

WELCOME PROVIDERS!



2017 Provider Orientations

Mission and Vision



Mission

To promote high-quality school readiness, voluntary pre-kindergarten and after school programs, thus increasing all children's chances of achieving future educational success and becoming productive members of society. The Coalition seeks to further the physical, social, emotional and intellectual development of Miami-Dade and Monroe County children with a priority toward the ages before birth through age 5.

Vision

To ensure a comprehensive and integrated system providing for all families and their children, beginning before birth to 5 years, the affordable opportunity to enter school ready to learn and succeed in life.

CONTRACTS





2017 Provider Orientations

EFS MODERNIZATION USER GUIDE

- The new EFS Modernization user guide is now available for review and exploration.
- **To get started click here:**
- <https://providerservices.floridaearlylearning.com/Account/Login>
- **Once there the fun begins...**
- **Note, there are more changes to come, we are quickly heading towards a new provider portal...**



Select Language  Powered by 

 OFFICE OF
Early Learning
LEARN EARLY. LEARN FOR LIFE.

[Log On]

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](#)

Certificate of Liability Insurance

- All Providers must have General Liability Insurance for the entire length of the contract.
- Your Insurance Policy must have a minimum of \$100,000 of coverage per occurrence and a min. of \$300,000 general aggregate coverage.
- The Early Learning Coalition must also be listed as the **Certificate Holder** and as the **Additional Insured**.

ACORD CERTIFICATE OF LIABILITY INSURANCE					DATE (MM/DD/YY) 04/02/15	
PRODUCER Insurance Agency, Inc.			THIS CERTIFICATE ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED			INSURERS AFFORDING COVERAGE			
			INSURER A: INSURER B: INSURER C: INSURER D: INSURER E:			
COVERAGES						
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INS. LTR.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Childcare Professional Liability Coverage Included <input checked="" type="checkbox"/> Child Abuse Coverage (SPLIT AGREEMENT LIMIT APPLIES PER POLICY) <input type="checkbox"/> POLICY <input type="checkbox"/> PRODUCT <input type="checkbox"/> LOC.	\$100,000Each	Occurrence/	Aggregate	EACH OCCURRENCE \$ 300,000 FINE DAMAGE (any 1 fee) \$ N/A MED EXP (any 1 person) \$ N/A PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$300,000 PRODUCTS - COMP/OP AGG \$ Included	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> Non-Owned Auto Liab. <input type="checkbox"/> Excess Transportation -				UNINSURED MOTORIST \$ BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE (per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ ADD \$	
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE \$ <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$	
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				<input type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other \$L EACH ACCIDENT \$L DISEASE (EA EMPLOYER) \$L DISEASE - POLICY LIMIT	
B	OTHER: Student Accidental Medical - Primary	N06562437-DCC-26623S	12/04/14	12/04/15	\$20,000 Expense Benefit Max. Amnt. Each Enrolled Child	
<small>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS COVERED BY INSURANCE/EXCEPTION PROVISIONS: EARLY LEARNING COALITION (ELC) OF MIAMI/DADE/MONROE is included as an Additional Insured, but only as respects to any covered claim that might arise</small>						
CERTIFICATE HOLDER [X] ELC OF MIAMI-DADE/MONROE 2555 PONCE DE LEON BLVD. SUITE 500 CORAL GABLES, FL 33134			ADDITIONAL INSURED [A]		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL endeavor to MAIL, 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE	

Level 2 Background Screenings

- All personnel must have the new level 2 background screening with the Clearinghouse.
- The Background Screening needs to state “DCF Child Care” *Eligible*.

5/12/2017

AHCA BGS - Background Screening Result



Department of Children and Families

Background Screening Result

This individual's eligibility status as of 5/12/2017 is provided below. The employer must retain a hard copy of this result in the individual's employee file. If we become aware of a change in an individual's eligibility status, an email notification will be sent to the most recent employer of record in the Clearinghouse or the last provider to submit a screening request through the Clearinghouse. It is recommended health care and/or service provider employers check the screening results of staff regularly as an individual's status may change based on information received. If you become aware of an event that may change the employee's eligibility please contact your specified agency, Department of Children and Families, at 888-352-2842. The employer must take the appropriate action when a change in status occurs in accordance with Section 435.06, Florida Statutes.

Applicant Name: SSN: Date of Birth: Race: Sex:

Retained Prints Expiration Date: 5/20/2021
Clearinghouse Screening Available?: Yes

Department of Children and Families Eligibility

Item	Status	Eligibility Determination Date
DCF General	Eligible	12/13/2016
DCF Child Care	Eligible	12/13/2016
DCF Substance Abuse - Adult Only	Eligible	12/13/2016
DCF Summer Camps	Agency Review Required	
DCF Mental Health	Agency Review Required	
APD General	Agency Review Required	
APD Developmental Disability Centers	Agency Review Required	
APD CDC	Agency Review Required	

Employment History (as reported to Florida's Background Screening Clearinghouse by provider employers.)

Provider	Position	Hire Date	End Date

School Readiness & VPK

□ Changes in Contract and/or Program

XI. NOTIFICATION

68. **Information Change Notification.** PROVIDER agrees that it will comply with each of the following notification requirements:

a. **Providing notice to the coalition of changes in contact or program information** within fourteen (14) calendar days.

b. **Providing notice to the coalition of temporary emergency closings of the SR Program** within two (2) calendar days.

c. **Providing notice the coalition of permanent business closings or changes in business location or ownership** must be reported at least thirty (30) calendar days prior to changes.

□ Workers' Compensation Requirement

19. **Workers' Compensation and Reemployment Assistance.** In accordance with s. 1002.88(1)(n), F.S., PROVIDER agrees to obtain and maintain any required workers' compensation insurance under Chapter 440, F.S., and any required reemployment assistance or unemployment compensation coverage under Chapter 443, F.S.

V. Monitoring, Auditing and Access



34. **Physical Access.** PROVIDER agrees to allow the Office of Early Learning, the Department of Children and Families or Local Licensing Agency, if applicable, and COALITION staff or sub-contractors immediate access to the facilities and spaces used to offer the SR Program during normal business hours, except as otherwise restricted by government facilities.
35. **Records Access.** PROVIDER agrees to allow COALITION staff or sub-contractors, the Department of Children and Families or Local Licensing Agency, if applicable, the Office of Early Learning or the United States Department of Health and Human Services to inspect and copy records pertaining to the SR Program during normal business hours and upon request by COALITION, the Department of Children and Families, the Office of Early Learning or the United States Department of Health and Human Services. Records that are stored off-site shall be provided within **seventy-two (72) hours.**

VI. Maintenance of Records, Data and Confidentiality

- 37. Record Maintenance.** PROVIDER agrees to maintain records, including sign in and sign out documentation, enrollment and attendance certification, documentation to support excused absences and proof of parent co-payments for children funded by the SR Program. The records must be maintained for audit purposes for a period of five (5) years from the date of the last reimbursement request for that fiscal year or until the resolution of any audit findings or any litigation related to this Contract, whichever occurs last. PROVIDER may maintain records in an electronic medium and if the PROVIDER does so, then the PROVIDER shall back up records on a regular basis to safeguard against loss.
- 38. Record Transfer on Termination.** In the event that PROVIDER permanently ceases to offer the SR Program before the conclusion of the retention period for SR records as described in paragraph 37, whether as a result of unilateral or mutual termination of PROVIDER's eligibility to offer the SR Program or as a result of PROVIDER ceasing to do business, PROVIDER shall transfer all SR records required to be maintained under paragraph 37. to COALITION no later than the close of business on the day PROVIDER ceases to offer the SR Program. Failure to remit all SR Program records required to be maintained will result in COALITION withholding final payment until the requirements of this paragraph are met.

Power of Attorney

- Must be signed by
 - ▣ Current owner in Sunbiz
 - ▣ Authorized individual
 - ▣ One (1) witness

- Form must be notarized.

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)
 By Electronic Signature

Print Name

Title

Date

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

Signature of Authorized Coalition Representative
 By Electronic Signature

Print Name

Title

Date

Submitting an SR Change (Amendment)

- Submit changes within 14 calendar days to your Specialist, whom will process the change.
- Please note you may ONLY process an amendment once per quarter.
- Effective date of Amendment:

IV. Execution of Amendment

The effective date of the Amendment shall be the date that it is signed by both parties. All provisions in the contract and any attachments/exhibits in conflict with this amendment shall be and are hereby changed to conform to this Amendment. All provisions not in conflict with this Amendment are still in full force and effect in accordance with its terms and are to be performed at the level and in the manner specified in the contract.

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

AGREEMENT DETAILS

Unread: 0 / Read: 0 Messages

Forms **School Readiness 2017 - 2018**

Status : Certified

INELIGIBLE - NOT PARTICIPATING

PRINT CERTIFICATE

The Agreement has been certified by the ELC. If you need to make changes, you must edit and/or add all applicable forms and all other applicable documents, then resubmit for the changes to be processed by the ELC.

STATUS HISTORY


Contract: SR171B-

Form	Complete?	Last Modified
OEL-SR20I	Yes	7/14/2017 3:28:23 PM
OEL-SR20L	Yes	3/14/2017 6:46:52 AM
Agreement Documents	Yes	5/23/2017 11:16:07 AM
Add OEL-SR20A		

Add new or add

[OEL-SR20A](#)  

OEL-SR 20A form

 STATE OF FLORIDA AMENDMENT TO THE STATEWIDE SCHOOL READINESS PROVIDER CONTRACT Form OEL-SR 20A	
Early Learning Coalition of _____	
By: _____	
Printed Name: _____	
Title: _____	
Dated: _____	
Name of SR Provider as it appears on the Original Contract	
By: _____	
Printed Name: _____	
Title: _____	
Dated: _____	
_____ Signature of President/Vice President/ Secretary/Officer/Owner/Principal/or Other Authorized Representative	_____ Print Name
<input type="checkbox"/> By Electronic Signature	
_____ Title	_____ Date
_____ Provider's Additional Signatory (If required by the Provider)	_____ Print Name
<input type="checkbox"/> By Electronic Signature	
_____ Title	_____ Date
_____ Signature of Authorized Coalition Representative	_____ Print Name
<input type="checkbox"/> By Electronic Signature	
_____ Title	_____ Date

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

3

Amendments

- Addition and removal of Gold Seal
- Addition or change in Rates

43. **Rate Changes and Limitations.** PROVIDER agrees to report any changes in its published child care rates or its Gold Seal status, if applicable. PROVIDER acknowledges that COALITION is prohibited from making payments, inclusive of Gold Seal or special needs rate differentials, which would cumulatively exceed PROVIDER's private payment rate. In the event that any information submitted by PROVIDER in Exhibit 3 changes, PROVIDER must notify COALITION in writing of the change no later than close of business on the day of the change. COALITION may amend PROVIDER's reimbursement rate based on the information submitted by PROVIDER or any of the factors identified in this paragraph. COALITION must notify PROVIDER, in writing, of any change in reimbursement rate at least thirty (30) calendar days before the change is implemented.

