		
1	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15		
в	19	20	21	22	23	24	22	23	24	25	25	27	28	20	21	22	23	24	25	28	17	18	19	20	21	22		
5	26	27	28	29	30	31	29	30						27	28	29	30	31			24	25	28	27	28	29		

Available Selected ELC

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 **<u>Next</u>** button to continue.

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

Review - Let's make sure we have all your information.							
Click the headers or the + to expand and the - to collapse each section below. Click the Button to navigate to that section.							
+	Business						
-	General						
1. Do you want to have your program referred to families seeking child care listings?	Yes						
2. Do you want to complete a contract to participate in the School Readiness Program?	Yes						
2.1 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						
3.1 Do you wish to receive VPK advanced payments?	Yes						
4. Do you want to complete a contract to receive local funding?	Yes						
5. Are you a Gold Seal provider?	Yes						
5.1 Gold Seal Accreditation	Gold Seal for preschool to 5						
6. Are you an accredited provider?	Yes						
6.1 Accreditations	ACCREDITED PROFESSIONAL PRESCHOOL LEARNING ENVIRONMENT OTHER						

...

+		Private Pay Rates
-		Closures Calendar
	Closures Dates	
	7/4/2017	
	8/3/2017	
	8/4/2017	
	8/5/2017	
	8/10/2017	
	8/11/2017	
	8/12/2017	

Back

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 check the "Check box to certify by electronic signature" check box and click the **Submit** button.

★ Profile Certification And Submittal	
By signing this form I certify that: • I have examined this application and, to the best of my knowledge and belief, the info • If any of the information listed changes, I understand that I must log into my provider • I understand that my provider profile information will be shared with the Department (• I also understand that if I make changes prior to the coalition approving them, I may be	portal account and update my information within 14 days of the change. of Children and Families, Office of Child Care Regulation, for inclusion in the CARES system.
	Authorized Electronic Signature Full Name: heck 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) 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.

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 2018 button. In this example, the provider is migrating profile information from the 2017 – 2018 program year to the 2018 – 2019 program year.

A Home Business - Profile - Contracts - Documents -		Sites. Jim's House of	Smarties ✓ Hello ledbetter.kiwanis+10@gmail.com! C+ Log Off €
• Request Assistance	ram Yea Create 2018 Staffing & Capacity Private Pay Rates Close	ures Calendar Documents Review Sign & Ce	Current Status: Active
Home Business - Profile - Contracts - Documents -		Sites: Jim's House of Sr	marties V Profile 2018 - 2019 V Helto ledbetter kiwanis+10@gmail.com! C+Log Off
Common Tasks	Broadcast Messages		Coalition Messages
Manage Sites Manage All Sites	No messages to display.		No notifications or alerts to display.
Manage Users Manage All Users	<i>(</i>)		
Manage VPK Applications and Contracts VPK Provider Application Manage VPK Instructors, Calendars, and Classes Statewide VPK Provider Contract			
VPK Contract Amendment	Provider Site Summary		Frequently-Used Links
Manage SR Contracts Statewide SR Provider Contract SR Contract Amendment	Business name: Doing business as: Provider ID: License number: SSN / Federal ID number:	Jim's House of Smarties Jim's House of Smarties 8435 9999999999	Bright Beginnings Core Competencies DCF Provider Training Early Learning Performance Funding Project Provider Portal User Guide VPK Provider Readiness Rate Website

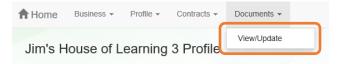
After a provider is active, a Provider Portal User can edit the Provider Profile, by clicking the Profile dropdown menu and then clicking the **Provider Profile** button.

	louse of	Provider F	Profile	
🕇 Home	Business 👻	Profile 🔻	Contracts 👻	Documents 👻

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

A Home	Business -	Profile 👻	Contracts -	Docume	ents 👻
Jim's H	louse of L	earning	Manage Cont	tracts	

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.

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 Reviewing	06/26/2017	G Edit		07/01/2017		
139	VPK	OEL-VPK 20	ELC of the Big Bend Region	Certified	04/04/2017	View	Download	07/01/2017	06/30/2018	
156	VPK	OEL-VPK 20	ELC of the Big Bend Region	Terminated	05/26/2017	💿 View		07/01/2017	06/30/2018	05/26/2017
157	VPK	OEL-VPK 20	ELC of the Big Bend Region	Terminated	06/26/2017	👁 View		07/01/2017	03/02/2019	06/26/2017
180	VPK	OEL-VPK 20	ELC of the Big Bend Region	Not Eligible	05/24/2017	👁 View		07/01/2017	06/30/2018	
26723	SR	Contract Lite	OEL	Terminated	04/05/2017		Download	01/10/2017	01/10/2018	04/04/201
26731	SR	Contract Lite	OEL	Certified	03/15/2017		Download	01/01/2017	01/01/2018	
26788	VPK-SIS	Contract Lite	ELC of the Big Bend Region	Certified	04/04/2017		Ownload	04/04/2017	06/30/2017	
26804	VPK-SIS	Contract Lite	ELC of the Big Bend Region	Terminated	06/26/2017		Ownload	05/18/2017	06/30/2017	04/28/201

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.

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

Document Library Management							
		Folder List					
Folder Name	View	Upload	Date Updated	Updated By			
Accreditation and / or Gold Seal (1 files)	View Files	Upload New File	08/14/2016	OELAdmin			
Contracts (1 files)	View Files	Upload New File	10/25/2016	OELAdmin			
Insurance Auto (1 files)	View Files	Upload New File	08/14/2016	OELAdmin			
Insurance Liability <i>(0 files)</i>	View Files	Upload New File	08/22/2016	oel.fp.qa+01@gmail.com			
Insurance-Worker Comp (1 files)	View Files	Upload New File	08/14/2016	OELAdmin			
License or Exemption (1 files)	View Files	Upload New File	08/14/2016	OELAdmin			
Miscellaneous <i>(0 files)</i>	View Files	Upload New File	08/14/2016	OELAdmin			
Monthly Adjustment Request (0 files)	View Files	Upload New File	08/14/2016	OELAdmin			
Monthly Classroom Transfer Forms (0 files)	View Files	Upload New File	08/14/2016	OELAdmin			
Monthly Extended Absence Request (0 files)	View Files	Upload New File	08/14/2016	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	08/14/2016	OELAdmin			
Monthly VPK Child Withdrawal Forms (0 files)	View Files	Upload New File	08/14/2016	OELAdmin			
Provider Public Rate Sheet (0 files)	View Files	Upload New File	08/14/2016	OELAdmin			
Uncategorized (0 files)	View Files	Upload New File	08/14/2016	OELAdmin			
Unemployment Insurance (1 files)	View Files	Upload New File	09/12/2016	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 Curriculum (0 files)	View Files	Upload New File	08/14/2016	OELAdmin			
VPK Director Credentials (0 files)	View Files	Upload New File	08/14/2016	OELAdmin			
VPK Enrollment Certificates (0 files)	View Files	Upload New File	08/14/2016	OELAdmin			
VPK Instructor's Credentials (0 files)	View Files	Upload New File	08/14/2016	OELAdmin			
W9 (1 files)	View Files	Upload New File	08/14/2016	OELAdmin			

		Document Libr	ary Manage	ment
Change Folder:	Contracts		~	
Total Files:	1			Date Created: 10/25/2016
Folder Detail - C	ontracts			Rename File
File Name		Download	Date Uploaded	Uploaded By
Koala.jpg		Download	12/07/2016	ledbetter.kiwanis@gmail.com
Add New File				×

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 you 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.

	Docu	_	ary Manageme	nt
Change Folder:	Contracts		~	
Total Files: 1				Date Created: 10/25/2016
Folder Detail - Contr	racts			Rename File
File Name		Download	Date Uploaded	Uploaded By
Koala.jpg		Download	12/07/2016	ledbetter.kiwanis@gmail.com

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

Rename File			×
Select Folder:	Contracts		~
Select File:	Koala.jpg		~
New File Name:			
		Cancel	Save Changes

Document Library Management

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

×

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 could I retrieve an archived file?

A: Please call your coalition office for any further assistance with this.

