

¡BIENVENIDOS PROVEEDORES!



2017 Provider Orientations

Misión y Visión



Nuestra misión

Fomentar los programas de preparación escolar y educación preescolar para aumentar todas las posibilidades de éxito educativo en los niños y así convertirlos en miembros productivos de la sociedad. La Coalición busca promover las necesidades físicas, sociales, emocionales e intelectuales de los niños de los condados de Miami-Dade y Monroe.

Nuestra visión

Garantizar un sistema completo e integral para las familias y sus hijos, el cual comience antes de su nacimiento hasta los 5 años de edad, para brindar una oportunidad asequible para que los niños ingresen en la escuela listos para aprender y tener éxito en la vida.

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)

Password

[Forgot my password](#)

[Change my password](#)

Certificate of Liability Insurance

- ❑ Todos los Proveedores deben tener “General Liability Insurance” para toda la duración del Contrato.
- ❑ Su póliza de seguro debe tener un mínimo de \$ 100,000 de cobertura por incidente y un min. \$ 300,000 cobertura agregada general.
- ❑ El Early Learning Coalition tambien debe de estar listado bajo “Certificate Holder” y como “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 type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" 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 AGENTS/STATE LIMIT APPLIES PER POLICY) <input type="checkbox"/> POLICY <input type="checkbox"/> PRODUCT <input type="checkbox"/> LOC. | \$100,000 Each | 12/04/14 | 12/04/15 | EACH OCCURRENCE \$ 300,000 FINE DAMAGE (any 1 file) \$ 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 \$ AGG \$ | |
| | 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/USUAL OCCASIONS COVERED BY INSURANCE/USUAL 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] ADDITIONAL INSURED [A] ELC OF MIAMI-DADE/MONROE 2555 PONCE DE LEON BLVD. SUITE 500 CORAL GABLES, FL 33134 | | | 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

- Todo el personal debe tener el nuevo “level 2 background screening” con el Clearinghouse.
- El background screening debe de tener “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.

Poder legal (Power of attorney)

- Debe estar firmando por
 - ▣ Actual el dueño en Sunbiz
 - ▣ Persona autorizada
 - ▣ Un (1) testigo

- El formulario debe ser notariado.

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)

- Envíe los cambios dentro de los 14 días naturales a su especialista, quien procesará el cambio.
- Tenga en cuenta que puede procesar una enmienda SOLO una vez por trimestre.
- Dia efectivo de la enmienda:

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-SR20 | 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

- La adición y la eliminación del “Gold Seal”
- Adición o modificación de los “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

- Presentar los cambios dentro de 14 días de calendario a su especialista, quien procesará el cambio.
- Información en las formas 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 3:32:08 PM |
| OEL-VPK 11A | Yes | 5/19/2015 3:34:04 PM |
| OEL-VPK 11B | Yes | 5/19/2015 3:34:21 PM |
| OEL-VPK 20 | Yes | 5/19/2015 3:30:34 PM |
| OEL-VPK 25 PP | Yes | 5/5/2015 12:18:25 PM |
| Agreement Documents | Yes | 5/19/2015 11:12:34 AM |

[Add VPK Change Notification](#)

Add new or add additional

[VPK Change Notification](#)

VPK Notification Form
Miami-Dade Providers

The Coalition requests that changes be submitted via the Provider Portal

| | | | | | |
|------------------|--|-------|--|-----|--|
| NAME OF FACILITY | | CITY | | ZIP | |
| ADDRESS | | | | | |
| 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 OF PREVIOUS SUBSTITUTE Jack Crown (end 9/18/15) |
| | | 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. I understand that the provider must supply complete information to the coalition, in writing, within 14 days of the change. I also understand that the provider is encouraged to supply complete information before a change is implemented 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.

Agreement Document - Updating

- La información se rellena previamente de la forma OEL-VPK 10 y 11A. Actualize cuando hay un cambio en el personal o renovación de un documento expirado.
- Elija la ficha correspondiente en la parte superior - de licencia, seguro, Director de VPK, o instructores.
- 1. Haga click en el icono "Edit".
- 2. Introduzca la fecha de vencimiento, subir documento apropiado, y guardar.
- 3. Cerrar la forma y retorno a los detalles de "Agreement".

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: David Ortega
- Instructor Type: Lead
- Expiration Date: (empty field)
- Current Document: (empty field)
- Select Document Source:
 - Upload a new document
 - From the Document Library
- Upload New Document: (empty field)
- Buttons: CANCEL, SAVE, Browse...

Red circles highlight the 'Instructors' tab, the 'Expiration Date' field, the 'Upload a new document' radio button, the 'Browse...' button, and the 'SAVE' button. Blue arrows point to the 'EDIT' icon on the right side of the modal form and the 'CLOSE FORM' button at the bottom right of the main interface.

Documentos expirados



- Recuerde actualizar los documentos importantes de manera oportuna
- Asegúrese de cargar los documentos expirados al portal del proveedor y enviar una notificación por correo electrónico a su especialista
- Halla fallado no subir los documentos requeridos puede resultar en la **terminación** de su Contrato de VPK y/o School Readiness.

10 Razones Principales por las que se Termina el Proveedor

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

Contactos

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

¿Preguntas?





HEALTH & WELLNESS



Early Care & Education Structured Physical Activity Project

- The Early Care & Education Structured Physical Activity proyecto es una iniciativa fundada por The Health Foundation of South Florida y esta diseñado para enseñar a los centros de cuidados infantiles de los condados Miami-Dade y Broward counties como conducir 60 minutos de actividad estructurada física con sus estudiantes. El ELC ha contratado con CATCH Foundation para conducir esta capacitación.