Provider Private Pay Rates

PROVIDER must mark the appropriate box below indicating the appropriate provider type. In addition, PROVIDER must mark whether or not it has a Gold Seal Quality Care Designation. Finally, **PROVIDER must complete the table below** marked “To be completed by PROVIDER.” COALITION will complete the remainder of the Exhibit.

Does PROVIDER have a Gold Seal Designation? Yes No

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								
Part-Time Daily Rates								
Before or After School Rates	N/A	N/A	N/A	N/A				

Submitting a VPK Change Notification

Submit changes within 14 calendar days to your Specialist, whom will process the change.

Information on OEL- VPK 10, 11A, 11B.

AGREEMENT DETAILS

Unread: 0 / Read: 0 Messages

Forms VPK Fall 2015 - 2016

Status : Certified

INELIGIBLE - NOT PARTICIPATING

PRINT CERTIFICATE

The Agreement has been certified by the ELC.

Contract: VPKF1516-11023

Form	Complete?	Last Modified
OEL-VPK 10	Yes	5/19/2015 3:32:05 PM
OEL-VPK 11A	Yes	5/19/2015 3:34:04 PM
OEL-VPK 11B	Yes	5/19/2015 3:34:51 PM
OEL-VPK 20	Yes	5/19/2015 3:35:34 PM
OEL-VPK 20 PP	Yes	5/8/2015 12:18:25 PM
Agreement Documents	Yes	5/19/2015 11:12:34 AM

[Add VPK Change Notification](#)

VPK Change Notification

Add new or add additional

VPK Notification Form
Miami-Dade Providers

The Coalition requests that changes be submitted via the Provider Portal

NAME OF FACILITY			
ADDRESS		CITY	ZIP
NAME OF DIRECTOR		EIN #	

Please select the option(s) that represent the change(s) made and indicate any additional information where requested. Refer to the VPK Notification Guidelines Attachment A for instructions regarding supporting documentation.

<input checked="" type="checkbox"/>	CHANGE OF VPK LEAD TEACHER	NAME OF NEW LEAD Jane Doe (Class A, start 9/22/15)
		NAME OF PREVIOUS LEAD John Smith (Class A, end 9/21/15)
<input checked="" type="checkbox"/>	CHANGE OF VPK AIDE	NAME OF NEW AIDE Jane Doe (Class B, end 9/21/15)
		NAME OF PREVIOUS AIDE
<input type="checkbox"/>	CHANGE OF DIRECTOR	NAME OF NEW DIRECTOR
		NAME OF PREVIOUS DIRECTOR
<input checked="" type="checkbox"/>	CHANGE OF SUBSTITUTE	NAME OF NEW SUBSTITUTE Jill Tumble (start 9/18/15)
		CLASS
<input checked="" type="checkbox"/>	ADDITION OF SUBSTITUTE	NAME John Smith (start 9/22/15)
		CLASS
<input type="checkbox"/>	CHANGE OF OWNERSHIP/ CORPORATION	
<input type="checkbox"/>	CHANGE IN NUMBER OF STUDENTS	
<input checked="" type="checkbox"/>	SCHEDULE CHANGE	
<input type="checkbox"/>	CHANGE OF FACILITY NAME OR ADDRESS	LETTER OF CLASSROOM
		LEAD TEACHER
<input type="checkbox"/>	ADDITION OF CLASSROOM(S)	LEAD TEACHER
		ASSISTANT
<input type="checkbox"/>	CANCELLATION OF CLASSROOM	LETTER OF CLASSROOM
		LEAD TEACHER
		ASSISTANT
<input type="checkbox"/>	OTHER (EXPLAIN)	
		Schedule Change: Hrs changed from 8am-11am to 9am-12pm. End date from 6/9/16 to 6/10/16. Add 5/31/16 as a non-instructional date.

SIGNATURE OF DIRECTOR/OPERATOR/PRINCIPAL OR AUTHORIZED REPRESENTATIVE	
PRINT NAME & TITLE	
SCHOOL OR CENTER NAME	
DATE	

I have examined this form and, to the best of my knowledge and belief, the information provided is true and correct. If any of this information changes, I understand that the provider must submit updated information to the coalition, in writing, within 14 days of the change. I also understand that the provider is encouraged to submit updated information when a change or implementation as the provider may be out of compliance with the requirements of the VPK program if the changes are implemented before the coalition approves of the changes.

VPK
VOLUNTARY PRE-KINDERGARTEN
VPK NF MD (11/11)

Early Learning Coalition
www.vpkhelp.org

Miami-Dade County
2555 Ponce de Leon Blvd
5th Floor
Coral Gables, FL 33134
Tel: 305-646-7220
Fax: 305-296-5557
www.elcndm.org

Morroe County
1100 Simpson St.
Suite 1-204
Ray West, FL 33040
Tel: 305-296-5557
Fax: 305-296-5558
www.elcndm.org

Agreement Document - Updating

- Information is prepopulated from OEL-VPK Forms 10 and 11A. Update when there is a change in staff or renewal of an expired document.
- Choose the applicable tab at top – License, Insurance, VPK Director, or Instructors.
- 1. Click on the Edit icon.
- 2. Enter expiration date, upload appropriate document, and save.
- 3. Close form and return to Agreement Details.

The screenshot displays the 'Agreement Documents' interface for the 'VPK Fall 2015 - 2016' session. The 'Instructors' tab is selected, and an 'EDIT THE DOCUMENT INFORMATION' modal form is open. The modal form contains the following fields and options:

- Document Type: BA
- Instructor Name: Ariana
- Instructor Type: Lead
- Expiration Date: 11/10/2024
- Document: Creds_Ariana

The modal form also includes a 'Select Document Source' section with two radio buttons: 'Upload a new document' (selected) and 'From the Document Library'. Below this is an 'Upload New Document' section with a 'Browse...' button. At the bottom of the modal are 'CANCEL' and 'SAVE' buttons. The main interface shows a list of documents with 'EDIT' icons next to each entry. A 'CLOSE FORM' button is located at the bottom right of the interface.

Expired Documents



- Remember to update important documents in a timely manner
- Make sure to upload any expired documents to the provider portal and email your provider relationship specialist
- Failure to submit the requested documents may result in **termination** of your VPK and/or School Readiness contract.

Top 10 Reasons Why Providers Are Terminated

1. DCF Violations

- ❑ 1 Class I or 3 Class II within the same standard

2. Probable cause for Fraud

3. Failure to comply with a Corrective Action Plan (CAP)

4. Expired documents

- ❑ Lapse on General Liability Insurance

5. Florida Disqualified List (USDA)

6. Non-compliance(s) with the Contracts

7. Emergency Termination

- ❑ Health & Safety
- ❑ Death of a child
- ❑ Natural disaster

8. Voluntary Closure

- ❑ Change of Ownership

9. DCF Revocation of License

10. Licensing Provider Type Change

Contacts

REGION 1:	
Facility name: #, A – BRIGHT M	Raziel Heyaime, RHeyaime@elcmdm.org
Facility name: BRIGHT N – EARLY E	Fabiola Carpel, FCarpel@elcmdm.org
REGION 2:	
Facility name: EARLY F – HARQ	Iliana Vazquez, IVazquez@elcmdm.org
Facility name: HARR – KIDS R	Carolina Dongo, CDongo@elcmdm.org
REGION 3:	
Facility name: KIDS – LISS	Kristina Aranibar, KAranibar@elcmdm.org
Facility name: LIST – MIC	Marine Allen-Tucker, MAllen-Tucker@elcmdm.org
REGION 4:	
Facility name: MID – PARA	Lauren Martinez, LaMartinez@elcmdm.org
Facility name: PARB – SOM	Seeranie Machado, SMachado2@elcmdm.org
REGION 5 & 6:	
Facility name: SON – THE LEARNING E	Sheyla Perez, SPerez@elcmdm.org
Facility name: THE LEARNING F – Z	Jennifer Prieto, JPrieto@elcmdm.org
Facility name: YMCA, YWCA	Yadira Aguilar, Yaguilar@elcmdm.org
Facility name: MDCPS	Skylah Colon, SColon@elcmdm.org

QUESTIONS ?



QUALITY COUNTS



2017 Provider Orientations



QUALITY COUNTS



Quality Counts Overview

Miami-Dade County's Quality & Improvement System (QRIS)





QUALITY COUNTS



Quality Counts is Miami-Dade's QRIS

- measures the quality of early care and education (ECE) programs using several research-based standards of quality
- identifies a program's current level of quality
- provides supports to programs to improve quality
- gives families an easy way to identify high-quality programs

Quality Counts Standards

Staff Qualifications:

Education

- Focus on staff with degrees, credits in ECE/CD, or equivalent CEUs

Training

- Focus on acquiring Staff Credential supporting formal education & Nat'l CDA

Learning Environment:

- CLASS (Infant, Toddler and Pre-K)
- ITERS-R
- ECERS-R Provisions for Learning

On-Site Supports





QUALITY COUNTS



Apply at:

www.miamiqualitycounts.org

Contact us:

qualitycounts@elcmdm.org

305-646-7242

QUESTIONS ?



QUALITY ASSURANCE



2017 Provider Orientations

VPK Monitoring

□ Class Size [6M-8.400, F.A.C.]

18. **VPK Class Staffing.** PROVIDER agrees to maintain proper staffing as required by VPK statutes. A properly credentialed instructor must be present for all VPK classes. For school-year classes that are composed of 12-20 children, an additional adult instructor must be present who is eligible to work in the VPK provider's setting. The VPK class size shall not exceed the approved capacity of the physical space where instruction is provided.

- Instructor to child ratio requirement met: 2 to 20 ratio
- VPK class size is within the approved capacity of the physical space where instruction is provided?

Insurance Verification

Worker's Compensation Insurance

- Does the provider have Worker's Compensation Insurance in accordance with paragraph 8 of Form OEL-VPK 20PP (August 2014) that covers the term of the contract?

Unemployment Compensation Insurance

- Does the provider have Unemployment Compensation Insurance as required in accordance with paragraph 8 of Form OEL-VPK 20PP (August 2014) that covers the term of the contract?

8. **Workers' Compensation and Reemployment Compensation Assistance.** In accordance with s. 1002.55(3)(k), F.S., PROVIDER agrees to obtain and maintain any required workers' compensation insurance under Chapter 440, F.S., and any required reemployment assistance or unemployment compensation coverage under Chapter 443, F.S.

General Liability Insurance

- Does the provider have proof that it maintained general liability insurance (including transportation insurance if applicable) in accordance with paragraph 8 of Form OEL-VPK 20PP (August 2014) that covers the term of the contract?