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 you find an error in your profile once you have started to complete the contract (the contract status is **Incomplete**), contact your early learning coalition.

Jim	s 2 Profile	2017 - 2018 Program Year	Current Status: Active
ØF	tequest Assistance		
Read	I Only Mode		
This p	rofile is locked at this time because a contract is currently pending	. If profile changes are needed for the contract, please contact the coalition.	

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

		Y Lean		
A Home	Profile 👻	Contracts 🗸	Documents 👻	
		Manage Cont	tracts	

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

/lanage contr	acts for Jim	ini & the Monito	r (1 total records)							
Show 10 entrie	s ▼									
Contract ID	Type of Contract	Contract Name	Coalition	Status	Last Updated	Action	View Contract	Start Date	End Date	Termination Date
149	SR	OEL-SR 20	ELC of St. Lucie		4/6/2017	🕑 Edit		7/1/2017	6/30/2018	Date

Then, the Provider Portal user will fill out the following information for the electronic signature of the contract.

Select Principal Business For Contract 🏶	Jimini & the Monitor
Select Provider Site(s) For Contract: *	Jimini & the Monitor -
Contact Name 卷	Not x 4 Jim Ledbetter
Contact Phone 卷	(555) 555-5555
Contact Email 兼	jim@foo.com

A Provider Portal user has the option to fill out one SR or VPK contract for multiple sites by clicking on the Select Provider Site(s) For Contract dropdown to select multiple sites. This option is only available if all sites have an active profile and are the same program type.



Then, the contract will display. The sections highlighted in yellow are populated from the provider profile or early learning coalition.



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

I. PARTIES AND TERMS OF CONTRACT

- 1. Parties. This Contract is made and entered into
 1st
 day of
 July
 , 20
 17
 , by and between the Early Learning Coalition of

 ELC of St. Lucie
 (herein referred to as "COALITION") and
 Jimini & the Monitor
 (herein referred to as "PROVIDER")

 with its principal offices located at 2472 OKEECHOBEE RD FORT PIERCE, FL St. Lucie County 34950.
 17
 .
 - 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. Employer Identification Number. Insert PROVIDER's EIN here: 45345859604 If PROVIDER does not have an EIN, PROVIDER must insert PROVIDER's Social Security Number (SSN) here ______. PROVIDER's EIN or SSN is requested in accordance with sections (ss.) 119.071(5)(a)2. and 119.092, F.S., for use in the records and data systems of the Office 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. PROVIDER must agree to comply with the terms and conditions of this Contract in order to be eligible to participate in the SR program. This contract is to engage an eligible provider to provide SR services to eligible SR children.
- 3. Term. This Contract begins on 7/1/2017 the fiscal year (2017) or on the date on which the Contract is signed by the last party required to sign the Contract, whichever occurs last, and the Contract ends on (COALITION select one) June 30th of the fiscal year 2018 or the last day of the month twelve (12) months after the effective date of the contract as indicated herein.

Holiday Selection (SR Contracts Only)

After the Provider Portal user clicks the <u>Next</u> button on Exhibit 3 to move to Exhibit 4: Holiday Schedule, the following will display.

In the below example, the coalition will reimburse the provider for 12 holidays. The dates listed are based on the closure dates from the profile Closure Calendar tab and includes any coalition-defined holidays. If the provider has multiple sites, the holiday schedule can be applied across all providers by checking the <u>All sites use this holiday</u> <u>schedule?</u> checkbox. Click the <u>Save</u> button to continue.

Paid Holidays for Multiple Site	S
---------------------------------	---

* HOME DAY CARE	~	All sites use this holiday schedule?

Provide	r Name:	HOME DAY CAN	RE	
		Holiday	Select a date from your cl	osures Closed
1.			7/4/2017	□ Site is closed
2.			9/4/2017 10/9/2017 11/23/2017	□ Site is closed
3.			11/24/2017 12/25/2017	□ Site is closed
4.			12/26/2017 1/1/2018 1/15/2018	□ Site is closed
5.			2/19/2018 3/30/2018 5/28/2018	□ Site is closed
6.				Site is closed
7.			~	Site is closed
8.			~	Site is closed
9.			~	Site is closed
10.			~	Site is closed
11.			~	Site is closed
12.			~	Site is closed



×

The Provider Portal user will select the date from the dropdown menu, enter the holiday name or description in the field and check the **<u>Site is closed</u>** checkbox.

	Enter a holiday name or description		Date	Closed	
1.	4th of July	×	7/4/2017 🗸	☑ Site is closed	

If the Provider Portal user accidentally clicks the Cancel button, the user can click the Edit button to return to the holiday selection screen.

Exhibit 4: Holiday Schedule Provider Name: Holiday Date Observed 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.

If the holiday falls on a Saturday, the holiday is observed on the Friday preceding the holiday. If the holiday falls on a Sunday, the holiday is observed on the Monday following the holiday.

Form OEL-SR 20 (October 2016) 6M-4.610, F.A.C.

Statewide School Readiness Provider Contract Page 5 of 6

Edit

Provider Reimbursement Rates (SR Contracts Only)

	Infant	Toddler	2 Year Old	Preschool 3	Preschool 4	Preschool 5	School Age 🚯	Special Needs ()
ime Monthly Rate 🚯	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
er Camp Weekly Rate 🚯	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
n Daily Rate 🚯	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
me Weekly Rate 🚯	\$ 135	\$ 125	\$ 125	\$ 125	\$ 125	\$ 0	\$ 0	\$ 0
me Weekly Rate 🕄	\$ 75	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
II Time Weekly Rate ()	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	\$ 0	\$ 0.00	\$ 0
art Time Weekly Rate ()	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	\$ 0	\$ 0.00	\$ 0
I Age After School Weekly Rate 🚯	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	\$ 0	\$ 0
I Age Before School Weekly Rate 🚯	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	\$ 0	\$ 0
l Age - Both Before & After School Weekly Rate 🚯	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	\$ 0	\$ 0
ily Rates for School Readiness Pro	0	your SR program reimbursement rab	es. Only complete the rate type for eac	h age group that you offer. You may a	also use the SR Daily Rate Helper feat	ure to automatically calculate the d	ily rates based on the Private Pay R S SR Deity R School Age ()	
			a.u. au 1 0	a	n			
e school neadiness program daily rates in the table below. These rates will be use a	Infant	Toddler	2 Year Old	Preschool 3	Preschool 4(3)	-		
n Daly Rate 🜒	Infant® \$ 27	Toddler () \$ 25	2 Year Old 🚯	Preschool 3 () 5 25	Preschool 4	\$ 0	\$ 0	\$ 0
	_	-				-		

The daily rates for the school readiness program entered by the provider on the Private Pay Rates tab are seen in the first table below – PROVIDER's Private Pay Rates.

The maximum reimbursement rate for each unit of care and care level entered by the coalition on the SR Rate Plan is seen in the second table below – COALITION Maximum Reimbursement Rates.

To determine the approved provider reimbursement rate, the rates in each table for each unit of care and care level are compared and the lower amount is populated in the third table – Approved PROVIDER Reimbursement Rate. For example (see blue outline), the provider's Full Time Daily Rate for toddlers is \$25.00. The coalition's maximum Full Time Daily Rate for toddlers is \$22.00, but \$26.07 for Gold Seal. The provider will be reimbursed \$25.00. When the provider is a Gold Seal provider, the appropriate rate will be applied to the care levels identified from the General tab of the provider profile.