CATCH es un programa nacional que tiene como objetivo impactar los mensajes que recibe un niño sobre la educación física, en el comedor, en la escuela, y en el hogar. No solo para influenciar las decisiones que hacen en la escuela, sino para toda la vida.

- CATCH Early Childhood (CEC) está diseñado para crear decisiones en la actividad física entre niños de 3-5 años. Este programa enseña la importancia de tener un ambiente saludable que resalte y valore la educación que estamos implementando para la salud.



¿CÓMO?

- 1) Un dia de Entrenamiento
- 2) Asistencia técnica y ayuda con su Poliza de salud
- 3) Participación de los Padres

1) Entrenamiento de un dia



- El director de su centro participará en un entrenamiento de C.A.T.C.H de un día solamente en el ELC. Ellos serán encargados de compartir con sus profesores, la información del programa . Esto permitirá a los maestros implementar 60 minutos de actividad física estructurada a través las actividades diarias.

2) Asistencia técnica y ayuda con su Póliza de salud



- Durante esta visita se le ayudará a los directores desarrollar o incrementar una póliza de salud para su centro en caso que no lo tuvieran.



- También durante esta visita se demostrará a los profesores varias técnicas para manejar la clase e incorporar algunas de las actividades de la caja de C.A.T.C.H .

3) Participación de los Padres



- El tercer componente es informa a los padres de lo que sus hijos están aprendiendo en su centro escolar, mediante una reunión que se hará una vez solamente con el propósito de extender nuestros esfuerzo y compartirlo en el hogar.



¿Cuales son los beneficios?

- 1) 60 minutos de juego actividad física estructurada
- 2) Una caja de actividad de C.A.T.C.H
- 3) Equipos para jugar.

1) 60 minutos de juego



- Sus maestros van a aprender las técnicas para manejar la clase adentro y afuera de la clase y también incrementar las actividades físicas mientras que los estudiantes se divierten.

2) Caja de actividad de C.A.T.C.H



- Cada centro recibirá una caja llena de actividades diseñada para el programa de C.A.T.C.H, con más de 400 actividades y un libro con recursos para los maestros sobre nutrición.

3) Equipos de juegos



- Por participar en el programa de C.A.T.C.H y por implementar una póliza de salud, el ELC le enviará a cada centro un conjunto de equipos de juego para asegurar que todos tenga los recursos para cumplir con nuestra misión.

Training Schedule

- El proximo entrenamineto sera
 - Viernes el 3 de noviembre del 2017
 - Sabado el 4 de noviembre del 2017

***Espacio es limitado como este sera el ultimo entrenamiento de C.A.T.C.H.**

***El centro tiene que tener capacidad de minimo 50 estudiantes**



Information de Contacto:

Annette Gonzalez

ELCMDM Entrenadora de Salud

(786) 566-2154



¿Preguntas?





TOMANDO MEDIDAS PARA UNA VIDA SALUDABLE:



Promoción de la salud para
la primera
infancia y Prevención de la
Obesidad

Proyecto Nacional de Cooperativas de Aprendizaje (ECELC, por
sus siglas en inglés) para el Cuidado y la Educación Temprana

