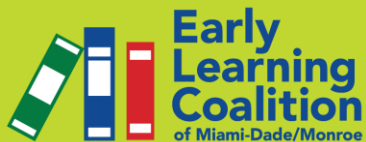


# EARLY CARE AND EDUCATION PROVIDER'S MEETING



June 2017



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

# Agenda

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- CCEP
- Communications
- Children First Conference
- EFS Modernization Project
- Inclusion & Assessments
- Transfers
- Eligibility
- Contracts
- Payments

# CHILD CARE EXECUTIVE PARTNERSHIP (CCEP)

# Child Care Executive Partnership (CCEP)

- What is CCEP?
  - CCEP is an employee benefit you can offer to your employees who have children ages birth to 13.
- Why CCEP?
  - Child care subsidies bring additional individuals into the pool of available workers – those that would not be able to work without stable child care arrangements.
  - As an employer you may see lower absenteeism, tardiness and increase employee productivity because your employees know their children are being cared for in a stable, safe and nurturing environment.
  - In addition, your business may be eligible for a tax incentive. Childcare assistance provided by an employer is a tax deductible "ordinary and "necessary" business expense under the Internal Revenue Codes Section 162.

**It makes smart business sense**

# CCEP: What do I do as an employer?

## CCEP Employer Participation Agreement

2017-2018



FACILITY INFORMATION			
Name of Facility		Provider ID:	Provider ID Extension
Address			
City		Zip	
Phone Number		Fax Number	
E-mail		Employer Identification Number (EIN):	

AUTHORIZED FACILITY REPRESENTATIVE INFORMATION			
Signature		(i) By electronic signature	Date
Name			Daytime Phone Number
Title			

### Participation

Please complete the box below estimating the number of child slots by age you would like to hold.

Infant	Toddler	2 year olds	Pre 3	Pre 4	Pre 5	School Age
Total number of slots						

### Participation Period

Planned participation is anticipated to begin on 7/1/2017 and end on 6/30/2018 pending approval and availability of funds through the Florida Partnership for School Readiness as authorized by the CCEP Board.

### NOTICE TO PARENTS AND CHILD CARE EXECUTIVE PARTNER CONTRIBUTORS

Where a parent's employer is a Child Care Executive Partner ("CCEP") contributor, the Coalition will provide fifty percent (50%) of the cost for each child's participation in the child care program with funds from the State, administered by Miami-Dade County ("State Funds"), in order to serve eligible employees and children. The employer, a CCEP contributor, shall be responsible for the other fifty percent (50%) with matching funds ("Matching Funds"). If an employee's child participates in any other CCEP contributor's child care program, the Coalition shall not provide any Matching Funds. In no event shall the Coalition provide any funds in excess of the State Funds.

Complete the Information and upload to the Provider Portal, document library under CCEP. E-mail [ccep@elcmdm.org](mailto:ccep@elcmdm.org) indicating you have uploaded the CCEP agreement.

# CCEP Eligibility

- Who is eligible?

-Low to moderate wage-earning families, at or below 200 percent of poverty, qualify for the program.

# CCEP- Employee Steps

CCEP Pre-Screening Form 2017-2018



FACILITY INFORMATION			
Name of Facility		Provider ID:	Provider ID Extension
Address			
City	Zip		
Phone Number	Fax Number		
E-mail	Employer Identification Number (EIN):		

FAMILY INFORMATION			
How may we contact the family? <input type="checkbox"/> Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Cell phone			
What time is usually best to call? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Single living with companion			
Total number of adults in your household: _____ Total family size: _____			
Do all adults in the household work at least 20 hours a week? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employee's Name:		Last 4 digits of SS#	
Address:		City	Zip Code
Phone		Fax	

CHILD(REN) INFORMATION			
Name of Child (LAST, FIRST, MI)	Last 4 digits of SSN	Date of Birth	Provider name and care needed (FT or PT)
			<input type="checkbox"/> FT <input type="checkbox"/> PT
			<input type="checkbox"/> FT <input type="checkbox"/> PT
			<input type="checkbox"/> FT <input type="checkbox"/> PT
			<input type="checkbox"/> FT <input type="checkbox"/> PT

CCEP Pre-Screening Form 2017-2018



AUTHORIZED BUSINESS REPRESENTATIVE INFORMATION			
Name			
Signature			
Title		Date	
Phone		Fax	

**Submission steps:**

1. Complete this form
2. Complete a redetermination package (found here: <http://www.elcndm.org/ourservices/ccep.html>)

**THEN**

**Mail or drop off complete package at your local Early Learning Coalition Service Center**

**South Service Center**  
The Centre at Cutler Bay  
Condominium  
18951 SW 106 Ave.,  
Unit B-208  
Miami, FL 33157

**Central Service Center**  
United Way Building  
3250 SW 3rd Avenue  
Miami, FL 33129

**North Service Center**  
Golden Glades Office Park  
1515 NW 167th Street, Suite 320  
Miami Gardens, FL 33169

**Service Center Hours**

- Monday: 9:00 a.m. to 5:00 p.m.  
 Tuesday: 9:00 a.m. to 5:00 p.m.  
 Wednesday: 9:00 a.m. to 5:00 p.m.  
 Thursday: 10:00 a.m. to 6:00 p.m.  
 Friday: Not open to the public  
 Saturday: 10:00 a.m. to 1:00 p.m. (Last Saturday of each month)