5. Are you a Gold Seal provider? 1 • Yes O No

5.1 Gold Seal Accreditation (select one)

Gold Seal for all ages of children

PROVIDER's Private Pay Rates (To be Completed by PROVIDER)

Care Level	(INF) < 12 MTH	(TOD) 12 < 24 MTH	(2YR) 24 < 36 MTH	(PR3) 36 < 48 MTH	(PR4) 48 < 60 MTH	(PR5) 60 < 72 MTH	(SCH) In School	(SPCR) Special Needs
Full-Time Daily Rates	\$ 27.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 0.00	\$ 0.00	\$ 0.00
Part-Time Daily Rates	\$ 15.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Both Before or After School Daily Rate	N/A	N/A	N/A	N/A	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

COALITION Maximum Reimbursement Rates (To be Completed by COALITION)

Care Level	(INF) < 12 MTH	(TOD) 12 < 24 MTH	(2YR) 24 < 36 MTH	(PR3) 36 < 48 MTH	(PR4) 48 < 60 MTH	(PR5) 60 < 72 MTH	(SCH) In School	(SPCR) Special Needs
Full-Time Daily Rates	\$ 27.00	\$ 22.00	\$ 21.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 13.00	\$ 26.20
Full-Time Gold Seal Daily Rates	\$ 32.00	\$ 28.07	\$ 24.89	\$ 23.70	\$ 23.70	\$ 23.70	\$ 15.41	\$ 31.05
Part-Time Daily Rates	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Part-Time Gold Seal Daily Rates	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Before or After School Rates	N/A	N/A	N/A	N/A	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Full-Time VPK Wrap Gold Seal Daily Rates	N/A	N/A	N/A	N/A	\$ 0.00	\$ 0.00	N/A	\$ 0.00
Part-Time VPK Wrap Gold Seal Daily Rates	N/A	N/A	N/A	N/A	\$ 0.00	\$ 0.00	N/A	\$ 0.00

Approved PROVIDER Reimbursement Rate * (To be Completed by COALITION)

Care Level	(INF) < 12 MTH	(TOD) 12 < 24 MTH	(2YR) 24 < 36 MTH	(PR3) 36 < 48 MTH	(PR4) 48 < 60 MTH	(PR5) 60 < 72 MTH	(SCH) In School	(SPCR) Special Needs
Full-Time Daily Rates	\$ 27.00	\$ 25.00	\$ 24.89	\$ 23.70	\$ 23.70	\$ 0.00	\$ 0.00	\$ 0.00
Part-Time Daily Rates	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Before or After School Rates	N/A	N/A	N/A	N/A	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Full-Time VPK Wrap Daily Rates	N/A	N/A	N/A	N/A		**	N/A	
Part-Time VPK Wrap Daily Rates	N/A	N/A	N/A	N/A			N/A	

* Note: Rate PROVIDER will be paid shall not exceed PROVIDER's Private Pay Rates for each category.

** Note: The VPK Wrap Rate reimbursed to the provider requires a VPK Wrap Rate Calculation. The provider's daily payment rate for PR4 and or PR5 is converted to an hourly rate and multiplied by the number of wrap around care hours needed based on VPK daily program hours and the child's unit of care.

VPK Wrap Rates

Previously, the VPK Wrap Rates were displayed in the Approved PROVIDER Reimbursement Rate table in Exhibit 3 (see green outline above), but are now displayed with a pair of asterisks. These rates are based on a formula that incorporates daily payment rates for PR4 and PR5, which is converted to a daily rate, and multiplied by the number of wrap around hours needed for each child.

Signing a Contract

The Provider Portal user will read the contract and scroll down to Section XV. to electronically sign the contract by checking the **<u>By Electronic Signature</u>** checkbox.

NOTE FOR PUBLIC SCHOOLS: If a school board or school district needs to manually sign a contract (instead of an electronic signature), the contract can be submitted without an electronic signature, then downloaded as a .pdf and printed.

EXECUTION OF CONTRACT	
In accordance with s. 1002.88(1)(p), F.S., PROVIDER has caused this Contract to hereby certifies that PROVIDER has read and understood this Contract. PRO noncompliance with the requirements of the School Readiness Program including attachments, shall result in corrective action, withholding of funds, or termination of	VIDER certifies that all information provided is true and correct and agrees , but not limited to the requirements of this Contract, and all Exhibits and author
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.
Signature of President/Vice President/ Secretary/Officer/Owner/Principal/or Other Authorized Representative By Electronic Signature	Print Name
Title	Date
Provider's Additional Signatory (If required by the Provider)	Print Name
By Electronic Signature	
By Electronic Signature Title	Date
Title	

After clicking the checkbox, the following message will display. Enter the Title of Signator and click Yes.

NOTE: The Title of Signator is not the provider's name, but their 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: *	
Yes	Cancel

After clicking the **Yes** button, the electronic signature of the signatory and the date/time will populate in yellow.

NOTE: The electronic signature and printed name of the Provider Portal user is based on the user who is logged on to the portal. Please ensure that the proper Provider Portal user is logged on to electronically sign the contract.

XV. EXECUTION OF CONTRACT

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.

Jim Ledbetter (Electronic Signature)	Jim Ledbetter
Signature of President/Vice President/ Secretary/Officer/Owner/Principal/or Other Authorized Representative Ø By Electronic Signature	Print Name
Owner	4/6/2017 10:32:07 PM
Title	Date
Provider's Additional Signatory (If required by the Provider) By Electronic Signature	Print Name
Title	Date
COALITION has caused this Contract to be executed as of the date set forth	n in Paragraph 1.
Signature of Authorized Coalition Representative By Electronic Signature	Print Name
Title	Date

The Provider Portal user will then read the contract exhibits and click the <u>Next Step</u> button on each page, until the application certification page. The user will enter the name and title of the signatory, check the <u>Certified by</u> <u>electronic signature</u> checkbox, and then click the <u>Submit Contract</u> button.

CVPK Application Certification								
PROVIDER certifies that all information provided is true and correct and agrees	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. Is that noncompliance with the requirements of the School Readiness Program including, but not limited to the requirements of this Contract, and all Exhibits and r termination of this Contract at the discretion of COALITION, in accordance with Section X. the is duly authorized to do so and to bind the respective party to the contract.							
By signing this form I certify that:								
- I have exa is true am - I understa is in force	and that upon the approval of my provider's contract, I will receive notification my contract							
	Signature of President / Vice President / Secretary / Officer / Owner / Principal or Other Authorized Representative							
	* Full Name Jim Ledbetter							
	Title Owner							
	★ Certified by electronic signature							
	Contract sign date 4/6/2017							
	Submit Contract							

The following message will display and an email will be sent by **DONOTREPLY@OEL.myflorida.com**.

16 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

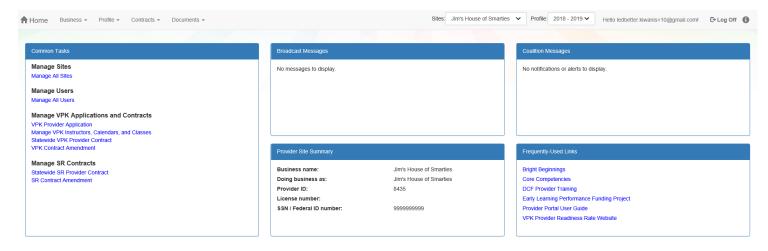
Statewide	SR Provider Contract Submitted Inbox x		•	1
CELTest to me ►	Systems OELTestSystems@oel.myflorida.com <u>via</u> oelmyflorid	10:45 PM (27 minutes ago) 🙀	*	•
	Hello Jim Ledbetter.			
	The Statewide SR Provider Contract (Forms OEL-SR 20, 20 Jimini & the Monitor has been delivered to the ELC of St. L reviewed and you will receive an email with further instruc	ucie. The contract will be		
	Remember, you must receive a copy of the Statewide SR P coalition before receiving payment or beginning SR classe	2,		

Thank you, ELC of St. Lucie (772) 595-6424 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 <u>early learning coalition</u>

Amending Contracts

Provider Portal users can amend contracts through the Manage Contracts function. Click the <u>SR Contract</u> <u>Amendment</u> or <u>VPK Contract Amendment</u> link, and the Provider Portal user will be re-directed to an OEL webpage.



The Provider Portal user will click the applicable highlighted link to access a form-fillable .pdf amendment form to complete and submit to the early learning coalition.

Provider Contract

School Readiness Contract

- Form OEL-SR 20 School Readiness Provider Contract
- Form OEL-SR 20L Licensed Provider Responsibilities
- Form OEL-SR 20FFN Informal Provider Responsibilities
- Form OEL-SR 20LE License Exempt Provider Responsibilities
- Form OEL-SR 20A Amendment to Statewide Provider Contract

Voluntary Prekindergarten Contract

- Form OEL-VPK 20 VPK Statewide Contract
- Eorm OEL-VPK 20PS (Public School)
- Eorm OEL-VPK 20PP (Private Provider)
- Form OEL-VPK 20A Amendment to Statewide Contract

VPK-APP

The VPK-APP replaces the following 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 screen will display. Click the **<u>Edit</u>** button to review the contract.