VPK Assessment Administration and Submission Deadlines

Administration

- Assessment Period 1 - first thirty (30) calendar days of the VPK class schedule
- Assessment Period 2* - mid-program year
- Assessment Period 3 - last thirty (30) calendar days of the VPK class schedule ending

Data Submission

- Assessment Period 1 - within forty-five (45) calendar days of the first day of the VPK class schedule
- Assessment Period 2* - mid-program year
- Assessment Period 3 - no later than fifteen (15) calendar days after their last day of the VPK class schedule

*(*Providers on Probation who have chosen the Department of Education-approved Staff Development Plan are also **required** to administer AP2 and submit the assessment data online. AP2 is optional for VPK providers who are not on probation, but strongly recommended.)*

VPK Assessment Online Ordering

VPK Fall providers are now able to order materials by visiting the Bright Beginnings website:
(<https://brightbeginningsfl.org/login.aspx>).



Material Orders

▶ Step 1: Select a Year and Program 2017-18 School-Year ▼



Replacement Florida VPK Assessment Kit

Existing VPK providers who already have complete VPK Assessment kits and need additional response booklets should order one Replacement Florida VPK Assessment Kit for each of their VPK classrooms.

New Florida VPK Assessment Kit

All new providers who are approved to provide the VPK Education Program and any existing providers who add a new VPK classroom should order one Florida VPK Assessment Kit- Second Edition for each of their VPK classrooms

Standards for Four-Year-Olds (2011) manuals

The manual outlines the skills and knowledge children should know and be able to do by the end of their prekindergarten year and provides supportive instructional strategies for teachers. This edition of the Florida Standards for Four-Year-Olds has been available since 2011 and is the current version.

VPK Technical Assistance



□ South

- Cindy Cabrera
- ccabrera@elcmdm.org

□ Central

- Yiasha Guerra
- yguerra@elcmdm.org

□ North

- Lydia Paul
- lpaul@elcmdm.org

QUESTIONS ?



ELIGIBILITY REQUIREMENTS & PRIORITY GROUPS



Presenter: ELC ELIGIBILITY DEPARTMENT

Child Care Development Block Grant Reauthorization and House Bill 7053

- Eligibility period extended from 6 to **12 months**
- A child who is ineligible due to a parent's job loss or cessation of education or job training shall continue to receive school readiness program services for ***at least 3 months*** to enable the parent to obtain employment
- Parent copayments may be decreased but not increased during the 12 month eligibility period
- Parents are required by Statute to report *any changes (change in employment, household demographics such as birth of child/ren, divorce, etc.)* but cannot be terminated based on failure to provide timely notice of changes in family's circumstances

Priority Groups



Serve children in accordance with statutory requirements:

- ▣ a) a child younger than 13 years of age from a family that includes a parent who is receiving temporary cash assistance
- ▣ b) at-risk child younger than 9
- ▣ c) a child from birth to the beginning of the school year for which the child is eligible for admission to kindergarten who is from a working family who is economically disadvantaged –based on budget availability

Florida Statute 1002.87

School Readiness Program Eligibility and Enrollment



- a. a child younger than 13 years of age from a family that includes a parent who is receiving temporary cash assistance
- b. at-risk child younger than 9
- c. a child from birth to the beginning of the school year for which the child is eligible for admission to kindergarten who is from a working family who is economically disadvantaged

*Note: There are several other priorities defined in statute, but based on funding availability we focus on just the first three.

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
Caris Anz Samuel		11/15/2015	10/20/2017	BG8 [PT]	\$2.40

	NOC MUSTELIER_1.pdf			3/12/2015 09:06:39.8 AM	Active
	NOC MARTINEZ 9_1.pdf			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.**

Where to apply?



Family Portal – Apply for School Readiness Program and VPK <https://familyservices.floridaearlylearning.com/>

Family Utility Upload Portal (FUUP) – parent portal <https://parents.elcmdm.org/>

Child Care Resource and Referral (CCR&R)

Contact 305-646-7220

Monday - Friday from 8:00am-5:00pm

QUESTIONS ?



ASQ, INCLUSION & WARM-LINE



2017 Provider Orientations

Inclusion Supports & Services

Warm-Line/Inclusion

- Developmental concerns for all children birth to Kindergarten eligibility
- Classroom Accommodations & Strategies
- Assistance with Referral/Evaluation
- 786-433-3095

VPK-SIS- Non Traditional

- VPK Eligible
- Current Individualized Education Plan (IEP)
- \$2,400 (School Year)
- \$2,100 (Summer)
- Approved Therapy & Therapists

Expulsion and Suspension

What is Suspension & Expulsion?



- Asking a child to leave your program due to behavior
 - ▣ *This does not include children with identified disabilities who are transitioning into a specialized setting.*
- Asking a parent to leave as part of a short term, long term and/or permanent removal from the program is expulsion
- “Soft Expulsion”= asking the parent to voluntarily terminate their enrollment

School Readiness Program Health and Safety Standards: REQUIRED

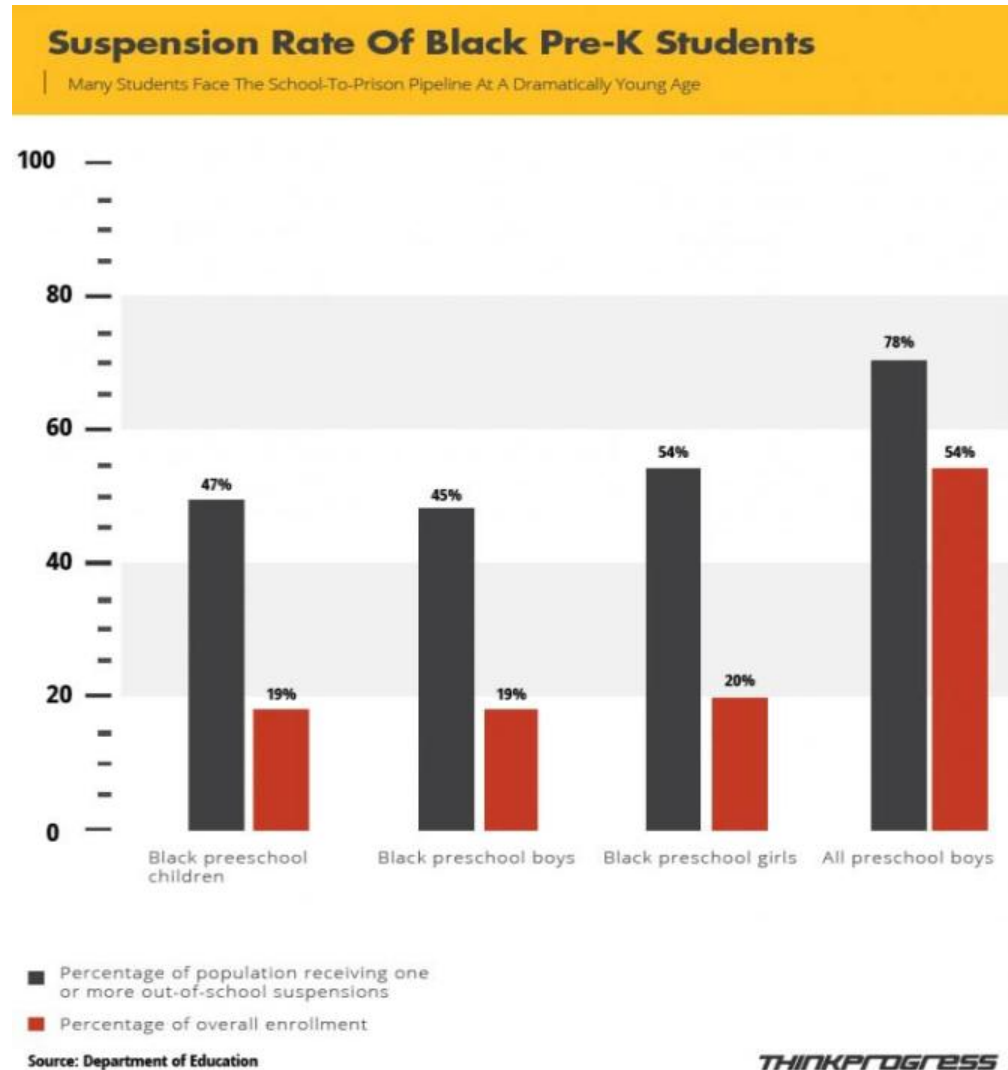
- Written policies and procedures regarding discipline and expulsion of children in care **must be available to the inspection authority for review.**
- Verification that the program has provided the parent or guardian a written copy of the disciplinary and expulsion policies used by the program-in the **child's file with the signature of the custodial parent or legal guardian.**
- All staff must comply with the program's written disciplinary and expulsion policies.

Sections 1002.82-1002.88, Florida Statutes, and Chapter 6M-4, Florida Administrative Code.

Why is this important? A Concern for Civil Rights and Social Justice

U.S. Department of Education (2013-2014)

- Race
 - ▣ Black preschool children were 3.6 times more likely than white peers to receive one or more out-of-school suspensions
 - ▣ Pattern continues in K-12 settings
- Disability
 - ▣ Students with disabilities are twice as likely to receive one or more out-of-school suspensions



What to Expect: Preventing Suspension and Expulsion Training

- **Develop** a *Discipline and Expulsion Policy* that incorporates state and federal practice and policy recommendations that is developmentally appropriate with support from the Early Learning Coalition of Miami-Dade/Monroe
- **Discuss** Suspension and Expulsion in Early Childhood and its impact on the community you serve
- **Access** resources and strategies that will reduce and limit suspension and expulsion
- <http://trainings.elcmdm.org>



Miami-Dade/Monroe
EARLY CHILDHOOD
PROFESSIONAL DEVELOPMENT
INSTITUTE
A Division of the Early Learning Coalition of Miami-Dade/Monroe

Ages & Stages Questionnaire (ASQ-3)

When should I complete a screening?

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

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

Redetermination: Within 45 of redetermination

Who needs a screening?



“But, I've never seen this child!”

“He's no longer
receiving School
Readiness”

“She never
attended”

“He's with
another
provider”

Removing a Child from your ASQ-3 Roster: School Readiness Withdrawal Request

 **Student Withdrawal Request** FORM 2225

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

STUDENT INFORMATION		
Student Name	Last 4 Digits of SSN	Date

PARENT INFORMATION		
Parent / Guardian Name	Email Address	Telephone Number

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.

<input type="checkbox"/> 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.

<input type="checkbox"/> 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
----------------	-----------	------

- Downloadable Documents @ Provider Portal
- ▣ Five (5) or more unexcused absences
- ▣ Form 2225
- ▣ transfers@elcmdm.org

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 Schrack
Inclusion Manager
305-646-7220, ext. 2305
- Jeanette Nuñez
Warm-Line Specialist/Assessment Coordinator
305-646-7220, ext. 2281
- Anabel Espinosa, Ph.D.
Director of Research & Evaluation
305.646.7220, ext. 2321
- asq@elcmdm.org



QUESTIONS ?