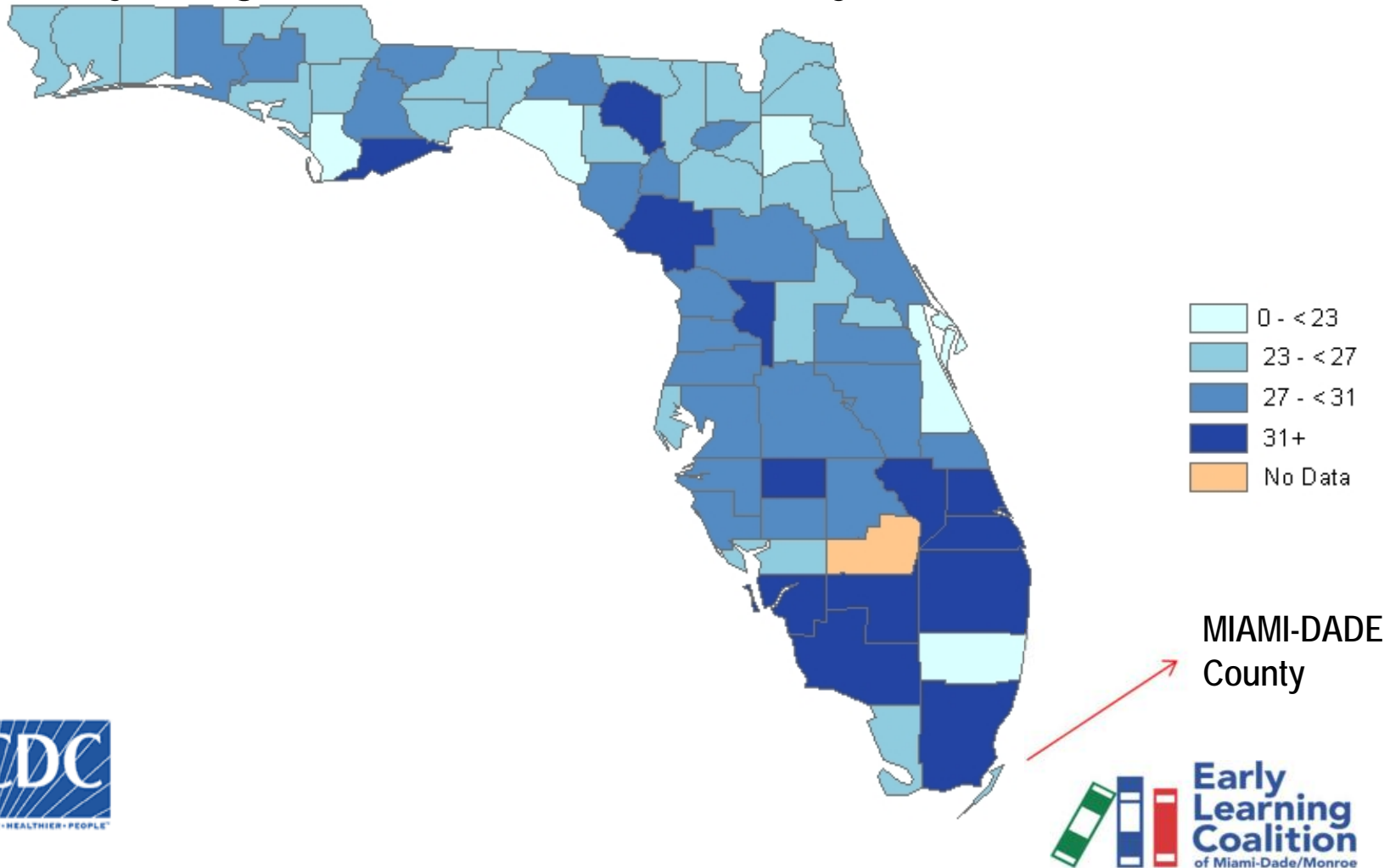


2017 Provider Orientations

Por Condado de la Florida Prevalencia de Sobrepeso/ Obesidad

36

bajos ingresos, las edades de 2 a <5 years (PedNSS; 2009-11)



El ABC de una Persona Saludable

El ABC de una Persona Saludable

A *mamantar*

- Apoyo y acceso a un espacio privado

B *eber leche y agua*

- Ofrezca leche en las comidas y tenga siempre agua disponible para calmar la sed

C *omer alimentos saludables*

- Frutas, vegetales, granos integrales, carnes magras y proteína, lácteos bajos en grasas

D *isminuir el tiempo frente a una pantalla*

- Nada de tiempo para los niños menores de 2 años.
- No más de 30 minutos por semana para niños de 2 años en adelante.

E *stimular el juego activo*

- Todos los días, en espacios cerrados y al aire libre



Gracias al financiamiento de los Centros para el Control y la Prevención de Enfermedades (CDC), esta publicación pudo concretarse. Nemours está actualmente financiado por los CDC con un Acuerdo de Cooperación de cinco años (1U58DP004102) para respaldar a los estados que inician programas de colaboración de aprendizaje de ECE centrados en la prevención de la obesidad. El contenido es responsabilidad exclusiva de los autores y no representa necesariamente las opiniones oficiales del Departamento de Salud y Servicios Humanos, de los Centros para el Control y la Prevención de Enfermedades o del Gobierno de los Estados Unidos.

Nemours



Beneficios de participación

- Kit de herramientas
 - ▣ *Sesame Street Healthy Habits for Life Toolkit*
 - ▣ Activity Kits for preschool children
- Asistencia Técnica (TA)
- CEU's
- In-Service Hours (horas de servicio)
- **\$500** stipend/ por programa
- Oportunidades de Enlaces con su comuni



Expectativas

- Compromiso para asistir las cinco sesiones de aprendizaje
- Sesión de Aprendizaje Uno comienza en Octubre 2016
- Identificación de los miembros del equipo de liderazgo
- Director y 1-2 personas parte de el personal
- La asistencia técnica estará disponible (en el lugar, por correo electrónico y / o teléfono)
- La finalización de las tareas de acción Periodo
- evaluaciones
- Story Boards (guiones graficos)
- Desarrollo del Plan de Acción del Programa
- Compromiso con la salud y bienestar de su comunidad

¿Preguntas?



QUALITY COUNTS



2017 Provider Orientations



QUALITY COUNTS



Descripción de Quality Counts

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





QUALITY COUNTS



Quality Counts es Miami-Dade's QRIS

- mide la calidad de los servicios de los programas de educación infantil a través de un listado de estándares de calidad.
- ofrece apoyo e incentivos para ayudar a los proveedores a alcanzar sus objetivos.
- provee a las familias una manera fácil de identificar programas de alta calidad

*Miami-Dade's QRIS- Sistema de mejora de calidad del condado de Miami

Estándares de Quality Counts

Cualificaciones del personal:

Educación

- Se enfoca en las cualificaciones del personal, cursos en educación infantil con créditos o su equivalente en horas de servicio.

Entrenamientos/Capacitación

- Se enfoca en obtener 'Staff Credential' o CDA Nacional.

Entorno de aprendizaje:

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

Servicios en los programas





QUALITY COUNTS



Para participar:

www.miamiqualitycounts.org

Contacto:

qualitycounts@elcmdm.org

305-646-7242

¿Preguntas?



QUALITY ASSURANCE



2017 Provider Orientations

Monitoreo del programa preescolar voluntario (VPK)

□ Tamaño de la clase [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.

- Requisito de relación instructor/ niño cumplido: 2 a 20
- ¿El tamaño de la clase VPK esta dentro de la capacidad aprobada del espacio físico donde se proporciona la instrucción?

Verificación del Seguro

Seguro de Compensación de Trabajadores (Worker's Compensation Insurance)

- ¿ El proveedor tiene Seguro de Compensación al Trabajador de acuerdo con el párrafo 8 del Formulario OEL-VPK20PP (Agosto del 2014) que cubre la duración del contrato?