# CCEP- Employee Steps

- Complete a SR Redetermination Package with the CCEP Employee Pre-Screening Form.
- All documents can be found at [http://elcmdm.org/our\\_services/ccep.html](http://elcmdm.org/our_services/ccep.html).
- Bring your documents to the closest ELC Service Center or mail them to the ELC. Submission information can be found on the bottom of the CCEP Employee Pre-Screening Form.
- The Employee Pre-Screening Form, Redetermination Package and supporting documents will be reviewed and eligibility will be determined.
- Employees deemed eligible will pay a portion of their child care costs (on a sliding fee scale based on family income).
- If the employee is found to be eligible CCEP and the employer each pays 50% of the remaining balance.



# CCEP

- You can become part of this program by sending a “CCEP Employer Participation Agreement” to [www.ccep.org](http://www.ccep.org).
- The agreement can be found at [http://elcmdm.org/our\\_services/ccep.html](http://elcmdm.org/our_services/ccep.html).



# COMMUNICATIONS

# Communications

- Are you receiving Early Learning Coalition e-mail alerts? Make sure you check your e-mail for all up to date information. If you would like to sign up for alerts or add an additional e-mail to make sure you don't miss any updates, please text this number and follow the prompts. This is an important tool to ensure you have all the information you need for your early learning program.

It's easy to join our mailing list!

Just send your email address by text message:

Text

**ELC**

to **42828** to get started.



Message and data rates may apply.

# CHILDREN FIRST CONFERENCE

# Children First Conference

Join us September 8-9, 2017 for the Children First Conference. Registration is now open and Early Bird rates last until June 30, 2017. Also, be sure to highlight your early learning program during the Children First Conference and nominate your most dynamic teacher for the Early Childhood Educator of the Year Award. The awardee will be recognized during the Children First Conference. Details in Early Learning Coalition alerts.



The image shows a promotional banner for the Children First Conference. On the left, the logo features a large number '1' with 'Children' written vertically and 'First' in a red box below it. To the right of the '1' is the text 'Healthy Families. Healthy Communities.' and below that, 'A professional development conference for the early childhood education community'. Above the logo are logos for the Early Learning Coalition of Miami-Dade/Monroe, the Early Childhood Professional Development Institute, and FAMH. To the right of the logo, the event dates 'September 8-9, 2017' and time '7:00 a.m. - 5:00 p.m.' are listed. Below this, the location is given as 'Miami Airport & Convention Center Doubletree by Hilton, 711 N.W. 72nd Avenue, Miami, FL 33126'. The background of the banner is light blue with various icons related to early childhood education.

The Early Learning Coalition of Miami-Dade/Monroe's Children First Conference is the premier opportunity in Miami-Dade for the early education community to expand its knowledge and network.

The conference has nearly 1,000 attendees from the early education community representing academia, elected officials, teachers, and the extended early education community from around the country.

Presentations offered at the conference bring to attendees the latest research and innovation in early childhood programming and best practice models for intervention services.



# EFS MODERNIZATION PROJECT



# EFS Modernization Project Components



## Deployed Features

- School Readiness (SR) Application
- Voluntary Prekindergarten (VPK) Application
- Document Uploads
- Ability to Access and Print VPK Applications and Certificates of Eligibility
- SR Revalidation
- VPK Multiple Document Uploads
- CCDF 800/801 Reporting Changes
- SR Waiting List Rule Changes
- VPK Reenrollment Application



## Deployed Features

- School Readiness (SR) Application Processing
- Voluntary Prekindergarten (VPK) Application Processing
- SR Waiting List Management
- VPK Auto-Transfer
- Provider Account Activation
- VPK Provider Profile Processing
- Document Management
- VPK Reenrollment Processing
- Provider Contract Processing



## Deployed Features

- Registration and Activation
- Login Authentication
- Provider Profile
- User Management
- Dashboard
- Provider Messaging
- Provider Ad Hoc Reporting
- Provider Document Library Management
- Document Management Tracking
- VPK Provider Application Submission
- Contract Submission
- Classrooms
- Calendars (Holidays, Fulltime, Disaster)

# WARM-LINE, INCLUSION & VPK-SIS



# Warm-Line, Inclusion & VPK-SIS



 **Early Learning Coalition**  
of Miami Dade County

## Do you have concerns about your child?

**Call the Warm-Line**  
**786-433-3095**

Call the Warm-Line if you are worried about a child's...

- Speech or language
- Behavior
- Development or growth
- Health or nutrition

The Warm-Line assists early learning programs in supporting children with developmental concerns in their classroom setting, and assists families with the referral process.