Miami-Dade/Monroe

EARLY CHILDHOOD
PROFESSIONAL DEVELOPMENT
INSTITUTE

A division of the Early Learning Coalition of Miami-Dade/Monroe



<http://trainings.elcmdm.org>

Professional Development Institute

PDI Website - <http://trainings.elcmdm.org>



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Register now for the 2017 Children First Conference.

Early Bird Registration rates available through June 30, 2017.

[Click to view more information](#)



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The Florida Early Care and Education Career Pathway



EFFECTIVE JULY 1, 2017

What Does This Mean for Coalitions & Providers?

- The Federal Child Care and Development Fund (CCDF) requires states to provide consumer education to families, providers, and the community.
- As of 2015, consumer education must include information about state policies regarding the social-emotional and behavioral health and expulsion of preschool-aged children in early childhood settings.
- The Office of Early Learning enacted new [health and safety rules](#) for child care providers. The rule includes requirements that all providers:
 - Must have discipline and expulsion policies in writing,
 - Must give all parents/ guardians a written copy of their discipline and expulsion policy, and
 - Ensure all staff comply with their program's procedures and policy.

For Your Improvement (FYI)



- Featured Training July- September (Q1)
 - ▣ Florida Core Competencies for Practitioners/ Directors
 - ▣ Health and Safety/ Pre School Expulsion Prevention Policy and Guidance
 - ▣ Intro to CLASS/Making the Most of Classroom Interactions (MMCI)
 - ▣ Creative Curriculum, High Scope, TS Gold
 - ▣ VPK and Math Classes

Professional Development



PDI On Demand provides on-site professional development at your location.

Benefits of PDI On-Demand:

- Customized content to meet your needs
- Exclusive Education & Quality Coaching
- Continuing Education Units (CEUs) for each participant eligible
- Convenient location and schedule

For more information on fees and course catalog, visit:

<http://trainings.elcmdm.org>

and click the "Resources" tab.

QUESTIONS ?



INTERMISSION



Early
Learning
Coalition
of Miami-Dade/Monroe



**State of Florida
Department of Children and Families**

Jeffrey R. Hurst

Child Care Licensing Division

Email: Jeffrey.Hurst@myflfamilies.com



Department of children and families (DCF)

Child Care Regulation

Dept.


Of

Children

And

Families

- Change of Ownership Process
- How to get a better Inspection?
- DCF/Office of Early Learning Inspections
- **INCIDENT REPORTING**
- Mandated Reporting

- 
- Call, Text or Email me with your License #, name and info on the buyer.
 - Review your last inspection and complete your own inspection. 63/64 plus standards.
 - DCF will complete 2 inspections, one for DCF and one for The Office of Early Learning
 - You can be in compliance for one and non compliant for the other.
 - Understand the differences. Ratios/Training
 - Complete an incident report for certain situations. Give a copy to parents.
 - You are a Professional Mandated Reporter

CONTACT INFORMATION



Email: Jeffrey.Hurst@myflfamilies.com

Cell phone: **(786) 512-0233**

QUESTIONS ?



PROVIDER PAYMENTS



2017 Provider Orientations

Requirements Overview



Certified Contract

Valid DCF License

**Compliance with Rules,
and Regulations**



= Payment

OEL Guidance and Final Order on Contract Amendments

STATE OF FLORIDA
DEPARTMENT OF EDUCATION
OFFICE OF EARLY LEARNING

In re:

Petition of the Association of Early Learning
Coalitions, Inc., for variance or waiver from
Rule 6M-4.610, Florida Administrative Code/


Case No: OEL-2015-06

FINAL ORDER GRANTING PETITION FOR VARIANCE

Therefore, the following information may be amended or supplement by mutual agreement of the provider and coalition through the execution of a contract amendment:

1. The location of the provider's principal offices (Contract, ¶1)
2. Identification of the state-approved curriculum or curricula (Contract, ¶ 13)
3. Identification of the character development program (Contract, ¶ 14)
4. Holiday schedule and number of holidays (Contract, ¶ 13, Exhibit 4)
5. Information on ELC and provider contact persons (Contract, ¶ 70)
6. Private child care rates (Exhibit 2)
7. Gold Seal Status (Exhibit 2)
8. Identification of liability insurance policies (Exhibit 2)
9. Provider's private pay rate, coalition maximum reimbursement rates and approved provider reimbursement rates (Exhibit 3)

DONE AND ORDERED this 14 day of July 2016, in Tallahassee, Leon County, Florida



RODNEY J. MACKINNON
Executive Director
Office of Early Learning

Reimbursement Process

- Attendance records, and all supporting documents, are due no later than the **third (3) business day** of the following month.
- Any attendance records submitted after the third (3) business day are considered late and reimbursement to the provider will be processed the following month.
- Attendance records and/or reported changes submitted after the last working day of the month following the one in which care was provided will not be paid.

School Readiness Attendance Coding

School Readiness
X – Enrolled/Present (Child in attendance and authorized for SR)
E – Excused Absence Day 1-3 (No documentation required)
A – Absence Day 4-10 (Documentation and Approval of Absenteeism form Required)
T – Terminated (Child no longer attending)
H – Holiday (12 Coalition approved holidays)
N – Enrolled; but not Reimbursable (Child not authorized for SR services)

Please note that you can not use an “E” or an “A” at the beginning or at the end of a child’s enrollment.

12 Standard Reimbursable Holidays

APPROVED STANDARD REIMBURSABLE HOLIDAYS LISTING

The following is the list of twelve (12) Standard Holidays approved by the Early Learning Coalition of Miami-Dade and Monroe, Inc. for the 2017-2018 contract year.

Independence Day	Tuesday, July 4, 2017
Labor Day	Monday, September 4, 2017
Veteran's Day Observed	Friday, November 10, 2017
Thanksgiving Day	Thursday, November 23, 2017
Day After Thanksgiving Day	Friday, November 24, 2017
Christmas Eve' Observed	Friday, December 22, 2017
Christmas Day'	Monday, December 25, 2017
New Year's Day	Monday, January 1, 2018
Martin L. King's Birthday	Monday, January 15, 2018
President's Day	Monday, February 19, 2018
Good Friday	Friday, March 30, 2018
Memorial Day	Monday, May 28, 2018

**** Please note the days granted for Christmas and New Year ****

Sample of SR Attendance Submission

S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	F	S	S	M	Attn. Days		
0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	3	3		
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	
*	*	E	E	E	A	A	*	*	A	A	A	A	A	*	*	X	X	X	X	X	*	*	X	X	X	X	N	*	*	X	20
*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	21
*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	21
*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	E	21
*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	21
*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	E	X	*	*	E	21
*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	21
*	*	X	X	X	X	X	*	*	E	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	E	X	*	*	E	21
*	*	X	E	X	X	E	*	*	X	X	X	X	X	*	*	E	A	A	A	A	*	*	X	X	X	X	X	*	*	X	21
*	*	E	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	21
*	*	X	X	X	E	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	E	21
*	*	X	X	X	X	X	*	*	X	X	E	E	E	*	*	N	N	N	N	N	*	*	N	X	X	X	X	*	*	X	15
*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	E	21
*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	21
*	*	X	X	X	X	X	*	*	E	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	21
*	*	X	X	X	X	X	*	*	E	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	21
*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	21
*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	21
																										N	N	*	*	N	0
*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	21
*	*	X	X	X	X	X	*	*	X	X	E	E	E	*	*	N	N	N	N	N	*	*	N	X	X	X	X	*	*	X	15
*	*	E	X	X	X	X	*	*	X	X	X	X	E	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	21
*	*	E	E	E	X	X	*	*	X	A	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	21
*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X					17
*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	X	X	X	X	*	*	X	21

School Readiness Absences under Section 4 of Rule 6M-4.500

Rule 6M-4.500 (4) (as amended effective 1/1/2015):

Absences

(a) Reimbursement shall be authorized for no more than three (3) absences per calendar month per child except in the event of extraordinary circumstances in which case the coalition or its designee shall provide written approval for payment based on written documentation provided by the parent justifying the excessive absence for up to an additional seven (7) days. Extraordinary circumstances does not include vacation or recreational time.

Examples of extraordinary circumstances include the following:

1. Hospitalization of the child or parent with appropriate documentation (i.e., doctor's note, hospital admission);
2. Illness requiring home-stay as documented (doctor's note, parent statement);
3. Death in the immediate family with appropriate documentation (i.e., obituary, death certificate, parent statement);
4. Court ordered visitation with appropriate documentation (i.e., court order); or
5. Unforeseen documented military deployment or exercise of the parent(s) (i.e., military orders of deployment, reserve duty).

(b) Total monthly reimbursed absences shall not exceed ten (10) calendar days.

(c) In the event that a child is absent for five (5) consecutive days with no contact from the parent, the provider shall notify the local coalition or its designee who in turn shall determine the need for continued care. The coalition shall document any contact made with the provider, referring agency, if applicable and parent in the case file. If a determination is made that school readiness services are no longer needed, a notice of disenrollment will be sent to the parent and school readiness provider at least 2 weeks prior to disenrollment. However, an at-risk child may not be disenrolled from the program without the written approval of the Child Welfare Program Office of the Department of Children and Families or the community-based lead agency. A notice of termination shall be maintained in the case file and provided to the parent, provider and referring agency.

(d) When an at-risk child has an unexcused absence or seven consecutive days of excused absences, the school readiness provider shall notify the Department of Children and Families or community-based lead agency and the early learning coalition. The coalition shall document any contact made with the provider, referring agency and parent in the case file. This paragraph shall apply to all at-risk children under the age of school entry.

<https://www.flrules.org/gateway/RuleNo.asp?id=6M-4.500>

School Readiness Approval of Absenteeism Form



2355 Ponce de Leon Blvd., Suite 300 Coral Gables, FL 33134

School Readiness Documentation of Absence

This form is necessary to accompany the attendance roster when a child **exceeds 3 unexcused absences** in a calendar month. Beyond 3 absences, 7 additional days may be available for reimbursement. (OEL Policy 6088-4.500 (2))

Child's Name (only one per form)	Month	Year
Provider	Documentation attached?	Dates on documentation match documented dates?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

ABSENCES 1-3

A child can have 3 undocumented absences during the month. Please specify which dates are for undocumented absences:

Date of Month:

_____ Day 1
 _____ Day 2
 _____ Day 3

ABSENCES 4-10

Reimbursement shall be authorized for no more than 3 absences per calendar month per child except in the event of extraordinary circumstances in which case written approval provided by the parent justifies excessive absence for up to an additional 7 days. ***[Documentation must be attached, matching the exact dates listed]***

Date(s) of Month: Extraordinary circumstances include the following:

- _____ Hospitalization of child or parent with appropriate documentation
- _____ Illness requiring home-stay as documented
- _____ Death in the immediate family with appropriate documentation (i.e. obituary, death certificate)
- _____ Court order visitation with appropriate documentation (i.e. court order)
- _____ Unforeseen documented military deployment or exercise of the parents

Important Note: Payment is NOT guaranteed and may be jeopardized if there is no documentation included. If denied, it is the parent's responsibility to reimburse provider for days not reimbursed by the ELC.