Seguro de Compensación por Desempleo (Unemployment Compensation Insurance)

- ¿El proveedor tiene Seguro de Compensación por Desempleo según lo requerido de acuerdo con el párrafo 8 del Formulario OEL-VPK 20PP (agosto del 2014) que cubre la duración del contrato?

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.

Seguro de Responsabilidad General (General Liability Insurance)

- ¿ Tiene el proveedor pruebas de que mantuvo un seguro de responsabilidad general (incluyendo el seguro de transporte si corresponde) de conformidad con el párrafo 8 del Formulario OEL-VPK 20PP (Agosto 2014) que cubre la duración del contrato?

Evaluaciones de VPK - Fechas Tope para Evaluación y Entrega de Resultados

Periodo para la evaluación del niño

- Periodo 1 - Los primero treinta (30) días del primer mes escolar de su programa (se cuentan los fines de semana).
- Periodo 2* - A mediado del año escolar.
- Periodo 3- Los últimos (30) días del ultimo mes escolar de su programa (se cuentan los fines de semana).

Periodo para entregar (submit) los datos de las evaluaciones

- Periodo 1 - - Los primero cuarenta y cinco (45) días de su programa escolar.
- Periodo 2* - A mediado del ano escolar
- Periodo 3 - Los últimos cuarenta y cinco (45) días de su programa escolar.

(Los proveedores que están en probatoria y han escogido un plan de acción para el personal pedagógico están obligados completar los tres exámenes durante los tres periodos. La segunda evaluación durante el 2do periodo es opcional para los proveedores que no están en probatoria pero se recomienda fuertemente.)*

Evaluaciones de VPK - Pedidos en Línea

Proveedores de VPK Fall ordenarán los materiales de las evaluaciones visitando el sitio de internet Bright Beginnings:

(<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 Asistencia Técnica

- South

- ▣ Cindy Cabrera

- ▣ ccabrera@elcmdm.org

- Central

- ▣ Yiasha Guerra

- ▣ yguerra@elcmdm.org

- North

- ▣ Lydia Paul

- ▣ lpaul@elcmdm.org

¿Preguntas?



ELIGIBILITY REQUIREMENTS & PRIORITY GROUPS



Presenter: ELC ELIGIBILITY DEPARTMENT

Child Care Development Block Grant Re-autorizacion & House Bill 7053

- Periodo de **elegibilidad** extendido de 6 a **12 meses**
- El niño que no es elegible por que los padres han perdido el empleo, o han dejado de estudiar podran continuar recibiendo servicios subsidiados para prepararse para la escuela **por 3 meses**. Este tiempo permite que los padres obtengan empleo o entren a la escuela y vuelvan a ser elegibles.
- El **copago** responsabilidad de los padres **puede disminuir, pero no aumentar** durante los 12 meses de elegibilidad.
- Los Estatutos de la Florida requieren que los padres reporten cualquier cambio (empleo, informacion de la familia como nacimiento o divorcio o nueva direccion) en 10 dias. Pero los servicios no se pueden terminar si la informacion no es recibida a tiempo.

Grupos de Prioridad



El estatuto de la Florida, 1002.87, establece las siguientes prioridades para servicio:

- ▣ a) niños menores de 13 años, de familias que reciben asistencia temporal en efectivo.
- ▣ b) niños de alto-riesgo menores de 9 años
- ▣ c) niños desde el nacimiento hasta empezar el año escolar de kindergarten, que pertenezcan a una familia económicamente en desventaja.
- ▣ *Nota: hay otras categorías de prioridades, pero basado en fondos disponibles, las anteriores categorías son el foco de nuestros servicios.

Mejores practicas para los proveedores

- Verifique **diariamente** los niños que aparecen en su lista de atención y lea los NOC en su portal pues esta información es esencial para el caso.
- Si la redeterminación esta cercana, el ultimo día de servicios autorizados (LDS) esta en otro color.

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

Esfuerzos para comunicarnos con los padres: – Minimo tres (3) veces ELC atenta comunicarse con los clients

Para clients BG8/CCEP :

- Antes de ultimo día de servicio (LSD) se envian **dos textos** al celular: 45 & 30 days antes de LDS.
- Si el paquete de redetermination no se recibe antes de LDS, se **llama al cliente y se le envia NOC** a su portal.
- **Llamada al proveedor** si el paquete de redeterminación no se recibe antes de LDS.
- El proveedor recibe copia del certificado de redeterminación en su portal, una vez completado el proceso

Mejores Practicas para los proveedores

Para clients de alto-riesgo (BG1)...

- El cliente y la agencia que hace el referido reciben cita para posible redeterminacion el dia de su primera entrevista. Si el cliente no viene a la redeterminacion y los servicios han terminado, necesitan un nuevo referido.
- Llamada al cliente si no viene a la cita.
- Antes de el ultimo dia de servicios, la agencia que hace el referido se contacta por e-mail para confirmar si nuevo referido va a hacer generado.
- **El proveedor es responsable por revisar en su portal el NOC y el certificado de elegibilidad** que incluye el dia en que el referido termina, para evitar dar servicios por los cuales no recibiran pago.

Donde aplicar?

Family Portal – Aplicar por Preparacion a la escuela y por 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

Lunes – Viernes de 8:00am-5:00pm

¿Preguntas?





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>



Casa Entrenamientos Productos Recursos Registro Registrarse Ayuda

ELC Café
It's More Than Just Lunch. It's Networking.