**VPK SIS Services**

**786-433-3095**  
**warmline@elcmdm.org**

 **Early Learning**  
Coalition of Miami Dade County

# DEVELOPMENTAL SCREENINGS (ASQ-3)

## When should I complete a screening?

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Initial: Within 45 of child's enrollment in **School Readiness**

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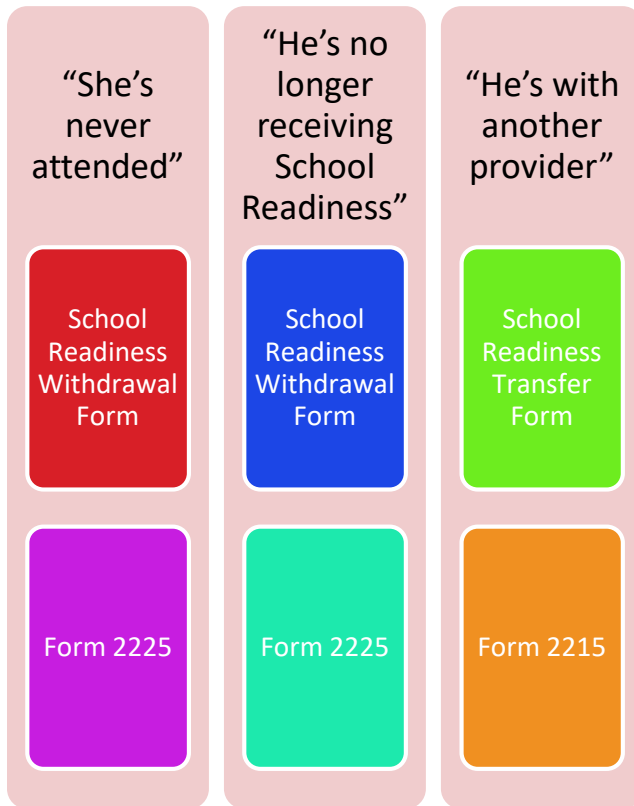
Annual: Due during the child's birth month every year

# Who needs a screening?

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# “But, I've never seen this child!”




1. Absent from your program for 5 days or more
2. Begin Withdrawal-Transfer process
3. Downloadable documents on the Provider Portal
4. At Risk

# SCHOOL READINESS WITHDRAWAL REQUEST : FORM 2225

		<b>Student Transfer / Withdrawal Request</b>		FORM <b>2225</b>	
Provider: Send completed form to Transfers Department by fax (786-275-5180) or email <a href="mailto:transfers@elcmdm.org">transfers@elcmdm.org</a>					
<b>STUDENT INFORMATION</b>					
Student Name		Last 4 Digits of SSN		Date	
<b>PARENT INFORMATION</b>					
Parent / Guardian Name		Email Address		Telephone Number	
<input type="checkbox"/> <b>VPK TRANSFER / WITHDRAWAL</b>					
Current Provider		Telephone Number		Email Address	
Transfer <input type="checkbox"/> Withdrawal <input type="checkbox"/>		Student Start Date		Student End Date	
Reason for Transfer / Withdrawal					
Total Days in VPK Program		Number of Hours per Day in VPK Program		Total Hours Remaining	
Provider Completing Form					
<i>New VPK Certificate will be emailed to the parent email provided. Please allow up to 5 business days for processing.</i>					
<input type="checkbox"/> <b>SCHOOL READINESS WITHDRAWAL (FOR SCHOOL READINESS TRANSFER USE FORM 2215)</b>					
Current Provider		Telephone Number		Email Address	
Student Start Date		Student End Date			
Reason for Transfer / Withdrawal					
<i>Children who are absent for more than five (5) days without any contact from the parent must be withdrawn by the provider.</i>					
ELC Staff Name		Signature		Date	