Manage cor	ntracts for Jim	ini & the Monito	r 1 total records							
Show 10 en	itries 🕶									
Contract ID	Type of Contract	Contract Name	Coalition	Status	Last Updated	Action	View Contract	Start Date	End Date	Termination
	Type of Contract	Contact Name	Coantion	Status	Last Opulieu		VIEW Contract	Start Date	Lid Date	Date
44	VPK-APP	VPK 10,11A,11B	ELC of North Florida/Episcopal Children's Services	Initiated	4/20/2017	GEdit		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 Noles) 2017 - 2018 (Incomplete) >
Attendance Policy 🦠 VPK Director 🚖 VPK Instructors 🛔 VPK Calendars 🏥 VPK Class(es) 🏛 Review 🚍 Certify and Submit 🌞
N Attendance Policy Submission
A VPK Provider must
Adopt 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 6M-8.305, F.A.C.
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 1002.71, F.S., states a private prekindergarten provider or public school may not require payment 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.
Choose VPK Attendance Policy file by clicking Browse button
File Name Uploaded On Size

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 <u>Add New Director</u> button to begin.

Jim's House of	Smarties	2017 - 2018 (Incomplete	e) 🗸			
Attendance Policy 🍆	VPK Director ★	VPK Instructors	VPK Calendars 🋗	VPK Class(es) 🏦	Review 🗮	Certify and Submit 🌞
+ Add New Director	ors					

Click the <u>Save</u> button after all information is entered for the director.

m's House of	VPK Director ★	VPK Instructors	VPK Calendars	VPK Class(es) 🏦	Review 🗮	Certify and Submit		
VPK Director Name:								
Telephone Number:	Enter Telephor	ne Number						
Email:	Enter Email							
Credential Type:	Select Credent	tial Type		~				
Credential Certificate Number:	Enter Credentia	al Certificate Number						
Credential Issue Date:	Enter or Select	Start Date						
Credential Expiration Date:	Enter or Select	End Date						
	+ Save	Cancel						

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.

endance Policy 🍆 VPK Di	ector 🚖 VPK Instructors 🛔 VPK Calendars 🏥 VPK Class(es)	neview E Certify and Submit 🌞					
Add New Director							
how removed directors							
🕈 Jim Ledbetter 🛛 🗹 Ed	t 🛍 Remove	Supporting Documer ts: C Edit					
Telephone Number:	555555555	File Name	Document Type	Issued On	Expires On	Uploaded On	Siz
	5555555555 ledbetter.kiwanis+10@gmail.com		Document Type	Issued On	Expires On	Uploaded On	Siz
Email:			Document Type	Issued On	Expires On	Uploaded On	Siz
Email: Credential Type:	ledbetter.kiwanis+10@gmail.com		Document Type	Issued On	Expires On	Uploaded On	Siz
Telephone Number: Email: Credential Type: Credential Certificate Number: Credential Issue Date:	ledbetter.kiwanis+10@gmail.com VPK Director Credential		Document Type	Issued On	Expires On	Uploaded On	Siz

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 **<u>Upload</u>**. Then, click <u>**Save**</u>. At least one document should be uploaded.

Jim's House of	Smarties 2017 - 2018 (Incomplete) 🗸									
Attendance Policy 🍆	VPK Director 🚖 VPK Instructors 💄 VPK Calendars 🏥 🕔	VPK Class(es) 🟦 Review 🚍	Certify and Submit 🌞							
								×		
VPK Director Name:	Jim Ledbetter ×	Document Type:	O Background Screening 3							
Telephone Number:	555555555		Affidavit of Good Moral Character Credential	0						
Email:	ledbetter.kiwanis+10@gmail.com		Additional Documentation							
Credential Type:	VPK Director Credential	Choose Files:	Growse Choose documents by	clicking Browse button						
Credential Certificate	11111111	Document Issued Date:	Enter or Select Date							
Number: Credential Issue Date:	12/01/2017	Document Expiration Date:	Enter or Select Date							
Credential Expiration Date:	12/03/2018	File Name		Document Type	Issued On	Expires On	Uploaded On	Size		
	☑ Save ★ Cancel			booament Type	issued off	Expires Off	Spicial Off	5126		

Step 3 – VPK Instructors

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

Jim's House of Smarties		2017 - 2018 (Incomplete	2017 - 2018 (Incomplete) V							
Attendance Policy 🍆	VPK Director ★	VPK Instructors	VPK Calendars 🋗	VPK Class(es) 🏦	Review	Certify and Submit 🌞				
+ Add New Instructor	J									

Click the <u>Save</u> button after all information is entered for each instructor.

Jim's House of	Smarties	2017 - 2018 (Incomplete	e) 🗸			
Attendance Policy 🍑	VPK Director 🛧	VPK Instructors	VPK Calendars 🋗	VPK Class(es) 🏦	Review 🗮	Certify and Submit 🌞
Legal Name:						
SSN:	Enter SSN					
Degree:	Select Highest Degr	ee		~		
Туре:	Select Type			~		
Credential:	Select Credential			~		
[Certified teacher					
ĺ	+ Save × Cano	cel				

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

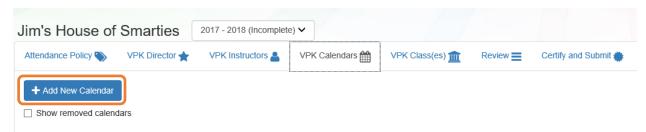
🛔 Jim Ledbetter	🕑 Edit 🛛 🍿 Remove	Supporting Documents & Edit					
SSN:	000000000	File Name	Document Type	Issued On	Expires On	Uploaded On	Size
Degree:	Received an M.A. or an M.S						
Type:	Lead						
Credential:	M.A. or M.S. in an approved field with required minimum hours and experience						
Certified Teacher?	No						
Certified Teacher?	No						

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 **<u>Upload</u>**. Then, click <u>Save</u>. At least one document should be uploaded.

Jim's House of	Smarties	2017 - 2018 (Incomplet	e) 🗸												
Attendance Policy 🥎	VPK Director ★	VPK Instructors	VPK Calendars 🋗	VPK Class(es) 🏦	Review E Certify and S	Submit 🗌									
Legal Name:	Jim Ledbetter ×				Document Type:	0	Background	Screening	•						
SSN:0	000000000					0	Affidavit of (Good Moral C	haracter 🖯						
Degree:	Received an M.A. o	r an M.S		~		\square	Credential 🕻								
Туре:	Lead			~		0	Additional D	ocumentation	n						
Credential:	M.A. or M.S. in an a	approved field with require	ed minimum hours and e	xperience 🗸	Choose Files:	🖆 Bi	owse	Choose docur	ments by cli	cking Browse button					
, i i i i i i i i i i i i i i i i i i i	Certified teacher				Document Issued Date:	Enter	or Select Da	ite 🛄							
	C' Save X Can	cel			Document Expiration Date:	Enter	or Select Da	te 🏼							
					File Name				Doc	ument Type	Issued On	Expires On	Uploaded On	Size	

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 <u>Add New Calendar</u> button to begin.

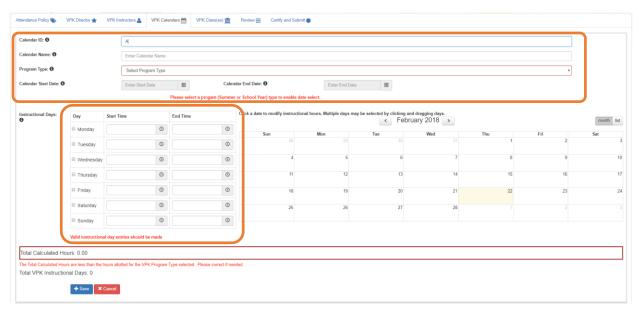


The Calendar ID will automatically populate with a letter beginning with A. Each additional calendar will receive a sequential Calendar ID.

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.