Parent Signature: _____ Date: _____

Provider Signature: _____ Date: _____

For ELC Office Use:

Date Submitted: _____ Dates match documented: Yes No

Reasons coincided with policy: Yes No Approved: Yes No

ELC Designee Signature: _____

Please make copies for your records and submit original to the Provider Payments Department.
 Email: payments@elcndm.org
 Fax: 786-433-3237

School Readiness Approval of Absenteeism Form and Supporting Documents Upload

The screenshot displays a web application interface for 'AGREEMENT DETAILS' under the 'Learning Center' header. It features a message notification 'Unread: 0 / Read: 0 Messages' and a 'Forms' section for 'School Readiness 2016 - 2017'. The status is 'Certified', with buttons for 'INELIGIBLE - NOT PARTICIPATING' and 'PRINT CERTIFICATE'. A message states 'The Agreement has been certified by the ELC.' and a contract number 'SR1617-13270' is shown. A table lists forms with their completion status and last modified dates. To the right, a 'Document Library' section contains a list of document categories, with 'Absenteeism Forms and Supporting Documents' highlighted by a red box and red arrows.

AGREEMENT DETAILS Learning Center

Unread: 0 / Read: 0 Messages

Forms School Readiness 2016 - 2017

Status : Certified

INELIGIBLE - NOT PARTICIPATING

PRINT CERTIFICATE

The Agreement has been certified by the ELC.


Contract: SR1617-13270

Form	Complete?	Last Modified
OEL-SR20	Yes	3/11/2016 10:18:00 AM
OEL-SR20L	Yes	2/16/2016 2:32:15 PM
Agreement Documents	Yes	3/8/2016 10:06:03 AM

Document Library + ADD NEW DOCUMENT

- Absenteeism Forms and Supporting Documents
- Accreditations
- Additional Support Documentation
- Banking Information
- Credentials
- ELC Docs
- Licenses and Exemptions
- Screenings

School Readiness Transfer Request Form

	School Readiness Transfer Request	FORM 2215														
Provider: Send completed form to Transfers Department by fax (786-275-5180) or email (transfers@elcmdm.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	Care Type							Weekly Parent Fee						
			Infant	Toddler	2-3Y Old	Pre-Schooler	School Age Care	Weekend	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)																

Collection of Parent Fees (Copayment) Under School Readiness

- Under *45 CFR s. 98.42(a) and (b); s. 1002.84(8), F.S.; Rule 6M-4.400, FAC; CCDF State Plan 2.4*, for each parent who receives SR services, the coalition is required to assess a copayment based on family size and annual income according to the sliding fee scale approved by OEL.
- Providers are required to maintain records of the collection of these fees from the parents.

Establishing and Maintaining Providers' Reimbursement Rates Under School Readiness

- Providers' reimbursement rates are established at the lower of the **published private rate** submitted (or reported) by the provider in their contract, and (or) CCRR update form, inclusive of Gold Seal, (or) the Coalition's standard maximum rate (the lower of the two).
- Providers' **reported PRIVATE RATES** are subject to audit by the Coalition, State and Federal Funding Agencies.
- Full Time Vs. Part Time Rates
- Rate Changes are prospectively.

Establishing and Maintaining Providers' Reimbursement Rates Under School Readiness

- Providers' requests for **PRIVATE PAY RATES changes, inclusive of Gold Seal status**, and approved reimbursement rates, requires the execution of a contract amendment.

Exhibit 3: Provider Reimbursement Rates

Provider Name: _____ Learning Center _____

Provider Operational Hours: _____ M-F 6:45am - 6:00pm _____

PROVIDER must mark the appropriate box below indicating the appropriate provider type. In addition, PROVIDER must mark whether or not it has a Gold Seal Quality Care Designation. Finally, PROVIDER must complete the table below marked "To be completed by PROVIDER." COALITION will complete the remainder of the Exhibit.

Does PROVIDER have a Gold Seal Designation? Yes No

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 If applicable
Full-Time Daily Rates	34	32	30	28	28	28	25	0
Part-Time Daily Rates	25	23	22	20	20	20	18	0
Before or After School Rates	N/A	N/A	N/A	N/A	22	22	22	0

B. RATES: In the table below enter the advertised rates (private pay rates) your program charges. Do not include vouchers/subsidy rates, sliding scale rates, employee discounts or any other discounted rates. Only complete the rate type for each age group that you offer. (Please attach rate sheet, if applicable).

Enter Rate by Age Group	Infant	1 year old	2 year old	3 year old	4 year old	5 year old	Elem School Age	Mid School Age
FULL TIME								
Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
FULL TIME VPK WRAP								
Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
PART TIME								
Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
PART TIME VPK WRAP								
Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
SCHOOL AGE BEFORE SCHOOL								
Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
SCHOOL AGE AFTER SCHOOL								
Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
SCHOOL AGE - BOTH BEFORE & AFTER SCHOOL								
Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
SUMMER CAMP								
Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								

B. SCHEDULE - What days of the week does your program operate? (Check all that apply)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Hours of Operation: Open: _____ AM _____ PM Close: _____ AM _____ PM

Ages of Children Served: Minimum: _____ (Months/Years) Maximum: _____ (Months/Years)

POWERED BY
Early Learning
LEARN. GROW. SHINE FOR LIFE.

Coalition's Standard Maximum Rate

Early Learning Coalition of Miami-Dade and Monroe

DAILY PAYMENT-RATE SCHEDULE (Effective March 1, 2017) MIAMI-DADE COUNTY

Full-Time Daily Rates (Completed by COALITION)								
CARE CODE	Description	Licensed or Exempt Providers	Gold Seal Differential	Large Family Child Care Homes	Gold Seal Differential	Family Child Care Homes	Informal Providers	Before or After School
(INF)	<12 MTH	28.26	5.65	24.39	4.88	24.39		
(TOD)	12<24 MTH	24.63	4.93	22.83	4.57	22.83		
(2YR)	24 <36 MTH	23.91	4.78	21.49	4.30	21.49		
(PR3)	36 <48 MTH	22.24	4.45	19.85	3.97	19.85		
(PR4)	48 <60 MTH	22.24	4.45	21.05	4.21	21.05		
(PR5)	60 <72 MTH	22.24	4.45	21.05	4.21	21.05		
(SCH)	In School	19.67	3.93	18.48	3.70	18.48		
(SPCR)	Special Needs							

Part-Time Daily Rates (Completed by COALITION)								
CARE CODE	Description	Licensed or Exempt Providers	Gold Seal Differential	Large Family Child Care Homes	Gold Seal Differential	Family Child Care Homes	Informal Providers	Before or After School
(INF)	<12 MTH	18.11	3.62	16.66	3.33	16.66		
(TOD)	12<24 MTH	17.39	3.48	15.21	3.04	15.21		
(2YR)	24 <36 MTH	16.18	3.24	15.21	3.04	15.21		
(PR3)	36 <48 MTH	15.79	3.16	14.84	2.97	14.84		
(PR4)	48 <60 MTH	15.31	3.06	14.84	2.97	14.84		
(PR5)	60 <72 MTH	15.31	3.06	14.84	2.97	14.84		
(SCH)	In School	14.93	2.99	13.97	2.79	13.97		
(SPCR)	Special Needs							

Providers' Approved and Negotiated Rates

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 <i>If applicable</i>
Full-Time Daily Rates	\$33.91	\$29.56	\$28.69	\$26.69	\$26.69	\$26.69	\$19.67	\$0.00
Part-Time Daily Rates	\$21.73	\$20.87	\$19.42	\$18.95	\$18.37	\$18.37	\$14.93	\$0.00
Before or After School Rates	N/A	N/A	N/A	N/A	\$17.92	\$17.92	\$17.92	\$0.00
Full-Time VPK Wrap Rate	N/A	N/A	N/A	N/A	\$19.39	\$19.39	N/A	\$0.00
Part-Time VPK Wrap Rate	N/A	N/A	N/A	N/A	\$9.18	\$9.18	N/A	\$0.00

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

Effective Date of Rates Established in This Exhibit 08/02/2017

Sample of VPK Submission

Date: 9/4/2015 3:31:44 PM

Age	Copay	Care	Fund	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	T	T	T	F	S	S	S	M	Attn.
																								2	2	2	2	2	2	3	3	Attn.
																								4	5	6	7	8	9	0	1	Days
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	A	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	A	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6
PR4	-	HR	VPK																					X	X	X	X	X	*	*	X	6

VPK Attendance Coding

VPK

X – Enrolled/Present

(Child in attendance and authorized for VPK)

A – Absence

(All VPK absences should be marked with an “A”. No documentation is needed for excused and/or unexcused absences)

T – Terminated

(Child no longer attending)

N – Enrolled; but not Reimbursable

(Non-instructional days should be marked with an “N”. See Form 11B)

Please note that you can not use an “A” at the beginning or at the end of a child’s enrollment.*

VPK Absences

- Rule 60BB-8.204 established the Uniform Attendance Policy for Funding the VPK Program.
- Providers are paid for an entire annual student allocation, unless the child is absent more than 20% of the program.
- This process is known as the 80/20 Rule.
- The 80/20 formula is applied monthly and at the end of the class.