**MILLENNIALS:
SETTING THE RECORD STRAIGHT**

Thursday, August 17, 2017
11:30 a.m. - 1:30 p.m.



Haga clic abajo para registrarse!

Haga clic para ver más información

Early Learning Coalition of Miami-Dade/Monroe
OFFICE OF
Early Learning
LEARN EARLY. LEARN FOR LIFE.
Miami-Dade/Monroe
PROFESSIONAL DEVELOPMENT
INSTITUTE



Búsqueda de

Calendario



Últimas noticias

[Formulario de solicitud de formación](#)

Elementos destacados

["Acerca del Autismo en los niños nequeños" Curso en línea gratuito de](#)

The Florida Early Care and Education Career Pathway



EFFECTIVO 1 DE JULIO DE 2017

¿Que Significa Esto Para Las Coaliciones y Proveedores?

- La oficina de Federal Care and Development Fund (CCDF) requiere que todos los estados provean herramientas educativas a las familias, proveedores y a la comunidad.
- Desde el 2015, estas herramientas educativas deben incluir información sobre las políticas del estado en relación con la salud socio-emocional y manejo del comportamiento, y sobre la expulsión de niños en edad preescolar de escenarios de edad temprana.
- La Oficina de Early Learning a establecido un nuevo [reglamento sobre Salud y Seguridad](#) para los proveedores en centros de cuidado. En las reglas se incluye que todos los proveedores:
 - Deben tener un reglamento de disciplina y expulsión escrito.
 - Deben entregarle una copia escrita sobre el reglamento de disciplina y expulsión a todos los padres/guardianes.
 - Asegurarse que todo el personal cumpla con el reglamento y con los procesos establecidos.

Para Su Desarrollo Profesional



- Adiestramientos destacados durante Julio- Septiembre (Q1)
 - ▣ Florida Core Competencies para Practicantes/ Directores
 - ▣ Salud y Seguridad / Pre School Expulsion Prevention Policy and Guidance
 - ▣ Introducción a CLASS/ Making the Most of Classroom Interactions (MMCI)
 - ▣ Creative Curriculum, High Scope, TS Gold
 - ▣ Cursos de OEL:
 - VPK
 - Matemáticas

Desarrollo Profesional

PDI On Demand Ahora usted tiene la oportunidad de solicitar y recibir experiencia de desarrollo profesional directamente en su centro.



Beneficios de PDI On-Demand:

- Contenido ajustado a las necesidades de su centro
- Atención exclusiva por parte de uno de nuestros Education & Quality Coaching Specialist
- Continuing Education Units (CEUs) para cada participante que sea elegible
- Conveniente localización e itinerario

Para mas información sobre tarifas y el catálogo de cursos, visite: <http://trainings.elcmdm.org>

Haga click en la pestaña "Resources"

¿Preguntas?



INTERMISIÓN



2017 Provider Orientations



**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**

¿Preguntas?



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 | W | T | F | S | S | M | Attn. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------|------|
| 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 | 2 | 2 | 3 | 3 | Days |
| * | * | 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 | X | X | * | * | E | 21 | |
| * | * | X | X | X | X | X | * | * | E | X | X | X | X | * | * | X | X | X | X | X | * | * | X | X | X | X | E | * | * | X | 21 | |
| * | * | X | X | X | X | X | * | * | X | X | X | X | X | * | * | X | X | X | X | X | | | | | | | | | | | 15 | |
| * | * | 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 | * | * | E | E | X | X | X | * | * | X | X | X | X | X | * | * | X | X | X | X | E | * | * | A | 21 | |
| * | * | X | X | X | X | X | * | * | 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 | 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 | * | * | E | E | E | A | A | * | * | 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

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

At Risk Child (BG1) Unexcused Absence Reporting



AT RISK CHILD UNEXCUSED AT RISK CHILD ABSENCE REPORT

The Rilya Wilson Act, F.S. 39.604
Children who are in the care of the state due to abuse, neglect or abandonment must participate in a licensed early education or child care program 5 days a week. If a child covered by this law is absent from the program on a day when he or she is supposed to be present, the person with whom the child resides must report the absence to the program by the end of the business day. Children who are subject to this law may not withdraw from the program without the prior written approval of the responsible agency. All absences shall be reported the following business day to the Family Safety Program Office of the Department of Children and Family Services or its designee (Our Kids, Inc.).

FAX THE COMPLETED FORM TO (305)-455-6210

To: _____
Case worker/Protective Investigator

From: _____
Director *Name of Center*

_____ *Center Phone* _____ *Center Fax*

Date: _____ *MM/DD/YY* Time: _____ *AM/PM*

Child: _____
LAST NAME, First name


Birthdate: _____ *MM/DD/YY* ID#: _____ *Social Security Number*

The above child did not attend our program on _____
MM/DD/YY

The caregiver reported the absence on _____
MM/DD/YY
Time

The caregiver did not report the absence, as required.