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

Image: Noncept with the second withe second with the second with the second with the se	Instructional Days: 0	Day	Start Time		End Time		Click a date to modify instruction	nal hours. Multiple days ma	y be selected by clicking an	id dragging days. uary 2018 >			month
# Tuesday 06.00 AM 0 11.00 AM 0 # Wednesday 06.00 AM 0 11.00 AM 0 # Thursday 06.00 AM 0 11.00 AM 0 # Thursday 06.00 AM 0 11.00 AM 0 11 12 13 14 15 16 # Friday 06.00 AM 0 11.00 AM 0 18 19 20 21 22 23		Monday	08:00 AM	©	11:00 AM	٩	Sun	Mon	Tue	Wed	Thu	Fri	Sat
# Thursday 00:00 AM 0 11:00 AM 0 11 12 13 14 15 16 # Priday 00:00 AM 0 11:00 AM 0 18 19 20 21 22 23		I Tuesday	08:00 AM	O	11:00 AM	©					1	2	
8 Friday 08.00 AM 0 11.00 AM 0 18 19 20 21 22 23			08:00 AM	O	11:00 AM	O	4	5	6	7	8	9	
			08:00 AM	O	11:00 AM	O	11	12	13	14	15	16	
© Saturday 0 0 25 26 27 28 1 2			08:00 AM	O	11:00 AM	O	18	19	20	21	22	23	
		Saturday		©		0	25	26	27	28			
Sunday S S		Sunday		©		0							
	otal Calculated H	ours: 585.00											
	Total Calculated H		e hours allotted for the	VPK Progr	am Type selected. Ple	ase correct.							

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.

nstructional Days:	Day	Start Time		End Time		Click a date to modify instruction	nal hours. Multiple days may		d dragging days. nber 2017 >			month lis
	Monday	08:00 AM	0	11:00 AM	0	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	🗷 Tuesday	08:00 AM	O	11:00 AM	0						1	
	✓ Wednesday	08:00 AM	O	11:00 AM	©	3	4	5	6	7	8	
		08:00 AM	©	11:00 AM	©	10	11	12	13	14	15	
		MA 00:80	©	11:00 AM	©	17	18	19	20	21	22	2
	Saturday		©		©	24	25	26	27	28	29	
	Sunday		O		O	31						
						51						
Total Calculated Ho	urs: 585.00											
Total Calculated Ho		e hours allotted for th	e VPK Progra	am Type selected. Ple	ase correct.							

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 Instructi	ional Day	×
Event Type: 🕄	Select Event Type Non-Instructional Day	
Description:	Instructional Day Exception	
	Cancel Update Remove	

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

endar ID:	A									
endar Name:	Enter Calendar Na	me								
gram Type:	Select Program T	pe								
endar Start Date:	Enter Start Date Start date and end	Calendar End Date: Calend	Enter End Date							
uctional Days:	Day	Start Time	End Time	Click a date to modify instructional hou	rs. Multiple days may be selected i		ember 2017 >			mo
	Monday	٥	O	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	Tuesday	0	©	26		28	29	30	1	
	Wednesday	0	0	3	4	5	6	7	8	
	Thursday	0	0	10	11	12	13	14	15	
	🗆 Friday	0	0	17	18	19	20	21	22	
	Saturday	0	0	24	25	26	27	28	29	
	Sunday	0	0	31	1			4	5	
	Valid instructional	day entries should be made								
I Calculated Hours	0.00									

When the Total Calculated Hours match the hours for the VPK program type, the user will click the <u>Save</u> button.

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.

Jim's House of S	Smarties	2017 - 2018 (Incomplete	e) 🗸			
Attendance Policy 🍆	VPK Director ★	VPK Instructors	VPK Calendars 🋗	VPK Class(es) 🏦	Review 🗮	Certify and Submit 🌞
Add New Class						

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 yet, the Instruction Start Date defaults the Class Start Date. For each class, one Lead Instructor must be selected. Click the <u>Save</u> button after all information is entered for each class.

Class ID: 🔒	CF17
Class Name: 🔒	Enter Class Name
Class Calendar: 🖲	A-1
Main Curriculum: 🖯	BABY DOLL CIRCLE TIME
Class Start Date: 0	01/01/2018
Class End Date: 0	06/29/2018
Instructors:	🕑 Jm 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:
	O 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)



Step 6 – Review

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

Review - Let's ma	ake sure we have all your infor	mation									
Attendance Po											
Attendance Policy Fi						Uploaded On				Size	
EST DOCUMENT.do	DCX					01/02/2018				15 KB	
+ VPK Director	✓ Edt										
irector Name		Telephone Number	Email			Credential Type	Credential Certificate Number	Credential Issue	Date	Credential Expiration Date	Supporting Document
ot Jim Ledbetter (Re	emoved)	555555555	ledbetter.kiwar	is+7@gmail.com		VPK Director Credential	22222222	12/01/2017		12/01/2018	1 Files uploaded
im Ledbetter		555555555	ledbetter.kiwar	is+10@gmail.com		VPK Director Credential	11111111	12/01/2017		12/03/2018	2 Files uploaded
VPK Instructors											
structor Name	SSN	Degree		Type	Credential				Is Certified?	Equivalent Credential	Supporting Documents
ot Jim Ledbetter	777777777	Received an M.A. or an M.		Lead		d field with required minimum hours and expe			No		1 Files uploaded
m Ledbetter	0000000000	Received an M.A. or an M.	s	Lead	M.A. or M.S. in an approve	d field with required minimum hours and exper	rience		No		1 Files uploaded
WPK Calendar	s <mark>/ Edt</mark>										
Calendar ID	Calendar Name	Program Type	Start Date	End Date	Instructional Days			Non-Instructional Days	Site Closur	e Days Exceptional In	structional Days
ı	1	School Year (540 hours)	01/01/2018	08/29/2018	MON TUE WED THU FRI	08:00 AM-11:00 AM 08:00 AM-10:00 AM 08:00 AM-10:00 AM 08:00 AM-10:00 AM 08:00 AM-10:00 AM	-			01/08/2018 08:	00 AM-09:00 AM : fire department 00 AM-07:00 AM : police department 0 am-09:00 AM : DCF
					Total Calculated Hours: Total VPK Instructional E	540.00 lays: 130					
B (Removed)	Beta	School Year (540 hours)	01/18/2018	05/31/2018	MON TUE WED THU FRI	08:00 AM-12:00 PM 08:00 AM-11:00 AM 08:00 AM-11:00 AM 08:00 AM-11:00 AM 08:00 AM-11:00 AM	-				
					Total Calculated Hours: Total VPK Instructional E	509.00 lays: 98					
VPK Class(es	a) 🖊 Edit										
lass ID		Class Calendar Name			Main Curriculum		Class Start Date		Class End Date		structors
F17 (Removed)		1			BABY DOLL CIRCLE TIM	E	01/02/2018		01/02/2018		t Jim Ledbetter art date: 01/01/0001

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 <u>Submit VPK Provider Application</u> button.

Certify and Submit		
By signing this form I certify that:		
	of the change. nay result in noncompliance with VPK requirements. as provided documentation to be maintained in the files of the PROVIDER/DISTRICT and the , which demonstrates that the individual is not ineligible to act as a VPK instructor; and is n rogram.	
	Provider Signature	

ay Time Phone	ame			
Phone Number				
lectronic Signat	ıre 🗰			
Check thi	box to certify by ele	stronic signatu	e	
pplication Com	letion Date 🍀			
06/27/2017				

16 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 <u>Edit</u> button on their Manage Contracts page. Clicking the <u>Download</u> button will export the information in the VPK-APP to a .pdf document.