# SR Transfer Form: Form 2215

	<b>School Readiness Transfer Request</b>	FORM <b>2215</b>													
<b>Provider: Send completed form to Transfers Department by fax (786-275-5180) or email (transfers@elcmdm.org)</b>															
<b>FAMILY INFORMATION</b>															
Parent Name		Last 4 Digits of SSN	Email Address		Telephone Number										
Address			City		Zip										
Child(ren)'s Name (Last Name, First Name)	Last 4 digits of child's SSN	Date of Birth	Infant	Toddler	2-3Y Old	Pre-Schooler	School Age	Weekend Care	Care Type				Weekly Parent Fee		
									FT	PT	Both	After School	PT	FT	
I have requested my child/ren to be transferred to the provider listed on this form. I understand that this request can not be approved if I have a financial balance with the current provider, and I could risk losing my child care if there is an outstanding balance with any provider receiving school readiness funding.															
Parent Signature _____										Date _____					
<b>CURRENT PROVIDER</b>															
Name of School			Telephone Number		Email Address				Provider ID AND Extension Code*						
Address*					City				Zip						
Date Authorization for Care Expires			Child's Last Date of Service		Will the child(ren) remain at your center for any type of care?				Parent Fee						
I attest that the parent has a zero (0) balance at this early care and educational facility.															
Director or Authorized Representative Signature _____										Date _____					
<i>*Providers with multiple locations, you must submit the transfer request form for each site with the correct provider ID, extension code and address. Failure to do so may affect the transfer request and payments.</i>															
<b>PROVIDER THE CHILD(REN) IS/ARE TRANSFERRING TO</b>															
Name of School			Telephone Number		Email Address				Provider ID AND Extension Code						
Address					City				Zip						
First Date of Service			Type of Care Full time <input type="checkbox"/> Part time <input type="checkbox"/> Both <input type="checkbox"/> After School <input type="checkbox"/>												
By signing this form I am attesting that the enrollment of the child(ren) into this center is the parent / legal guardian's choice.															
Director or Authorized Representative Signature _____										Date _____					
> IF A TRANSFER REQUEST IS NOT RECEIVED WITHIN TWO (2) WORKING DAYS OF THE CHILD'S ENROLLMENT, THE PROVIDER WILL ONLY BE REIMBURSED FOR TWO (2) WORKING DAYS FROM THE DATE RECEIVED. > PLEASE ALLOW UP TO 3 BUSINESS DAYS TO PROCESS TRANSFER REQUEST.															
Form 2215 (July 2015)															





# Keep up with ASQ-3's

- Look out for:
  - ▣ Color coded names on the ASQ-3 Roster
  - ▣ Emails from the ELC notifying you of upcoming screenings due
  - ▣ Emails from ELC notifying you of past due screenings
  - ▣ Calls from the ELC notifying you of a past due status
  - ▣ Certified Letters notifying you of a potential corrective action

**Non-compliance with the ASQ-3 screening requirement will result in withholding School Readiness Payment until compliance is met!**

# Questions/Concerns

- Maria “Lucy” Schrack, M.Ed.
  - ▣ Inclusion Manager
  - ▣ 305-646-7220, ext. 2305
- Jeanette Nuñez
  - ▣ Warm-Line Specialist
  - ▣ 305-646-7220, ext. 2821
- Anabel Espinosa, Ph.D.
  - ▣ Director of Research & Evaluation
  - ▣ 305.646.7220 ext. 2321
- [asq@elcmdm.org](mailto:asq@elcmdm.org) & [warmline@elcmdm.org](mailto:warmline@elcmdm.org)



# TRANSFERS: SCHOOL READINESS (SR) & VOLUNTARY PREKINDERGARTEN (VPK)




SCHOOL READINESS (SR)

&

VOLUNTARY PREKINDERGARTEN (VPK)

# School Readiness Transfer Form 2215



**School Readiness Transfer Request**

FORM  
**2215**

**Provider: Send completed form to Transfers Department by fax (786-275-5180) or email (transfers@elcndm.org)**

**FAMILY INFORMATION**

Parent Name		Last 4 Digits of SSN	Email Address		Telephone Number
Address			City	Zip	

Child(ren)'s Name (Last Name, First Name)	Last 4 digits of child's SSN	Date of Birth	Infant	Toddler	2-3 Year Old	Pre-Schooler	School Age	Weekend Care	Care Type				Weekly Parent Fee		
									FT	PT	Both	After School	PT	FT	

I have requested my child(ren) to be transferred to the provider listed on this form. I understand that this request can not be approved if I have a financial balance with the current provider, and I could risk losing my child care if there is an outstanding balance with any provider receiving school readiness funding.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**CURRENT PROVIDER**

Name of School	Telephone Number	Email Address	Provider ID AND Extension Code*
Address*		City	Zip
Date Authorization for Care Expires	Child's Last Date of Service	Will the child(ren) remain at your center for any type of care?	Parent Fee

I attest that the parent has a zero (0) balance at this early care and educational facility.

Director or Authorized Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Providers with multiple locations; you must submit the transfer request form for each site with the correct provider ID, extension code and address. Failure to do so may affect the transfer request and payments.

**PROVIDER THE CHILD(REN) IS/ARE TRANSFERRING TO**

Name of School	Telephone Number	Email Address	Provider ID AND Extension Code
Address		City	Zip
First Date of Service	Type of Care Full time <input type="checkbox"/> Part time <input type="checkbox"/> Both <input type="checkbox"/> After School <input type="checkbox"/>		

By signing this form I am attesting that the enrollment of the child(ren) into this center is the parent / legal guardian's choice.

Director or Authorized Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

- » IF A TRANSFER REQUEST IS NOT RECEIVED WITHIN TWO (2) WORKING DAYS OF THE CHILD'S ENROLLMENT, THE PROVIDER WILL ONLY BE REIMBURSED FOR TWO (2) WORKING DAYS FROM THE DATE RECEIVED.
- » PLEASE ALLOW UP TO 3 BUSINESS DAYS TO PROCESS TRANSFER REQUEST.