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 _____ | | | | | | |
| <i>*Providers with multiple locations, you must submit the transfer request form for each site with the correct provider ID, extension code and address. Failure to do so may affect the transfer request and payments.</i> | | | | | | | | | | | | | | | | |
| 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. THRIVE. 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

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 (first, middle, last, Jr./Sr./III): | | 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: | | |
| <p>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.</p> <p><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.</p> <p><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.</p> <p><input type="checkbox"/> Change in student's residence.</p> <p><input type="checkbox"/> Change in parent's or guardian's employment schedule or place of employment.</p> <p><input type="checkbox"/> Provider's inability to meet the student's health or educational needs.</p> <p><input type="checkbox"/> Termination of a student's class before 70 percent of instructional hours are delivered.</p> <p><input type="checkbox"/> Student is dismissed by the provider for failure to comply with the provider's attendance policy.</p> <p><input type="checkbox"/> The provider's designation as a low-performing provider under section 1002.67, Florida Statutes.</p> <p><input type="checkbox"/> Any condition described as an extreme hardship below (mark proper box under extreme hardship).</p> <p><input type="checkbox"/> Other.</p> <p>Extreme Hardship. Student is eligible to receive 300 VPK instructional hours in a summer program. (Requires documentation.)</p> <p><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.</p> <p><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.</p> <p><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.</p> <p><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.</p> <p><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.</p> <p><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.</p> | | |
| Informed Parental Consent | | |
| <p>By signing this form, you certify that you have been informed of the number of remaining VPK instructional hours your student is eligible to receive and that you have been informed of the number of instructional hours remaining in the new VPK class you have selected. You certify that you make this choice freely, understanding that your student may not:</p> <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 (first, middle, last, Jr./Sr./III): | | |
| 7. Signature of Parent or Guardian: | | 8. Date Signed: |
| 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

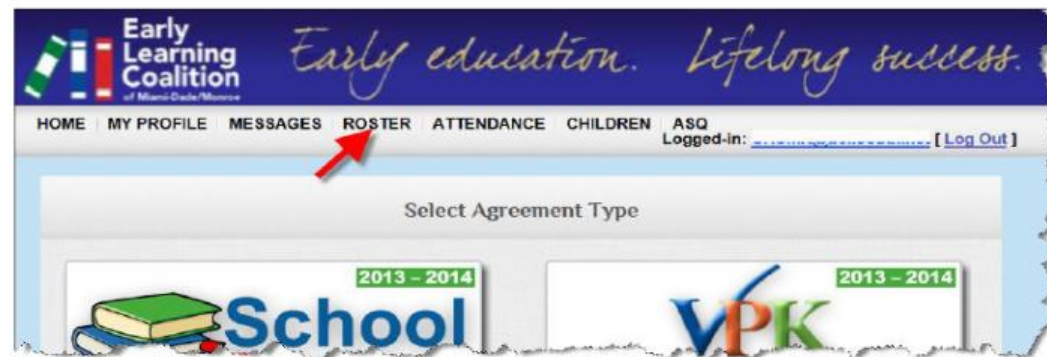
 **EDIT TO MAKE CHANGES**

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:

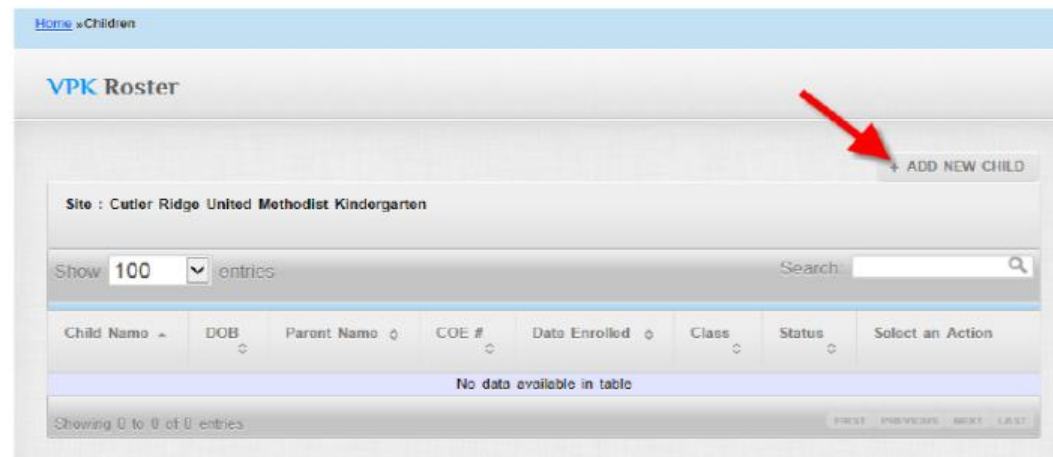
PROVIDER elects to receive monthly advance payments and understands that advance payments will be reconciled and adjusted in accordance with the rules of the Office of Early Learning.

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

| 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 | <input type="button" value="Select an action..."/> <input type="button" value="Edit"/> <input type="button" value="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).