VPK Transfer Request Form



STATE OF FLORIDA
VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM

Monroe County Providers:
Fax completed form to:
305-296-5588

Reenrollment Application

1. Full Name of Student (<i>first, middle, last, Jr./Sr./III</i>):		2. Student's Date of Birth:	
3. Provide the name and address of the previous provider:			
4. Provide the name and address of the new provider:			
5. Mark all boxes indicating reasons for student's withdrawal or dismissal from the VPK program that apply: Good Cause. Student is eligible to receive his or her remaining VPK instructional hours at a new VPK provider or school.			
<input type="checkbox"/> Illness of student; individual living in the student's household; individual in care of the student's parent/guardian; or student's parent, guardian, sibling, grandparent, step-parent, step-sibling, step-grandparent. <input type="checkbox"/> Disagreement between parent or guardian and provider or school concerning policies, practices, or procedures at provider's or school's VPK program. <input type="checkbox"/> Change in student's residence. <input type="checkbox"/> Change in parent's or guardian's employment schedule or place of employment. <input type="checkbox"/> Provider's inability to meet the student's health or educational needs. <input type="checkbox"/> Termination of a student's class before 70 percent of instructional hours are delivered. <input type="checkbox"/> Student is dismissed by the provider for failure to comply with the provider's attendance policy. <input type="checkbox"/> The provider's designation as a low-performing provider under section 1002.67, Florida Statutes. <input type="checkbox"/> Any condition described as an extreme hardship below (mark proper box under extreme hardship). <input type="checkbox"/> Other.			
Extreme Hardship. Student is eligible to receive 300 VPK instructional hours in a summer program. (Requires documentation.)			
<input type="checkbox"/> Illness of a student if the illness results in the student being absent from more than 30 percent of the number of hours in the program type for which the student is enrolled as documented by a licensed physician. <input type="checkbox"/> Provider's misconduct or noncompliance which results in provider's inability to offer the VPK program as documented by the early learning coalition. <input type="checkbox"/> The parent's or guardian's inability to meet the basic needs of the student, including, but not limited to, a lack of food, shelter, clothing, or transportation as documented by a federal, state, or local official. <input type="checkbox"/> 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 government official. <input type="checkbox"/> Provider's inability to meet the student's health needs as documented by a licensed physician or a federal, state or local government official. <input type="checkbox"/> Displacement of a student from his or her place of residence or closure of the student's VPK provider as a result of a state of emergency declared by a federal, state or local government official.			
Informed Parental Consent			
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 may not:			
<ul style="list-style-type: none"> • 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. • Have enough remaining hours of eligibility to attend all instructional hours offered by the provider in the class you select. 			
6. Full Name of Parent or Guardian (<i>first, middle, last, Jr./Sr./III</i>):		8. Date Signed:	
7. Signature of Parent or Guardian:			
OFFICIAL USE ONLY – Coalition staff must complete all boxes.			
Class ID of Previous Provider:		Class ID of New Provider:	
Student's Total Remaining VPK Instructional Hours:	Student's Last Day of Attendance with Previous 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	If Required, the Parent/Guardian Provided Supporting Documentation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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.

VPK Advance Payments Option

AGREEMENT FORM OEL-VPK 20 Learning Center

Select a version: 3/17/2017 5:06:51 PM -- Current version. ▾

[Close Form](#) [Edit Form](#) [Download as a PDF](#) Page 8 of 19

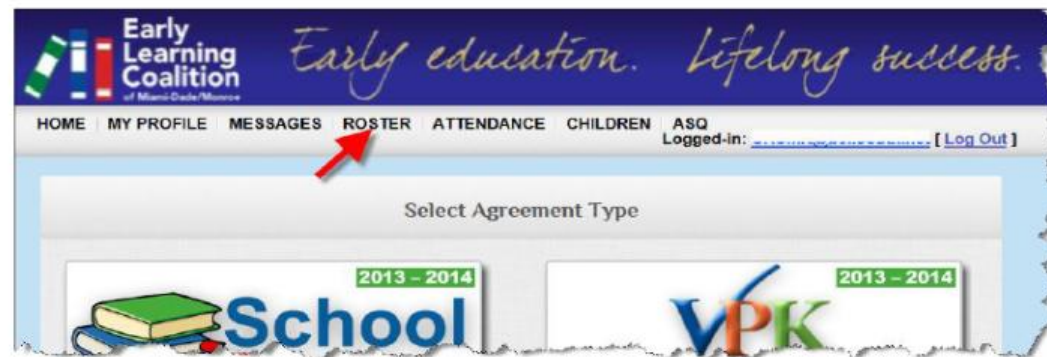
 **EDIT TO MAKE CHANGES**

40. **Advance Payment Option.** PROVIDER understands that PROVIDER will receive monthly payments in accordance with the rules of the Office of Early Learning. PROVIDER further understands that PROVIDER may elect to receive monthly advance payments based on the number of children 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 COEs Submission & Enrollments

How to access the VPK Roster to record your COEs for VPK



Next,



Then populate the form...

ENTER THE INFORMATION FOR THIS NEW CHILD X		ENTER THE INFORMATION FOR THIS NEW CHILD X	
COE #:	<input type="text"/>	COE #:	<input type="text" value="ARG899T"/>
Child First Name:	<input type="text"/>	Child First Name:	<input type="text" value="Freddy"/>
Child Middle Name:	<input type="text"/>	Child Middle Name:	<input type="text" value="L"/>
Child Last Name:	<input type="text"/>	Child Last Name:	<input type="text" value="Hicks"/>
Date of birth:	<input type="text"/>	Date of birth:	<input type="text" value="1/1/2010"/>
Parent First Name:	<input type="text"/>	Parent First Name:	<input type="text" value="Rose"/>
Parent Middle Name:	<input type="text"/>	Parent Middle Name:	<input type="text" value="M"/>
Parent Last Name:	<input type="text"/>	Parent Last Name:	<input type="text" value="Hicks"/>
Date of Enrolled:	<input type="text"/>	Date of Enrolled:	<input type="text" value="7/1/2014"/>
Classroom:	<input type="text" value="A"/>	Classroom:	<input type="text" value="A"/>
<input type="button" value="X CANCEL"/> <input type="button" value="SAVE"/>		<input type="button" value="X CANCEL"/> <input type="button" value="SAVE"/>	

Finally

Site :

Show entries Search:

Child Name ^	DOB ^	Parent Name ^	COE # ^	Date Enrolled ^	Class ^	Status ^	Select an Action
Hicks, Freddy L	1/1/2010	Hicks, Rose M	ARG899T	7/1/2014	A	Processing	Select an action... Edit Remove

Showing 1 to 1 of 1 entries

Requirements for Parental Daily Sign-In and Sign-out



Rick Scott
Governor
Mel Jurado
Director

Technical Assistance Paper #2012-03
Questions and Answers (Q & A)
SR/VPK Attendance and Payment Validation

Background

An SR provider must maintain daily attendance documentation, which at a minimum, shall include a sign-in and sign-out process, as approved by the coalition in accordance with Rule 6M-4.502(1), F.A.C. A VPK provider must keep a daily record of a child's attendance in the program in accordance with Rule 6M-8.305(1) and (2), F.A.C. A coalition shall give an SR/VPK provider a monthly roster (*Enrollment and Attendance Certification*) which lists each child enrolled in the provider's program and includes blank spaces for a provider to add and certify a child's attendance for the calendar month. A provider must certify and submit to the coalition the monthly enrollment/attendance certification of a child enrolled in the provider's program to ensure payment from the coalition. After the coalition approves the enrollment/attendance certification, the coalition will generate a provider reimbursement report for the net reimbursement amount to be paid to the provider. The coalition will pay the provider by electronic funds transfer (EFT) or by warrant (check).

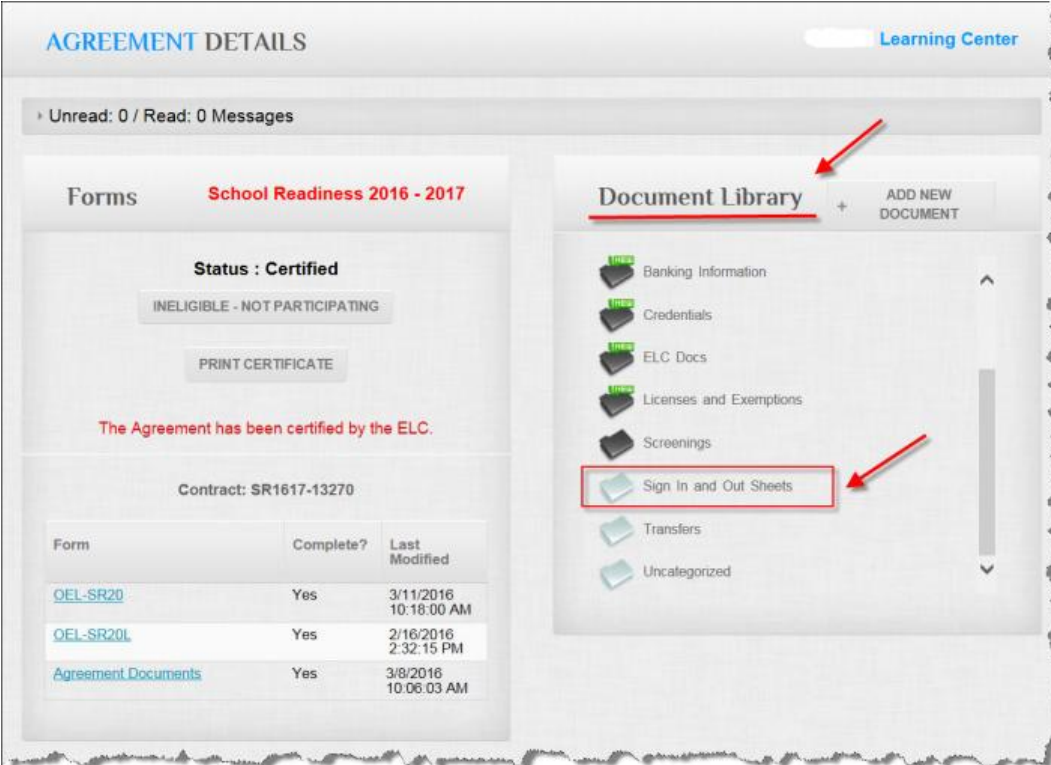
Additionally Rule 65C-22.001(10), F.A.C., *Child Care Standards General Requirements*, requires that daily attendance of children shall be taken and recorded by the child care facility personnel, documenting the time when each child enters and departs a child care facility or program. The custodial parent or guardian may document the time when their child(ren) enter and depart the child care facility or program. However, child care facility personnel are responsible for ensuring that attendance records are complete and accurate.

Requirements for Monthly Parental Sign-In and Sign-out Logs Submission (Upload)

- The Florida Office of Early Learning (OEL) has recently instituted a new directive that requires the Early Learning Coalition to review and reconcile all attendance that is submitted. This review and reconciliation must be done with the physical copies of the actual sign-in/sign-out forms that corresponds to each month's attendance submission. As a result, effective April 1, 2016, all attendance that is submitted must be accompanied by the corresponding sign-in/sign-out sheets for every child for whom reimbursement is being requested.
- All required attendance documentation, including sign-in/sign-out sheets are to be submitted via the Provider Portal, no later than the third business day of the month following the month for which reimbursement is requested.
- Incomplete documentation or attendance submitted without the accompanying sign-in/sign-out sheets will result in a delay in reimbursement until the following month.
- In compliance with Early Learning Coalition policy, any attendance documentation submitted more than a month late will not be paid.

Requirements for Monthly Parental Sign-In and Sign-out Upload

To facilitate the process of uploading the sign-in/sign-out sheets, the Coalition has created an additional folder in your provider portal account. This folder is found under the Document Library labeled "Sign In and Out Sheets" (Please see below snapshot).



The screenshot displays a provider portal interface. At the top, it says "AGREEMENT DETAILS" and "Learning Center". Below this, there is a message status bar: "Unread: 0 / Read: 0 Messages". The main content is divided into two sections. On the left, under "Forms", there is a section for "School Readiness 2016 - 2017". It shows a "Status : Certified" and a button for "PRINT CERTIFICATE". Below that, it states "The Agreement has been certified by the ELC." and "Contract: SR1617-13270". At the bottom left, there is a table with columns "Form", "Complete?", and "Last Modified".