Manage	contract	ts for Jim's Ho	use of Canes	& Gators (9 total records)							
Show 1	10 entries -										
Contrac	ct ID 🗜	Type of Contract	Contract Name	Coalition	Status	Last Updated	Action	View Contract	Start Date	End Date	Termination Date
45	5	VPK-APP	VPK 10,11A,11B	ELC of Palm Beach	Certified	06/27/2017	GEdit	Download	07/01/2017	07/17/2018	

VPK Director

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

Jim's House of	Smarties	2017 - 2018 (Incomplete	e) 🗸								
Attendance Policy 🥎	VPK Director ★	VPK Instructors	VPK Calendars 🋗	VPK Class(es) 🏦	Review 🗮	Certify and Submit 🌞					
+ Add New Director	rs										
🖈 Not Jim Ledbe	tter 🕑 Edit	TRemove			Supporting	g Document : 🕑 Edit					
Telephone Number:	55555	555555			File Name	•	Document Type	Issued On	Expires On	Uploaded On	Size
Email:	ledbe	tter.kiwanis+7@gmail.com			TEST I	DOCUMENT.docx ODownload	Background Screening	12/01/2017	12/01/2018	01/02/2018	15 KB
Credential Type:	VPK I	Director Credential									
Credential Certificate	Number: 22222	2222									
Credential Issue Date	12/01	/2017									
Credential Expiration	Date: 12/01	/2018									

When the **<u>Remove</u>** button is clicked, the following message will display.

Remove Not Jim Ledbette	r?				×
• You are about to ren and documents (if any) needed. To continue, er click Remove, otherwise	will be retain nter the last o	ed. You ma lay this indi	y re-add this	director at a late	r time if
Enter or Select Date					
				Remove	Cancel

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

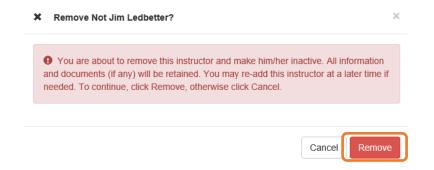
Jim's House of	Smarties	2017 - 2018 (Incomplete	e) 🗸								
Attendance Policy 🍆	VPK Director 🚖	VPK Instructors	VPK Calendars	VPK Class(es) 🏦	Review 	Certify and Submit 🇰					
+ Add New Director	rs										
🖈 Not Jim Ledbe	tter (Removed	💼 Re-add			Supporting	Documents:					
Telephone Number:	55555	555555			File Name		Document Type	Issued On	Expires On	Uploaded On	Size
Email:	ledbe	tter.kiwanis+7@gmail.com	1		TEST D	DCUMENT.docx	Background Screening	12/01/2017	12/01/2018	01/02/2018	15 KB
Credential Type:	VPK [Director Credential									
Credential Certificate	Number: 22222	2222									
Credential Issue Date	: 12/01	/2017									
Credential Expiration	Date: 12/01	/2018									

VPK Instructors

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

is nouse of	Smarties 2017 - 2018 (Incomplete) ~						
ndance Policy 🍆	VPK Director 🔶 VPK Instructors 💄 VPK Calendars 🏥 VPK Class(es)	🏦 Review 🚍 Certify and Submit 🌞					
Add New Instructor Show removed class							
Sot Jim Ledbe	etter 🕑 Edit 🗴 🛱 Remove	Supporting Document : 🏾 🖉 Edit					
SSN:	וודודוד	File Name	Document Type	Issued On	Expires On	Uploaded On	Size
Degree:	Received an M.A. or an M.S	TEST DOCUMENT.docx O Download	Background Screening	12/01/2017	12/01/2018	01/02/2018	15 KB
Type:	Lead						
Credential:	M.A. or M.S. in an approved field with required minimum hours and experience						
Certified Teacher?	No						
Geruneu reacher?							
Jim Ledbetter		Supporting Documents: 🛛 Edit					
		Supporting Documents: 🗭 Edit File Name	Document Type	Issued On	Expires On	Uploaded On	Size
Jim Ledbetter	ර Edit 🗊 Remove		Document Type Background Screening	Issued On 12/01/2017	Expires On 12/01/2018	Uploaded On 01/02/2018	Size 15 K
Jim Ledbetter	6 Edit 面 Remove	File Name					
Jim Ledbetter SSN: Degree:	C Edit Remove 000000000 Received an M.A. or an M.S	File Name					

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



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

n's House of	Smarties 2017 - 2018 (Incomplete) ~						
endance Policy 🥎	VPK Director + VPK Instructors VPK Calendars W VPK Class	(es) 🏦 Review 🚍 Certify and Submit 🌞					
- Add New Instructor							
Show removed class	instructors						
🚨 Not Jim Ledbe	etter (Removed m Re-add	Supporting Documents:					
SSN:		File Name	Document Type	Issued On	Expires On	Uploaded On	Siz
Degree:	Received an M.A. or an M.S	TEST DOCUMENT.docx	Background Screening	12/01/2017	12/01/2018	01/02/2018	15
Type:	Lead						
Credential:	M.A. or M.S. in an approved field with required minimum hours and experience						
Certified Teacher?	No						
Ledbetter	🖸 Edit 🕅 Remove	Supporting Documents: 🗹 Edit					
SSN:	000000000	File Name	Document Type	Issued On	Expires On	Uploaded On	Siz
Degree:	Received an M.A. or an M.S	TEST DOCUMENT.docx Openhoad	Background Screening	12/01/2017	12/01/2018	01/02/2018	15
Туре:	Lead						
Type: Credential:	Lead M.A. or M.S. in an approved field with required minimum hours and experience						

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

Ø Intructor is currently assigned \times 9 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.

Itendance Policy 🥎	VPK Director 🚖 VPK Ir	Istructors 🛔 VPK Calendars 🋗	VPK Class(es) m Review	Certify and Submit 🌞				
Add New Class								
Show removed class	es							
🏛 AF17 🕑 Edit	🟛 Remove			Jan	uary 2018 🔉			month
Class Name, Aipna Class Calendar; 1		Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2 6a Exception: fire department	3	4	5	
nstructors:		7	8	9	10	11	12	
Name	Туре		6a Exception: police department	6a Exception: DCF				
		14	15	16	17	18	19	
		21	22	23	24	25	26	

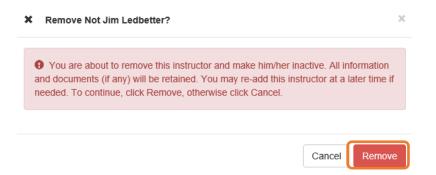
In the Instructors area, uncheck the instructor's name. Once un-checked, enter the Last Taught Date, or click the **Never began instruction of class** checkbox if the class has not started. Click **Save**.

Class ID:	CF17	
Class Name:	Enter Class Name	
Class Calendar: 🚯	A - 1	~
Main Curriculum: 🚯	BABY DOLL CIRCLE TIME	×
Class Start Date:	01/01/2018	
Class End Date:	06/29/2018	
Instructors:		
instructors.	G 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
	O 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:	02/22/2018 III • Never began instruction of class
Save Cancel		

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

CF17 🗹 Edit				Jar	nuary 2018 >			month I
Class Name: N/A Class Calendar: 1		Sun	Mon	Tue	Wed	Thu	Fri	Sat
lain Curriculum: BABY DOLL CIRCLE TIN Jass Start Date: 01/01/2018 Jass End Date: 06/29/2018	1E		1	2 6a Exception: fire department	3	4	5	
nstructors:		7	8	9	10	11	12	
Name	Туре	6	Exception: police department	6a Exception: DCF				
Jim Ledbetter	Lead	14	15	16	17	18	19	
Not Jim Ledbetter (Removed)	Lead	21	22	23	24	25	26	
		28	29	30	31	1	2	

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 **<u>Remove</u>**. The following message will display:



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

Jim's House of	Smarties 2017 - 2018 (incomplete) V						
Attendance Policy 🌑	VPK Director 🛧 VPK Instructors 💄 VPK Calendars 🏥 VPK Class(es) 🏦	Review 🗮 Certify and Submit 🌞					
+ Add New Instructor	Instrue vs						
🛔 Not Jim Ledbe	etter (Remove))	Supporting Documents:					
SSN:		File Name	Document Type	Issued On	Expires On	Uploaded On	Size
Degree:	Received an M.A. or an M.S	TEST DOCUMENT.docx	Background Screening	12/01/2017	12/01/2018	01/02/2018	15 KB
Type:	Lead						
Credential:	M.A. or M.S. in an approved field with required minimum hours and experience						
Certified Teacher?	No						
🛔 Jim Ledbetter	び Edit 前 Remove	Supporting Documents: Ø Edit					
SSN:	000000000	File Name	Document Type	Issued On	Expires On	Uploaded On	Size
Degree:	Received an M.A. or an M.S	TEST DOCUMENT.docx	Background Screening	12/01/2017	12/01/2018	01/02/2018	15 KB
Type:	Lead		- 0				
Credential:	M.A. or M.S. in an approved field with required minimum hours and experience						
Certified Teacher?	No						