Form 2215 (July 2015)

# School Readiness Transfer Procedure

1. Client requests a transfer.
  2. Current provider completes the following sections:
    - **Family Information**
    - **Current Provider**
      - Ensure to always include the following in this section:
        - Date Authorization for Care Expires (Last date of eligibility service)
        - Child's Last Date of service (in your center)
        - Will the child remain in your center (**Yes-signify FT or PT/ No-not returning**)
        - Parent Fee
        - **Your signature**
- \*\* (This information will be able to assist the new provider)\*\**
3. Client takes form to new provider and signs as authorized representative or Director indicating they are accepting child to their center
  4. New provider completes the following:
    - **Provider the Child(ren) is/are transferring to**
      - Ensure to always include the following in this section:
        - **Name of School**
        - **Physical location of the school**
        - **Provider ID and extension** (If you have more than one location this is crucial)  
Your provider ID is usually your tax id number (it does not begin with a letter)
        - **First date of Service**
        - **Type of Care**
        - **Your signature**
        - **Schedule for child/ren**

*FT – all day care (non-school age) / breaks and holidays (school age)*

*PT – before and after care (school age)*

*Both – breaks and holidays and before and after care (school age)*

*After School – after care only*



# Out of County Transfers

- **School Readiness-** When a family is relocating to a new county and we are contacted by the receiving coalition we will contact the current provider to confirm the child has a \$0 balance and obtain child's last date of attendance.
- **VPK-** When a family is relocating to a new county and we are contacted by the receiving coalition we will contact the current provider to confirm child's last date of attendance.

**\*\* Note: We need the child's last physical date of attending your center, not the date the transfer/withdrawal was requested.**



# Transfer Common Errors

1. Per School Readiness agreement and in accordance with policy, if a child misses more than five (5) consecutive days with no contact from the parent the provider will need to notify the ELC in writing if the need for care cannot be re-established.
2. If the wrong parent is listed, the transfer will not be accepted. If there's a new guardian, they will have to notify caseworker so ELC can update the change in guardianship.
3. If the case is of an at-risk child (BG1) and absences are unexcused, please fax on the same day the DCF Absence Report directly to DCF for Case Worker/Protective Investigator as required per the Rilya Wilson Act, F.S. 39.604. This form is located on our website and fax is 305-445-6210. If the wrong school is listed, the transfer cannot be accepted.
4. If a parent or provider signature is missing, the transfer cannot be accepted.
5. If any outstanding parent fees are due work out payment options with parent **prior** to authorizing transfer. Transfer must be submitted within 48 hours of child's first date of service. This allows us to process the transfer and enroll the child at your center and ensure proper payment.

***Immediately upon receipt an acknowledgement email is sent. If you do not receive a response, your transfer was not received.***

***Methods to submit a Transfer: Email [transfers@elcmdm.org](mailto:transfers@elcmdm.org) or fax 786-275-5180 or provider portal Transfer Folder. Sending it multiple times may delay transfer from being processed.***

# SR Withdrawal



## Student Withdrawal Request

FORM  
2225

Provider: Send completed form to Transfers Department by fax (786-275-5180) or email (transfers@elcndm.org)

### STUDENT INFORMATION

Student Name	Last 4 Digits of SSN	Date
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### PARENT INFORMATION

Parent / Guardian Name	Email Address	Telephone Number
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### VPK WITHDRAWAL

Current Provider	Telephone Number	Email Address
<input type="checkbox"/> Withdrawal	Student Start Date	Student End Date
Reason for Transfer / Withdrawal		
Total Days in VPK Program	Number of Hours per Day in VPK Program	Total Hours Remaining
Provider Completing Form		

*New VPK Certificate will be emailed to the parent email provided. Please allow up to 5 business days for processing.*

### SCHOOL READINESS WITHDRAWAL (FOR SCHOOL READINESS TRANSFER USE FORM 2215)

Current Provider	Telephone Number	Email Address
Student Start Date	Student End Date	
Reason for Transfer / Withdrawal		

**Children who are absent for more than five (5) days without any contact from the parent must be withdrawn by the provider.**

### EARLY HEAD START (EHS) WITHDRAWAL (FOR EHS TRANSFER USE FORM 2215)

Current Provider	Telephone Number	Email Address
Student Start Date	Student End Date	
Reason for Transfer / Withdrawal		

ELC Staff Name	Signature	Date
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# SR/VPK Withdrawals

If a child has been absent for more than 10 consecutive days, please withdraw the child from your roster using Withdrawal Form 2225.

1. The provider will fill out the child/parent information.
2. The form has two sections- **VPK Withdrawals and SR Withdrawals**. Please fill out the corresponding section(s) for the child. **Email address?**
3. Be advised that withdrawals correlate with ASQ's and if a child is not in attendance they must be removed from your roster. For any ASQ questions you may email [ASQ@elcmdm.org](mailto:ASQ@elcmdm.org) .
4. **For School Readiness:** Once a child has been withdrawn from your roster, the parent has 10 days to re-enroll their child(ren) at a center.
5. **For VPK:** Once a child is withdrawn from your roster, the parent is responsible for logging in to their VPK portal and requesting a re-enrollment. The child cannot miss more than 20% of their VPK hours in order to re-enroll or transfer.
6. **For EHS:** Once we receive this request we will forward it directly to Danielle Campbell for processing.