Form	Complete?	Last Modified
OEL-SR20	Yes	3/11/2016 10:18:00 AM
OEL-SR20L	Yes	2/16/2016 2:32:15 PM
Agreement Documents	Yes	3/8/2016 10:06:03 AM

On the right, under "Document Library", there is a list of folders. The folder "Sign In and Out Sheets" is highlighted with a red box and a red arrow. Other folders include Banking Information, Credentials, ELC Docs, Licenses and Exemptions, Screenings, Transfers, and Uncategorized. There is also an "ADD NEW DOCUMENT" button.

SR Monthly Parental Sign-In and Sign-out Form



MONTHLY PARENTAL SIGNATURE SHEET ATTENDANCE VERIFICATION FORM

Month & Year: June 2018
Provider Name: _____ Funding Source: _____
Child's Name: _____ Date of Birth: _____
Last First

Providers: Please make Copies of Sign-in/ Sign-out sheets for your records and Submit Originals to the Coalition

Date	Time in	Full Signature In :	Time Out	Full Signature Out :
1				
2		SATURDAY		SATURDAY
3		SUNDAY		SUNDAY
4				
5				
6				
7				
8				
9		SATURDAY		SATURDAY
10		SUNDAY		SUNDAY
11				
12				
13				
14				
15				
16		SATURDAY		SATURDAY
17		SUNDAY		SUNDAY
18				
19				
20				
21				
22				
23		SATURDAY		SATURDAY
24		SUNDAY		SUNDAY
25				
26				
27				
28				
29				
30		SATURDAY		SATURDAY

Original signatures required in blue or black ink only

Parents must sign in/out every day that child is in attendance

One sheet per child

VPK Monthly Parental Sign-In and Sign-out Review and Validation Requirements

- VPK Providers must ensure that parents certify the students' attendance each month using the **Long Form**.
- Long Forms must be **signed and certified** by the parent/guardian/person authorized **no earlier than the last school day** of the month and **no later than five (5) calendar days into the following month**.

For example:

The month of May 2018 can be verified and signed between the days of Thursday, May 31th and Thursday June 7th.

VPK Long Form



Florida's Office of Early Learning
VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM
CHILD ATTENDANCE AND PARENTAL CHOICE CERTIFICATE
(LONG FORM)

1. Child's First Name				Middle Name		Last Name		Jr./III		2. Child's Date of Birth	
3. Name of Provider or Public School							4. VPK Class				
5. Attendance Month				6. Year				7. Child's Attendance is: <input type="checkbox"/> Entered Below <input type="checkbox"/> See Attached Document			
SUN	MON	TUE	WED	THU	FRI	SAT					
☐	☐	☐	☐	☐	☐	☐					
☐	☐	☐	☐	☐	☐	☐					
☐	☐	☐	☐	☐	☐	☐					
☐	☐	☐	☐	☐	☐	☐					
☐	☐	☐	☐	☐	☐	☐					
☐	☐	☐	☐	☐	☐	☐					
☐	☐	☐	☐	☐	☐	☐					
☐	☐	☐	☐	☐	☐	☐					
							☒ = Days attended				

PARENTAL CERTIFICATION

I swear (or affirm) that my child (whose name appears above in item 1) attended the Voluntary Prekindergarten Education Program on the days entered above, or included in the documentation attached to this form, and certify that I continue to choose the private provider or public school (whose name appears above in item 3) to deliver the program for my child and direct that program funds be paid to the provider or school for my child.

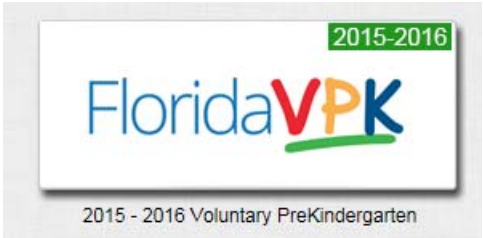
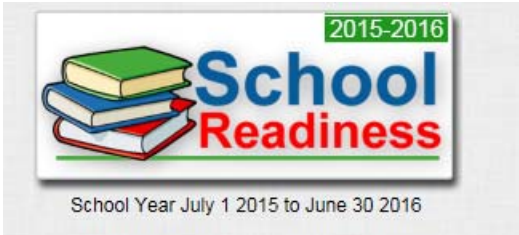
8. First Name of Parent or Guardian		Middle Name		Last Name		Jr./Sr./III	
9. Signature of Parent or Guardian						10. Date signed	

NOTICE TO PRIVATE PROVIDER OR PUBLIC SCHOOL: A private provider or public school must keep this original signed form for at least 2 years. A private provider must permit the early learning coalition, and a public school must permit the school district, to inspect this original signed form during normal business hours. If required by the early learning coalition, a signed copy of this certificate must be forwarded to the coalition or a qualified contractor acting on behalf of the coalition.

Reimbursement Reports

- Reimbursement reports are available online via the Provider Portal at providers.elcmdm.org/ by the 25th of the month.
- Review the reimbursement report each month and report any payment discrepancies **within sixty (60) days** from the date the reimbursement was deposited.
- Any underpayments reported **after (60) days will not be honored.**

Reimbursement Reports Location



Document Library + ADD NEW DOCUMENT

- Accreditations
- Additional Support Documentation
- Banking Information**
- Credentials
- ELC Docs
- Licenses and Exemptions
- Screenings
- Transfers

Adjustment Request Form

Print



Adjustment Request Form

email: payments@elcmdm.org
fax: (786) 433-3237

Facility Name:	Date:	Provider ID#:
Site Address:	Telephone #:	Provider Signature:

Attendance Reimbursement Changes: Days Adjusted Rate Adjusted Both

Child's Name:	Last 4 digits of SS#:	Funding:
---------------	-----------------------	----------

➔ Only indicate the additional days requested for adjustment reimbursement

Month:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total Days	Family Income	Family Size
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		FA	Daily Fee	Total Fee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Rate Paid: \$	Correct Rate (if rate change is applicable): \$
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Reason for Rate Adjustment: FT or PT Age Change Gold Seal Provider Licensed Provider Other

Additional Comments:

REQUIRED: Parent sign in/out forms or VPK long form and/or any other supporting documentation

FOR ELC STAFF ONLY Received: ELC Tracking Number:


All Required Documentation Received? Yes No If no, when was it received?

Was Adjustment Request Finalized? Yes No If yes, when?

Payment Specialist: Adjustment Reimbursed: month year

Additional Comments:

Contact Information



Jose I. Hernandez
Director of Provider Payments

2555 Ponce De Leon Blvd.
Suite 500
Coral Gables, FL 33134
jhernandez@elcndm.org
305-646-7220 Ext. 2257 Office

Early Learning Coalition of Miami-Dade and Monroe, Inc.
Provider Payments Department
Caseloads Assignments

Organization Name	Payment Specialist	Ext.	E-mail
Alpha Assignment			
A - BAM	Jeanne Schrock	2278	JSchrock@elcndm.org
BAN - CENT	Jazzmin Roundtree	2381	JRoundtree@elcndm.org
CENT - DEL M	Ana Delgado	2258	ADelgado@elcndm.org
DEL N - FIT	Viana Martinez	2344	VMartinez@elcndm.org
FIU - HAPP M	Mekishia Alexander	2301	MAlexander@elcndm.org
HAPP N - KIDD J	Alba Viso	2238	AViso@elcndm.org
KIDD K - KIDS V	Dekedra C. Freckleton (Lead Specialist)	2237	DFreckleton@elcndm.org
KIDS W - LEARN	Rebecca Lopez	2301	RLopez@elcndm.org
LEARN - LITTL A	Cecil Gonzalez	2347	CGonzalez@elcndm.org
LITTL B - MEN	Jacqueline Montano	2286	JMontano@elcndm.org
MEO - NN	Jessica Rodriguez	2327	JRodriguez@elcndm.org
NO - PRIM	Tereka Lawrence	2379	TLawrence@elcndm.org
PRIN - SH	Lourdes Ferro	2245	LFerro@elcndm.org
SI - TG	Arena Desire	2234	ADesire@elcndm.org
TH - TZ	Indhira Rodriguez	2394	IRodriguez@elcndm.org
U - Z	Olga Rodriguez	2336	ORodriguez@elcndm.org
MDCPS: A - LH	Eric Vasquez (Lead Specialist)	2283	EVasquez@elcndm.org
MDCPS: LI - Z	Sydell Nelson (Lead Specialist)	2302	SNelson@elcndm.org
Monroe County	Elizabeth Machado (Lead Specialist) <i>Also responsible for: VPK SISP, PFP and Contracted Slots for both Counties.</i>	2229	EMachado@elcndm.org
Early Head Start (EHS)	Casie Alaniz (Finance Department)	2290	CAlaniz@elcndm.org

QUESTIONS ?



LOSS PREVENTION\POST ATTENDANCE MONITORING



2017 Provider Orientations

Record Access

- PROVIDER agrees to allow the Office of Early Learning and COALITION staff or sub-contractors **immediate access to the facilities** and spaces used to offer the SR Program during normal business hours, except as otherwise restricted by government facilities.
- PROVIDER agrees to allow COALITION staff or sub-contractors and the Office of Early Learning to **inspect and copy records pertaining to the SR Program** during normal business hours and upon request by COALITION or the Office of Early Learning. Records that are stored off-site shall be provided within seventy-two (72) hours.

Records Maintenance

- PROVIDER agrees to maintain records, including sign in and sign out documentation, enrollment and attendance certification, documentation to support excused absences and proof of parent co-payments for children funded by the SR program. **The records must be maintained for audit purposes for a period of five (5) years** from the date of the last reimbursement request for that fiscal year or until the resolution of any audit findings or any litigation related to this Contract, whichever occurs last. PROVIDER may maintain records in an electronic medium and if the PROVIDER does so, then the PROVIDER shall back up records on a regular basis to safeguard against loss.

Florida Statute 1002.97



- A parent has the right to inspect and review the individual school readiness program record of his or her child and to obtain a copy of the record.

SR Contract (Sign-In/Sign-Out) Process

- PROVIDER agrees to maintain daily attendance documentation, including a documented “sign-in/sign-out” process approved by COALITION and implemented by PROVIDER, and which accurately documents attendance and absences. PROVIDER agrees to retain the attendance documentation in accordance with COALITION’s records retention requirement established in accordance with s. 1002.84(10), F.S.

Guidelines For Voluntary Pre-Kindergarten

Definition: 6M-8.305 Recording and Certifying Child Attendance in the VPK Program.

States: A VPK Provider in the VPK Program shall keep a daily record of the child's attendance in the program.