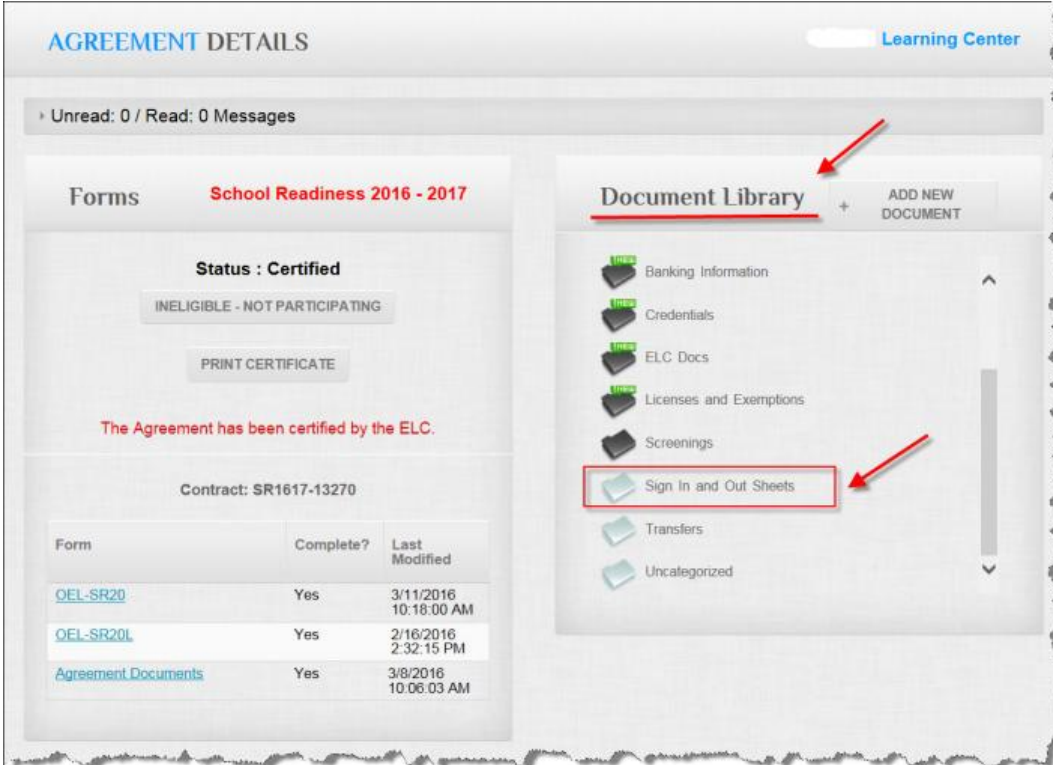
Additionally Rule 65C-22.001(10), F.A.C., *Child Care Standards General Requirements*, requires that daily attendance of children shall be taken and recorded by the child care facility personnel, documenting the time when each child enters and departs a child care facility or program. The custodial parent 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 notification: "Unread: 0 / Read: 0 Messages". The main content area 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 this, 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 side, there is a "Document Library" section with an "ADD NEW DOCUMENT" button. A red arrow points to the "Document Library" header. Below the header, there is a list of folders: "Banking Information", "Credentials", "ELC Docs", "Licenses and Exemptions", "Screenings", "Sign In and Out Sheets", "Transfers", and "Uncategorized". A red box highlights the "Sign In and Out Sheets" folder, and another red arrow points to it.

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: _____
Last First

Date of Birth: _____

****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 | | | |
| <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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= 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.

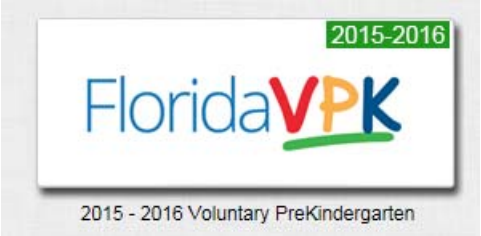
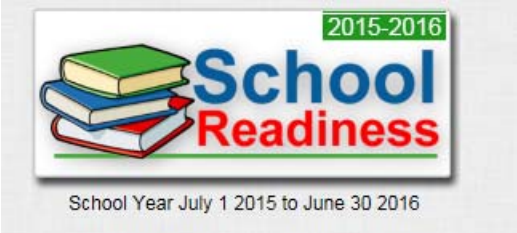
| | | | | |
|-------------------------------------|--|-------------|-----------|-----------------|
| 8. First Name of Parent or Guardian | | Middle Name | Last Name | Jr./Sr./III |
| 9. Signature of Parent or Guardian | | | | 10. Date signed |

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): \$ |
|---------------|---|

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:

Manual Attendance Roster

PROVIDER # (ID): _____
 PROVIDER NAME: _____
 ADDRESS: _____
 MAILING ADDRESS: _____
 PHONE #: _____



ATTENDANCE / CERTIFICATION ROSTER

FUNDING PROGRAM: _____
 FOR THE MONTH OF: _____

PROVIDER PAYMENTS DEPARTMENT
 2555 PONCE DE LEON BLVD., 5TH FLOOR
 CORAL GABLES, FL 33134
 (305) 646-7220
 FAX (786) 433-3237
 E-Mail: Payments@elcmdm.org

| NAME | CHILD ID | PARENT FEE | FUNDING SOURCE | AGE LEVEL | UNIT OF CARE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | DAYS ATTND | | | |
|------|----------|------------|----------------|-----------|--------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|------------|--|--|--|
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FOR EACH DAY, CODE AS FOLLOWS:
X = Present **E** = Excused absence (Days 1-3) **H** = Holiday **N** = Enrolled; but not reimbursable **T** = Terminated **D** = Disaster
A = Absence (Days 4-10; upon approval and requires supporting documentation and the Approval of Absenteeism Form).

ORIGINAL PROVIDER ATTENDANCE ROSTERS AND PARENTAL SIGNATURE SHEETS MUST BE RECEIVED BY THE COALITION ON THE THIRD (3RD) WORKING DAY OF THE FOLLOWING MONTH.

"By signing this document I, the owner ___ / designee ___ attests that the provider is:
 ___ A licensed child day care facility / provider, with a capacity of _____ or
 ___ Not a License provider, but authorized by the DFC licensing section to provide
 Services to the number of children for which we are seeking reimbursement.
 I understand that any misrepresentations on this form may be ground for prosecution."

Period From: _____ To: _____ Page: _____ of: _____
 I understand that it is my responsibility to collect all assessed Parent fees.
 Authorized Signature: _____

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 |

¿Preguntas?



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.

¿Preguntas?