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

Level VPK Instructors							
Instructor Name	SSN	Degree	Туре	Credential	Is Certified?	Equivalent Credential	Supporting Documents
Jim Ledbetter	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 Ledbetter (Removed)	777777777	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

m VPK Class(es)	🖍 Edit				
CF17	1	BABY DOLL CIRCLE TIME	01/01/2018	06/29/2018	Jim Ledbetter Clind Letz, 64010049, Lest Taught Date: 06/29/2018 Not Jim Ledbetter (Removed) Saturation Services and Hoght Date: 02/22/2018

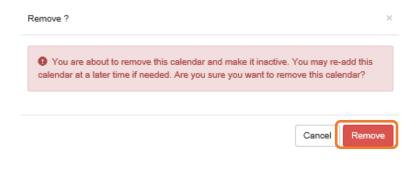
VPK Calendars

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

	VPK Director 👚 VPK	Instructors 🛔 VPK Calend	ars 🛗 VPK Class(es) 🏦 Review 🗮 C	ertify and Submit 🌒					
Add New Calendar									
how removed calend	ars.								
1 🕑 Edit 🛍	Remove		Non-Instructional, Site Closures and Exception	al Instructional Days:		January 2018 >			month
rogram Type: School Galendar Start Date: 0	1/01/2018		Sun	Mon	Tue	Wed	Thu	Fri	Sat
alendar End Date: 0	6/29/2018			1	2 Ga Exception: fire department	3		4 8	5
Day	Start Time	End Time	7	8	9	10	1	11 12	2
Monday	08:00 AM	11:00 AM	-	Sa Exception: police department	6a Exception: DCF				
Tuesday	08:00 AM	10:00 AM	14	15	16	17	1	18 11	9
Nednesday	08:00 AM	10:00 AM	21	22	23	24	2	15 21	6
Thursday	08:00 AM	10:00 AM							
riday	08:00 AM	10:00 AM	- 28	20	30	31			
aturday									
	re: 540.00								
alendar Name: Beta	al Days: 130 Remove		Non-Instructional, Site Closures and Exception	al Instructional Days:		January 2018 🔉			mont
otal Calculated Hou otal VPK Instruction	Nal Days: 130		Non-Instructional, Site Closures and Exception Sun	al Instructional Days: Mon	Tue	January 2018 >	Thu	Fri	mod
tal Calculated Hou tal VPK Instruction B C Edit II slendar Name: Bets ogram Type: School slendar Start Date: 0 slendar End Date: 0	al Days: 130				Tue			4 Pri t	
btal Calculated Hou tal VPK Instruction B C Edit II elendar Name: Beta sendar Start Date: 0 elendar End Date: 0 elendar End Date: 0 structional Days:	al Days: 130 Remove Year (540 hours) 1/16/2018 5/31/2018	End Time	Sun 31		2	Wed 3		4	Sat 5
tal Calculated Hou tal VPK Instruction B Ci Edt fi lendar Name: Beta gram Type: School lendar Start Date: 0 ekendar End Date: 0 structional Days: lay	al Days: 130	End Time 12:00 PM	Sun	Mon	2	Wed 3			Sat 5
tal Calculated Hou tal VPK Instruction B C Edt f lendar Name: Beta sgram Type: School endar End Date: 0 structional Days: lay londay	al Days: 130 Remove Vesr (540 hours) 1/16/2018 Start Time		Sun 31	Mon	2	Wed 3	1	4 1	Sat 5
tal Calculated Hou tal VPK Instruction B CFER for lendar Name: Betta Version School lendar Start Date: 0 lendar End Date: 0 structional Days: lay londay uesday	Isl Days: 130 Remove Year (\$40 hours) 1/18/2018 Start Time 06:00 AM	12:00 PM	5un 31 7	Mon	2 	Wed 3 10 17	1	4 1	Sat 5
tal Calculated Hou tal VPK Instruction B <u>Circut</u> (fi lendar Name: Bets agram Type: School lendar School Date: 0 istructional Days: lay londay uesday Vednasday	Isomove Year (540 hours) 1/162018 \$1000000000000000000000000000000000000	12:00 PM 11:00 AM	5un 31 7 16 21	Mon 1 6 11 22	2 6 16 22	Wed 3 10 17 24	1	4 1 11 12 18 11	Sat 5
tal Calculated Hou tal VPK Instruction B <u>Ciccle</u> <u>fit</u> lendar Name Bets agram Type: School lendar School Date: 0 trructional Days: lay londay uesday lednasday hursday	Start Time 08:00 AM 08:00 AM 08:00 AM 08:00 AM 08:00 AM 08:00 AM	12:00 PM 11:00 AM 11:00 AM	9un 31 7 14	Mon 1	2 6 16 22	Wed 3 10 17 24	1	4 1 11 12 18 11	Sat 5
tal Calculated Hou tal VPK Instruction B CC Edit II Wendar Name: Beta orgram Type: School Wendar Start Date: 0	IN Compare 130 Remove Year (540 hours) 11/16/2018 Start Time 06:00 AM 08:00 AM 08:00 AM 08:00 AM 08:00 AM	12:00 PM 11:00 AM 11:00 AM 11:00 AM	5un 31 7 16 21	Mon 1 6 11 22	2 6 16 22	Wed 3 10 17 24	1	4 1 11 12 18 11	Sat 5
tal Calculated Hou tal VPK Instruction B C C E C C C Hendar Name: Beta ogram Type: School Hendar Start Date: 0 tivendar End Date: 0 tivendar End Date: 0 tivendar End Date: 0 tivendar Start Date: 0 tivendar Start Date: 0 tivendar Start Date: 0 tivendar Date: 0 tivendar Name Name Name Name Name Name Name Name	IN Compare 130 Remove Year (540 hours) 11/16/2018 Start Time 06:00 AM 08:00 AM 08:00 AM 08:00 AM 08:00 AM	12:00 PM 11:00 AM 11:00 AM 11:00 AM	5un 31 7 16 21	Mon 1 6 11 22	2 6 16 22	Wed 3 10 17 24	1	4 1 11 12 18 11	5 2 9



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



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 c	
class. If the class has not started yet, you may remove the cale and try this action again.	idar from the class
	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 **<u>Re-add</u>** button.