A **child's parent** must verify the child's **monthly attendance** on Form OEL-VPK (Long Form). **(At the end of the month)**

Rilya Wilson Act and At-Risk Children

- In accordance with s. **1002.87(9)**, F.S., PROVIDER agrees to abide by the provisions of the “Rilya Wilson Act” (s. 39.604, F.S.) for each at-risk child under the age of school entry who is enrolled in the school readiness program.
- The program shall report **any unexcused absence** or seven consecutive excused absences of a child who is enrolled in the program and covered by this act to the local designated staff of the Family Safety Program Office of the Department of Children and Families or the community-based lead agency by the end of the business day following the unexcused absence or seventh consecutive excused absence.

F.S. 65C-22.001 General Information

- (f) When transporting children, staff-to-child ratios must be maintained at all times. The driver may be included in the staff-to-child ratio. Prior to transporting children and upon the vehicle(s) arrival at its destination, the following shall be conducted by the driver(s) of the vehicle(s) used to transport the children:
 - **1. Driver's Log. A log shall be maintained for all children being transported in the vehicle. The log shall be retained for a minimum of four months.** The log shall include each child's name, date, time of departure, time of arrival, signature of driver, and signature of second staff member to verify the driver's log and that all children have left the vehicle.
 - 2. Upon arrival at the destination, the driver of the vehicle shall:
 - a. Mark each child off the log as the children depart the vehicle;
 - b. Conduct a physical inspection and visual sweep of the vehicle to ensure that no child is left in the vehicle; and
 - c. Sign, date and record the driver's log immediately, verifying that all children were accounted for, and that the visual sweep was conducted.
 - 3. Upon arrival at the destination, a second staff member shall:
 - a. Conduct a physical inspection and visual sweep of the vehicle to ensure that no child is left in the vehicle; and
 - b. Sign, date and record the driver's log immediately, verifying that all children were accounted for and that the log is complete.

F.S. 414.41 Recovery of payments made due to mistake or fraud.

- (1) Whenever it becomes apparent that any person or provider has received any public assistance under this chapter to which she or he is not entitled, through either simple mistake or fraud on the part of the department or on the part of the recipient or participant, the department shall take all necessary steps to recover the overpayment. Recovery may include Federal Income Tax Refund Offset Program collections activities in conjunction with the Food and Nutrition Service and the Internal Revenue Service to intercept income tax refunds due to clients who owe food assistance or temporary cash assistance debt to the state. The department will follow the guidelines in accordance with federal rules and regulations and consistent with the Food Assistance Program. The department may make appropriate settlements and shall establish a policy and cost-effective rules to be used in the computation and recovery of such overpayments.

QUESTIONS ?





HEALTH & WELLNESS



Early Care & Education Structured Physical Activity Project



- The Early Care & Education Structured Physical Activity project is a two year initiative funded by The Health Foundation of South Florida, and is designed to teach childcare providers in Miami-Dade and Broward counties how to conduct 60 minutes of Structured Physical Activity with their students. The ELC has contracted with the CATCH Foundation to conduct the training.





CATCH stands for a Coordinated Approach to Child Health. By uniting multiple players in a child's life to create a community of health. The program aims to impact the messaging a child receives in physical education, the lunchroom, the classroom, and the home, to form an effective resource that impacts a child's choices not only in school, but lifelong.

- ▶ CATCH Early Childhood (CEC) is designed to nurture a love of physical activity in children ages 3-5. Modeled after the nationally recognized CATCH Program, CEC helps to provide an environment where physical activity, health education, and healthy eating behaviors are valued and taught.



HOW?

- 1) One Day Training
- 2) Technical Support & A Health Policy
- 3) Parent Involvement

1) Trainings



- The Director from your center will participate in a one day C.A.T.C.H training at the ELC. They will be able to take back the information and skills learned at the training and share it with your teachers. This will enable your teachers to implement 60 minutes of structured physical activity throughout the day.

2) Technical Support & A Health Policy



- An ELC Health and Wellness Trainer will come to your center and discuss with your director the current Health Policy and help develop one if there is none in place.



- During this visit they will demonstrate to the VPK teachers and students the CATCH management techniques a few games from the C.A.T.C.H Activity Box.

3) Parent Involvement



- The third component informs parents of what their kids are learning at your center. As well as getting them to participate in C.A.T.C.H activities during a parent meeting held at your center, so they can extend our efforts from the classroom into their homes.



What are the benefits?

- 1) 60 minutes of Play
- 2) C.A.T.C.H Activity Box
- 3) Play Equipment

1) 60 minutes of Play



- Your teachers will be able to learn classroom management skills that will increasing the amount of moderate to vigorous physical activity (MVPA) children engage in each day all while making it FUN for everyone!

2) C.A.T.C.H. Activity Box



- Each center will receive a C.A.T.C.H Activity Box, a fully comprehensive curriculum that can easily be incorporated in to your daily lesson plans. It features the “Its Fun to Be Healthy” Teachers manual, Parent Tip Sheets, and all of the supporting instructional lessons you need for over 400 activities to get little ones up and moving.

3) Play Equipment



- For participating in the C.A.T.C.H program and for implementing a Health and Wellness Policy at your center, the ELC will send each center a set of play equipment to ensure you have all the resources to help accomplish our mission.

Training Schedule

- The next training will be held on the following dates:
 - Friday November 3, 2017
 - Saturday, November 4, 2017

***Space is limited as this will be the LAST C.A.T.C.H. Training**

***Centers capacity MUST be of 50+ students**



Contact Information:

Annette Gonzalez

ELCMDM Health and Wellness Trainer

Agonzalez3@elcmdm.org

(786) 566-2154



QUESTIONS ?





TAKING STEPS TO HEALTHY SUCCESS:



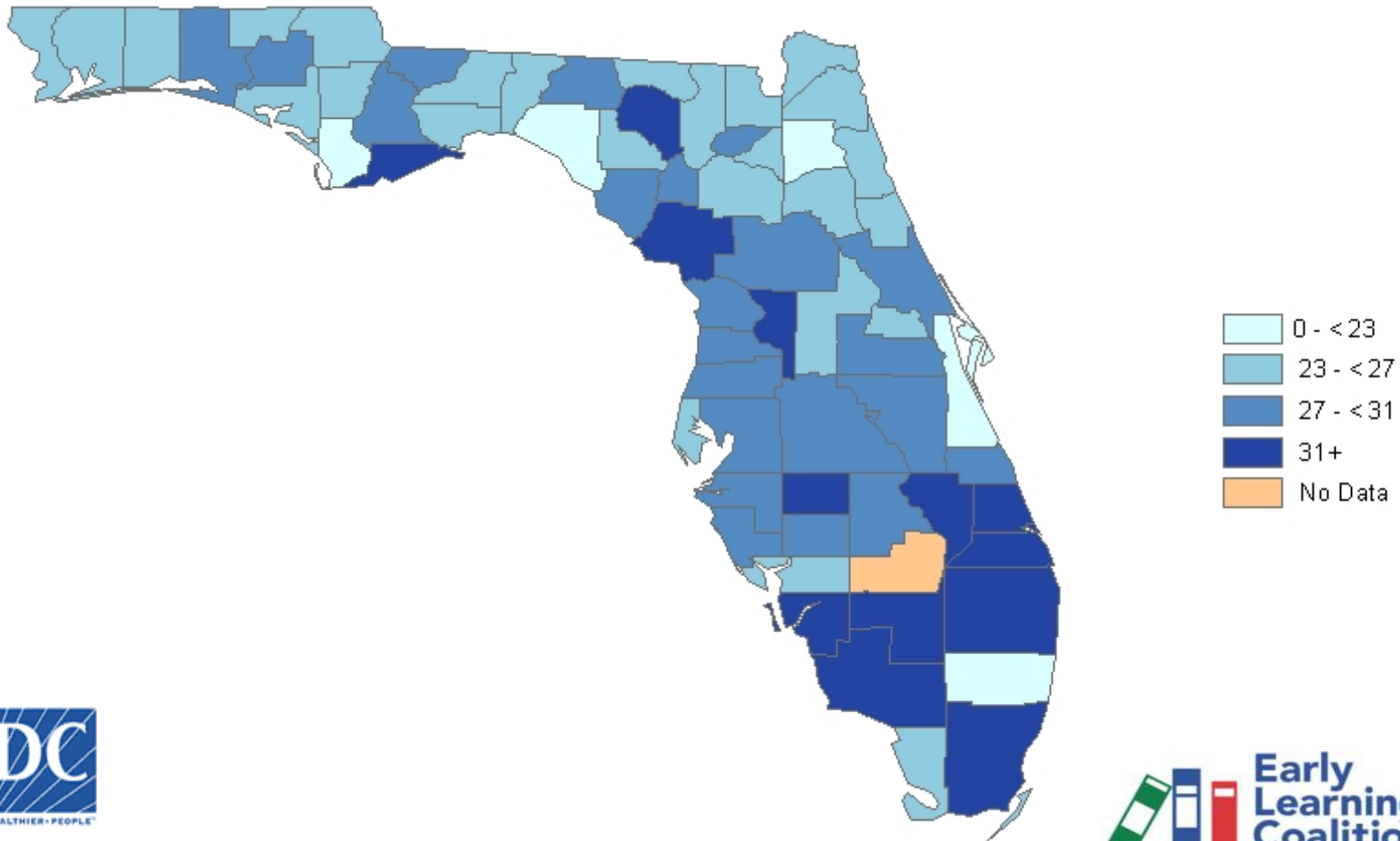
An Early Care and
Education Collaborative
to Promote Healthy
Practices and Prevent
Obesity



2017 Provider Orientations

Florida County-level Overweight/Obesity Prevalence

Low-income, ages 2 to <5 years (PedNSS; 2009-11)



Best Practices: ABC's of a Healthy Me

- Active play
 - Every day, inside and out
- Breastfeeding
 - Support and access to a private space
- Cut down on screen time
 - None for children under age 2 years
 - No more than 30 minutes a week for children ages 2 years and older
- Drink milk and water
 - Offer milk at meals and make water always available to quench thirst
- Eat mostly healthy foods
 - Fruits, vegetables, whole grains, lean meats and protein, low-fat dairy



Benefits of Participation

- Toolkits
 - ▣ *Sesame Street Healthy Habits for Life Toolkit*
 - ▣ Activity Kits for preschool children
- Technical Assistance
- CEU's
- In-Service Hours
- **\$500** stipend/ per program
- Networking Opportunities



Expectations



- Commitment to attend five learning sessions
 - ▣ Learning Session One begins OCT 2016
- Identification of leadership team members
 - ▣ Director and 1-2 additional staff
- Use of peer facilitation to bring resources and tools back to program
 - ▣ Technical Assistance will be available (*on-site, via email, and/or phone*)
- Completion of Action Period Tasks
 - ▣ Self-assessment of program
 - ▣ Story Boards
 - ▣ Development of program's Action Plan
- Commitment to health & wellness in your community

QUESTIONS ?