# VPK Transfers

To complete a VPK transfer:


1. The parent must log back on to their OEL portal:  
<https://familyservices.floridaearlylearning.com/Account/Login/>
2. On the portal they will have an option where it reads “ Request Re-enrollment” which the parent will have to complete and submit for processing.
3. If applicable, the parent will receive their new COE via the portal with the remaining hours displayed.
4. The parent can then print their updated COE and submit to their new provider. The new provider will submit the new COE to their payment specialist for processing.
  - Only 1 VPK Transfer allowed per school year
  - Child must have at least 162 hours remaining to transfer
  - Child(ren) are eligible for **ONLY ONE** VPK term.

## ***If a hardship is needed:***

1. The parent must follow the same steps, as well as, submit a hardship letter and any supporting documents to [transfers@elcmdm.org](mailto:transfers@elcmdm.org)
2. Once the hardship letter/documents are received they will be submitted to management for review and authorization.
3. If the hardship request is approved the parent will receive their COE via the portal which they may print and submit to their new provider.

# VPK Transfers

We will only accept the re-enrollment form in the event that the child is a **BG1** and has had a **guardianship change**. All other VPK transfers must be requested via the child's existing application on the portal.



**STATE OF FLORIDA**  
**VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM**  
**Good Cause Exemption Application**

**Parents:** Please complete this form and submit it with the required supporting documentation to the local early learning coalition. If the coalition approves this application, the coalition will return a copy of this form to you for delivery to your new VPK provider. You will also be notified if this form is not approved for a good cause exemption.

Has your child ever previously been reenrolled for good cause or due to extreme hardship in the VPK program?

No – If you checked "No," you may not submit this form. Please complete the Reenrollment Application, Form OEL-VPK 05 (dated 04-09-10) and submit that form directly to the Early Learning Coalition.

Yes – If you checked "Yes," continue to item 1. Upon completion, please submit this form directly to the Early Learning Coalition.

1. Full Name of Student (first, middle, last, Jr./Sr./III):	2. Student's Date of Birth:		
3. Name and Address of the Previous VPK Provider:			
4. Name and Address of the New VPK Provider:			
<p>5. Mark the Box indicating the Reason(s) for Student's Good Cause Exemption from the VPK Program's One-Time Reenrollment Limitation:</p> <p><input type="checkbox"/> A change in the student's residence that extended the student's round-trip travel time by 60 minutes or more, to and from the VPK provider, as supported by third-party documentation showing the change (e.g. rental agreement or receipt from rent payment, mortgage, or utility records); or resulted in a temporary stay in a homeless shelter or transitional housing entity, as supported by third-party documentation (e.g. letter from a homeless shelter or transitional housing entity); or resulted in a temporary stay in, or move out of a domestic violence shelter or transitional housing entity, as supported by third-party documentation (e.g. letter from a domestic violence shelter or transitional housing entity or court-issued domestic violence injunction)</p> <p><input type="checkbox"/> A change in a parent's employment that extended the parent's or guardian's round-trip travel time by 60 minutes or more, to and from the VPK provider, supported by an employment letter from the new employer indicating start date or an employment letter from an existing employer showing such a change in employment location</p> <p><input type="checkbox"/> A change in a migrant (as defined in 6M-4.100(16), F.A.C.) parent's employment, supported by an employment letter from the new employer indicating start date or an employment letter from an existing employer showing a change in employment location</p> <p><input type="checkbox"/> A temporary or permanent change in parent custody or guardianship, supported by legal documentation (e.g., court order or official documentation on DCF letterhead)</p> <p><input type="checkbox"/> Student's parent(s) is active duty military and deployed (i.e., power of attorney and proof of current military enlistment)</p> <p><input type="checkbox"/> The termination of the student's VPK class, into which the student was reenrolled, before the student has been funded for 70 percent of the class instructional hours in the program, as confirmed by the coalition on official letterhead or by DCF on official letterhead or from a CCIS screen print</p> <p><input type="checkbox"/> The provider's inability to meet the student's educational needs due to the student's learning or developmental disability as documented by a federal, state, or local governmental official</p> <p><input type="checkbox"/> The VPK student's initial enrollment was the result of a termination of the student's VPK class before the student had been funded for 70 percent of the class instructional hours in the program, as confirmed by the coalition on official letterhead or by DCF on official letterhead or from a CCIS screen print</p> <p><input type="checkbox"/> A provider is found to have committed a Class I Violation as defined in 65C-22.010 or 65C-20.032, F.A.C. (as applicable to the provider type), as documented by DCF on official letterhead or from a CCIS screen print</p> <p><input type="checkbox"/> A serious injury to the child that occurred at the provider and which required the provider to contact medical services, as documented on the DCF accident/incident report for licensed providers or on official provider letterhead for license-exempt providers</p> <p><input type="checkbox"/> The student was dismissed from a VPK provider for issues that prevented the provider from meeting the student's educational needs, as substantiated by the dismissing provider on official letterhead</p>			
<b>Informed Parental Consent</b>			
<p>By signing this form, you certify that you have been informed of the number of remaining VPK instructional hours your student is eligible to receive and that you have been informed of the number of instructional hours remaining in the new VPK class you have selected. You certify that you make this choice freely, understanding that your student:</p> <ul style="list-style-type: none"> <li>May not receive all instructional hours (540 for school-year or 300 for summer) if the number of instructional hours remaining in the new VPK class you selected is fewer than the number of remaining hours of instruction the student is eligible to receive.</li> <li>May not have enough remaining hours of eligibility to attend all instructional hours offered by the provider in the class you select.</li> <li>May not be granted another good cause exemption in the VPK program.</li> </ul>			
6. Full Name of Parent or Guardian (first, middle, last, Jr./Sr./III):	7. Phone Number:		
8. Address of Parent or Guardian:	9. Email Address (if available):		
10. Signature of Parent or Guardian:	11. Date Signed:		
<b>OFFICIAL USE ONLY – Coalition staff must complete all boxes. If VPK student is eligible for a good cause exemption, return copy of completed form to parent.</b>			
Student's Last Day Attended with Previous Provider:	Student's Total Remaining VPK Instructional Hours:	Class ID of Previous Provider:	Class ID of New Provider:
New Provider's Total Remaining VPK Instructional Hours:	Student Has Substantially Completed the VPK Program: <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Has Previously Reenrolled For Good Cause or Extreme Hardship: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Guardian or Coalition Provided Supporting Documentation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Good Cause Exemption: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Staff Signature & Date:	