ow removed calend	dars								
endar Name: 1	🗄 Remove		Non-Instructional, Site Closures and Exception	al Instructional Days:		January 2018 >			n
gram Type: School ender Start Date: 0	ol Year (540 hours) 01/01/2018		Sun	Mon	Tue	Wed	Thu	Fri	Sat
andar End Date: 0	06/29/2018			1	2	3	4	6	
uctional Days:					Ca Exception: fire department				
'	Start Time	End Time	7	8 Exception: police department	8 Exception: DCF	10	11	12	
iday	06:00 AM	11:00 AM	- 14	16		17	18	19	
sday	08:00 AM	10:00 AM							
dnesday	06:00 AM	10:00 AM	21	22	23	24	25	28	
irsday	08:00 AM	10.00 AM			30	31			
lay	08:00 AM	10:00 AM	28	25					
	06:00 AM	10.00 AM	28	25					
turday nday I Calculated Hou	urs: 540.00	10:00 AM	2	25					
day turday nday II Calculated Hou II VPK Instruction	urs: 540.00 nal Days: 130 (Removed)	10.00 AM	Non-Instructional, Site Closures and Exception		v	January 2018 >			
turday nday Il Calculated Hou Il VPK Instruction	urs: 540.00 nal Days: 130 (Removed) I/Year (540 hours)	10.00 AM			Tue		Thu	Pri	Sat
turday I Calculated Hou I VPK Instruction	urs: 540.00 nal Days: 130 (Removed)) Year (540 hours)) (1/f0/2018	10.00 AM	Non-Instructional, Site Closures and Exception	al Instructional Days:		January 2018 🔉	Thu 4	Pri 5	Sat
urday I Calculated How VPK Instruction VPK Instruction Atems Bal Atems Bal Atems Date: 0 Indar Start Date: 0 Indar End Date: 02 Indar Start Date:	urs: 540.00 mai Days: 130 (Removed) (1Yews (540 hours) 0/1/62018 06/31/2018		Non-Instructional, Site Closures and Exception San 21	al Instructional Days. Mon 1	Tue 2	January 2018 > Wwd 3	4	5	Sat
urday day Calculated How VPK Instruction Instruction arm Type: School ordar Start Date: 0 ordar End Date: 0 uctional Days:	urs: 540.00 mail Days: 130 (Removed) 11 Yaw (540 hours) 00/19/2018 05/31/2018 Start Time	End Time	Non-Instructional, Site Closures and Exception Sun	al Instructional Days:	Tue 2	January 2018 🔉	Thu 4 11		Sat
urday Aday Calculated How VPK Instruction Common Common Adaption Common Adaption Common Adaption Common Adaption Common Adaption Common Adaption Common Adaption Common Adaption Common Adaption Common Adaption Common Adaption Common Adaption Common	urs: 540.00 mai Days: 130 (Removed) (1Yews (540 hours) 0/1/62018 06/31/2018	End Time 12:00 PM	Non-Instructional, Site Closures and Exception Sun 31 7	al Instructional Days: Mon 8	Tue 2	January 2018 > Wwd 3	4	5	Sat
urday day Calculated Hou VPK Instruction I Readd of the struction of the struction of the struction of the structure of the struc	urs: 540.00 mail Days: 130 (Removed) 11 Yaw (540 hours) 00/19/2018 05/31/2018 Start Time	End Time	Non-Instructional, Site Closures and Exception San 21	al Instructional Days. Mon 1	Tue 2	January 2018 > Wed a 10	4	5	Sat
urday I Calculated Hou VPK Instruction I VPK I VPK Instruction I VPK I V	vers: 540.00 mail Days: 130 (Removed) 1/Yesr (540 hours) 05/31/2018 Start Time 08:00 AM	End Time 12:00 PM	Non-Instructional, Site Closures and Exception Sun 31 7	al Instructional Days: Mon 8	Tue 2 0 10	January 2018 > Wed a 10	4	5	Sat
urday day Calculated Hou VPK Instruction VPK Instruction warm Type: School warm Typ	wrs: 560.00 mail Days: 130 /Paremed! /Varer/S61 hours) 0000 AM 0000 AM 0000 AM	End Time 12:00 PM 11:00 AM	Non-Instructional, Bite Closures and Exception Sun 31 7 14 21	al Instructional Days Mon 6 15 22	Tue 2 0 10 23	January 2018 > Wed 3 10 17 24	4 11 18	5 12 19	Sat
unday inday Calculated Hose VPK Instruction VPK Instruction man Type: School of are End Otale: 0: of and End Otale: 0: of and End Otale: 0: of and Sart Date: 0: of an	arr: 58.00 Removel) Removel) Start Time 00:014/2018 Start Time 00:00 AM 00:00 AM 00:00 AM	End Time 1200 PM 1100 AM	Non-Instructional, Site Closures and Exception Sun 21 7 14 14	al Instructional Days: Mon 1 1	Tue 2 0 10 23	January 2018 > Wed 10 10 17	4 11 18	5 12 19	Sat
urday I Calculated Hou I VPK Instruction I VPK Instruction I VPK Instruction I VPK Instruction I VPK Instruction I VPK Instruction I VPK Instruction	Image: 100 Image: 100 Image: 100 Image: 100 <t< td=""><td>End Time 1200 PM 1100 AM 1100 AM 1100 AM</td><td>Non-Instructional, Bite Closures and Exception Sun 31 7 14 21</td><td>al Instructional Days Mon 6 15 22</td><td>Tue 2 0 10 23</td><td>January 2018 > Wed 3 10 17 24</td><td>4 11 18</td><td>5 12 19</td><td>Sat</td></t<>	End Time 1200 PM 1100 AM 1100 AM 1100 AM	Non-Instructional, Bite Closures and Exception Sun 31 7 14 21	al Instructional Days Mon 6 15 22	Tue 2 0 10 23	January 2018 > Wed 3 10 17 24	4 11 18	5 12 19	Sat

VPK Class(es)

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

endance Policy 🥎	VPK Director 🔶 VPK	Instructors 🛔 VPK Calendars 🋗	VPK Class(es) m Review	Certify and Submit 🌞				
dd New Class								
Show removed classes								
🖬 AF17 🕑 Edit	着 Remove			Jar	uary 2018 >			month
Class Name: Alpha Class Calendar: 1		Sun	Mon	Tue	Wed	Thu	Fri	Sat
ain Curriculum: BABY lass Start Date: 01/01/ lass End Date: 06/29/2	2018		1 1	2 6a Exception: fire department	3	4	5	
structors:			7 6a Exception: police department	9 6a Exception: DCF	10	11	12	
Name	Туре							
		1	4 15	16	17	18	19	
		2	1 22	23	24	25	26	
		2	8 29	30	31		2	

Save Cance

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

m CF17			January 2018 >						
Class Name: NIA Class Calendar: 1 Main Curriculum: BABY DOLL CIRCLE TIME Class Staft Date: 0/10/12018 Class End Date: 0/6/29/2018		Sun	Mon	Tue	Wed	Thu	Fri	Sat	
			1	2 6a Exception: fire department	3	4	5		
Instructors:		7	8	9	10	11	12	1	
Name	Туре		6a Exception: police department	6a Exception: DCF					
Jim Ledbetter	Lead	14	15	16	17	18	19	2	
Not Jim Ledbetter (Removed)	Lead	21	22	23	24	25	26	2	
		21	22	23	24	23	20	2	
		28	29	30	31	1	2		

If the class has not started, when the **<u>Remove</u>** button is clicked, the following message will display:

	×
Canaal	Remove
	Cancel

Once the <u>Remove</u> button is clicked, the class will no longer appear on the VPK Class(es) screen, unless the <u>Show</u> <u>removed classes</u> checkbox is checked.

ndance Policy 🍆 VPK Dir	ector 🚖 VPK Instructors 🛔	VPK Calendars M VPK Class(es)	Review E Certify and Subm	ilt 🌞				
td New Class								
BF17 lass Name: Beta(Removed)				Janu	uary 2018 >			month
lass Calendar: 1 Iain Curriculum: BABY DOLL CI	0.01 5 70.05	Sun	Mon	Tue	Wed	Thu	Fri	Sat
ain Cumculum: BABY DOLL Cl lass Start Date: 01/02/2018 lass End Date: 01/02/2018 istructors;	RGLE TIME		1	a Exception: fire department	3	4	5	
Name	Туре	7	a Exception: police department	9 a Exception: DCF	10	11	12	
		14	15	16	17	18	19	
		21	22	23	24	25	26	
		28	29	30	31	1	2	
tAF17 127 Edit ≣ Ren	nove			Janu	uary 2018 >			month
lass Name: Alpha lass Calendar: 1		Sun	Mon	Tue	Wed	Thu	Fri	Sat
ass Calendar: 1 ain Curriculum: BABY DOLL Cl lass Start Date: 01/01/2018 lass End Date: 01/02/2018	RCLE TIME		1	a Exception: fire department	3	4	5	
structors:	Туре	7	a Exception: police department	9 a Exception: DCF	10	11	12	
		14	15	16	17	18	19	
		21	22	23	24	25	26	
			29	30	31			

To end the class, click the <u>Edit</u> button and the 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 <u>Save</u> button.

Class ID: 6	CF17	
Class Name: 😫	Enter Class Name	
Class Calendar: 🚯	A-1	-
Main Curriculum: 🚯	BABY DOLL CIRCLE TIME	•
Class Start Date: 😫	01/01/2018	
Class End Date: 0	02/22/2018	
Instructors:	G 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.

m VPK Class(es) ZEdt									
CF17	1	BABY DOLL CIRCLE TIME	01/01/2018		Jim Ledbetter Sour date 505 (1997) aught Date: 02/22/2018 Not Jim Ledbetter (Removed) Oted Jeth-90(42)0040 Lest-3 ought Date: 02/22/2018				