Form OEL-VPK 05B (February 10, 2012)

Questions will be addressed –  
Find us at the end of the meeting



We're here to help

# Contact Information



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ELIGIBILITY  
BEST PRACTICES FOR SR  
PROVIDERS:  
REVIEW OF LAST DATE OF  
SERVICE/REVIEW DATE

# Best Practices for School Readiness Providers

- Please verify **daily** children in your attendance roster and document library for NOCs with important information about the case via Provider Portal.
- If there's an upcoming Redetermination, the Last Date of Service (LDS) will be highlighted.

		/2010	9/17/2017	BG1 [PT]	\$0.00
		0/2008	9/17/2017	BG1 [PT]	\$0.00
Mendez, M		J13	6/1/2017	BG3 [FT]	\$11.20
Abreu, Ar		J12	6/1/2017	BG3 [FT]	\$5.60
Petit-Homme,		J16	7/5/2017	BG8 [FT]	\$4.00
Garcia Anoz, Samuel		11/15/2015	10/20/2017	BG8 [PT]	\$2.40

 <a href="#">NOC MUSTELIER_1.pdf</a>			3/12/2015 09:06:39.8 AM	Active
 <a href="#">NOC MARTINEZ 9_1.pdf</a>			3/12/2015 09:05:31.1 AM	Active

**Parent Communication efforts – At minimum Three (3) attempts are made by ELC**

**For BG8/CCEP clients:**

- Text reminder to parent prior to LDS...Two attempts are made 45 and 30 days prior to LDS of upcoming redetermination
- Phone call to parent is made if packet has not been received prior to LDS and written notification (NOC).
- Provider will receive phone call if redetermination packet has not been received prior to LDS.
- When redetermination has been made by ELC, Provider will be notified via portal.

# Best Practices for School Readiness Providers

## For At-Risk Referral Clients (BG1)...

- Referral clients are given appointments after their referral ends. If they do not keep their appointment and referral has ended, services will be terminated.
- Eligibility Specialist will upload NOC to provider portal. The NOC includes the written review date (referral end date). The provider MUST review the NOC to prevent services without funding.

## Parent Communication efforts – At least Three (3) attempts are made by ELC

- At time of eligibility an NOC is given to the parent/referring agency with the review date .
- Phone call to parent is made if packet has not been received prior to the review date.
- Provider will receive phone call if redetermination packet has not been received prior to review date.
- When redetermination has been made by ELC, Provider will be notified via portal.

**\*\*Very important: Check the Portal for Notice of Change (NOC) uploaded to document library and attendance roster.**



# Contact Us

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# CONTRACTS

# Contracts

## Important Dates to Know

Portal reopening June 15th 2017 for new existing providers who missed the deadlines to submit, these late submittals will be allowed to start on the below dates:

- SR Contracts will start 7/10/2017
- VPK Contracts will start 9/25/2017

# Important Documents

## Level 2 Background Screening Information

- During the 2016 legislative session, the Florida Legislature amended section 435.07(4), Florida Statutes (HB 1125 – Chapter 2016-98, Laws of Florida), by adding a new paragraph (c), which applies new background screening requirements to all child care personnel as defined by section 402.302(3), Florida Statutes. Please note that, for purposes of background screening, the term “child care personnel,” is much broader than just licensed or registered providers. The statute 402.302 (a), also clarifies that this provision applies to Public Schools and Nonpublic Schools and their integral programs. Please note that, for purposes of background screening, the term “child care personnel,” is much broader than just licensed or registered providers. Section 402.302 (3) states the following:
- “Child care personnel” means all owners, operators, employees, and volunteers working in a child care facility. The term does not include persons who work in a child care facility after hours when children are not present or parents of children in a child care facility. For purposes of screening, the term includes any member, over the age of 12 years, of a child care facility operator’s family, or person, over the age of 12 years, residing with a child care facility operator if the child care facility is located in or adjacent to the home of the operator or if the family member of, or person residing with, the child care facility operator has any direct contact with the children in the facility during its hours of operation...”

- In addition to the previously stated, School Readiness Program Provider Standards; eligibility to deliver the School Readiness Program is explained Chapter 1002 Section 88 of the 2016 Florida Statutes. 1002.88 (1)(e) Reads the following:
  - To be eligible to deliver the school readiness program, a school readiness program provider must:
    - (e) Employ child care personnel, as defined in s. 402.302(3), who have satisfied the screening requirements of chapter 402 and fulfilled the training requirements of the office.

## Power of Attorney

- If the person signing the contract is not the Owner we will be requesting a power of attorney.
- A Power of Attorney is required to be: (1) signed by the principal; (2) with two subscribing witnesses; and (3) before a notary public. Consistent with prior law, a Power of Attorney is not durable unless it explicitly states such. Additionally, the principle must sign or initial next to specific clauses in the document before the agent may exercise certain powers.

## AGMC

- Current (2016 and on)
- Driver License #"
- Facility name needs to match on both pg. 1 and 2

**PROVIDER  
PAYMENTS  
DEPARTMENT  
COLLABORATION AND  
UNDERSTANDING**

# VPK Advance Payments Option & Deadlines

AGREEMENT FORM OEL-VPK 20 Early Learning Center

Select a previous version. ▼

[Close Form](#) [Edit Form](#) [Download as a PDF](#) Page 7 of 18

[EDIT TO MAKE CHANGES](#)

understands that PROVIDER may elect to receive monthly advance payments based on the number of students enrolled in the PROVIDER's VPK Program class(es) by checking the following box:

PROVIDER elects to receive monthly advance payments and understands that advance payments will be reconciled and adjusted in accordance with the rules of the Office of Early Learning.



# VPK Advance Payments

- Rule 60BB-8.205 established guidelines for Advance Payment and Reconciliation for the VPK Program.
- Advance payments are made based on the number of enrollments.
- Advance payments equal 95% of all hours offered for all children enrolled in the coming month.
- When actual attendance is processed, the attendance math is applied and the advance payment is adjusted up or down based on what was actually due for the month advanced.

# **Deadline for COE Submission for VPK Advance Payments for Program Year 2017-18**

- Deadline for a September 2017 advance payment is

**Friday, July 15<sup>th</sup>, 2017**

# Importance of Checking for NOCs

The screenshot displays the user interface of the Early Learning Coalition of Miami Dade/Monroe. At the top, the logo and tagline "Early Learning Coalition of Miami Dade/Monroe" and "Early education. Lifelong success." are visible. The navigation menu includes "HOME", "MY PROFILE", and "CHILDREN", with the user "ihernandez" logged in and a "Log Out" link. The page title is "Dashboard » Document Library".

The main content area shows the "Folder: ELC Docs" and a "Learning Center" link. A "Select Folder" dropdown menu is set to "ELC Docs", and there is a "+ ADD NEW DOCUMENT" button. Below this is a "Filters" section with checkboxes for "Expired Documents" and "Documents about to expire".

The document list is displayed in a table with the following columns: Document Name, Description, Expiration Date, Uploaded By, File Upload Date, and Status. The table shows four documents, each with "EDIT" and "DELETE" action buttons.

Document Name	Description	Expiration Date	Uploaded By	File Upload Date	Status
<a href="#">DOC052017-001.pdf</a>	A. B...	7/2/2017	Pamela Witter (Staff)	5/20/2017 12:51:57 PM	Active
<a href="#">NOC...E 7487.pdf</a>	NOC...		Edwige Delva (Staff)	5/9/2017 11:57:09 AM	Active
<a href="#">TRANSFER_MARTIATO_6653.pdf</a>	TRANSFER_MARTIATO_6653		Bianca Gonzalez (Staff)	5/3/2017 4:21:23 PM	Active
<a href="#">P...AL_8987.pdf</a>	P...AL_8987	3/24/2018	Breanna Clarrington (Staff)	5/3/2017 2:33:40 PM	Active

**QUESTIONS ?**