ASQ, INCLUSION & WARM-LINE



2017 Provider Orientations

Servicios y apoyos de Inclusión

Warm-Line/Inclusion

- Preocupaciones acerca el desarrollo de todos los niños entre el nacimiento y la elegibilidad de Kindergarten
- Estrategias y apoyos para el aula y el currículo
- Asistencia con referidos y evaluaciones
- 786-433-3095

VPK-SIS- Non Traditional

- Elegibilidad para VPK
- Un Plan Individualizado de Educación vigente
- \$2,400 (Año académico)
- \$2,100 (verano)
- Terapias y terapeutas aprobados

Expulsión / Suspensión

¿Qué es la expulsión o la suspensión?

- Pedirle a un niño/a que no vuelva asistir su programa como consecuencia de mal comportamiento.
 - ▣ *No se debe incluir niños/as con discapacidades que se transfieren a un programa especializado.*
- Pedirle a un niño/a que suspenda su asistencia en su programa a corto plazo, largo plazo o permanente
- “Expulsión Suave” = Pedirle a un padre que voluntariamente termine la asistencia de su niño/niña en su programa

Requisitos de salud y seguridad para el programa de School Readiness

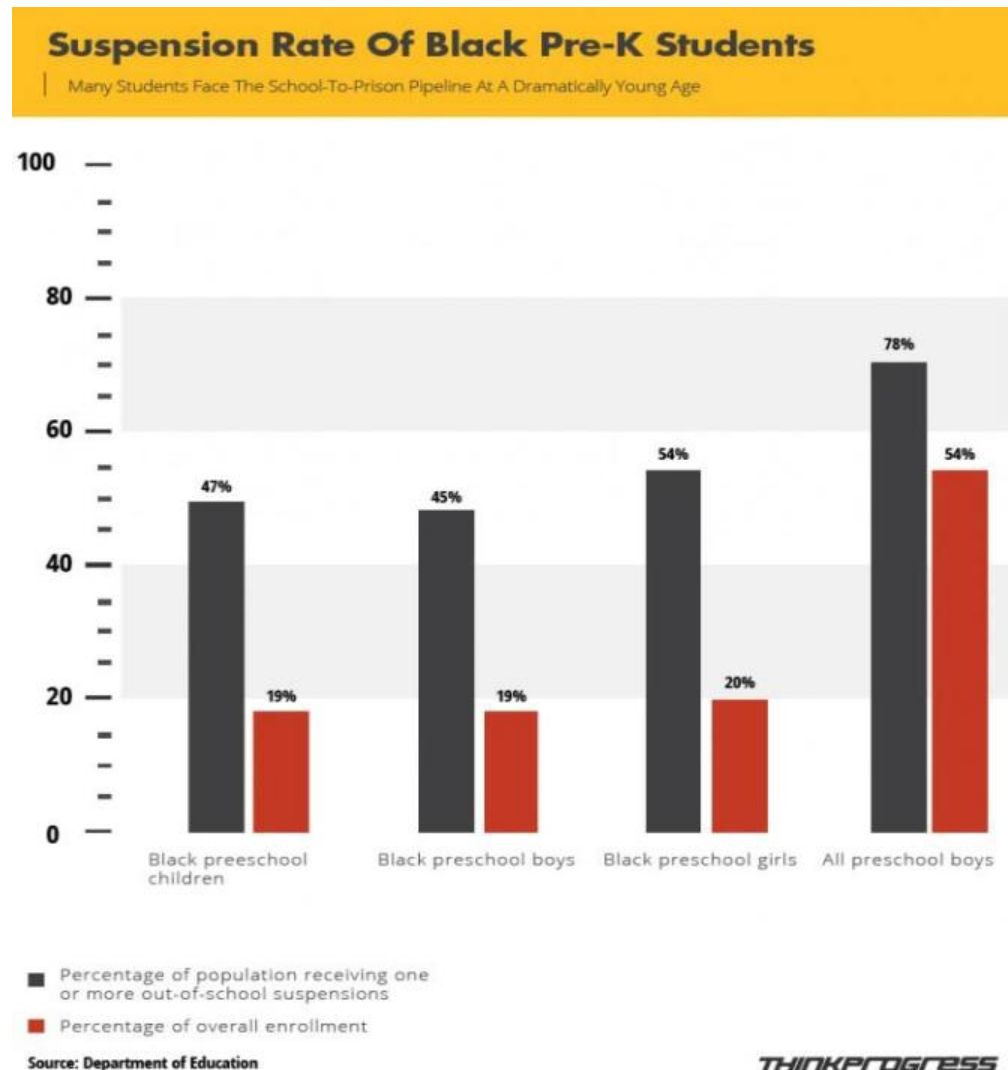
- Una copia de la póliza y procedimiento acerca de la disciplina y la expulsión debe de estar disponible para autoridad de inspección
- Prueba de que los padres/guardianes del niño/a han recibido una copia de la póliza y los procedimientos por escrito, a través de una firma en el expediente del niño/a.
- Todo empleado debe de cumplir con la póliza y el procedimiento de disciplina y expulsión.

¿Porque es importante hablar de la expulsión y la suspensión? Los Derechos Civiles y la Justicia Social

Departamento de Educación E.U. (2013-2014)

- Raza
 - ▣ Niños/as afro-descendientes, durante la edad preescolar son 3.6 veces más propensos a recibir una suspensión o expulsión que sus contemporáneos blancos.
 - ▣ El mismo patrón continúa en los niveles escolares de K-12.
- Discapacidad
 - ▣ Niños/as con discapacidades son 2 veces más propensos a recibir una suspensión o expulsión

□



Entrenamiento de Expulsión y Suspensión: ¿Que se incluye?

- Recibirá :
 - ▣ **Asistencia** de la Coalición a medida que elabora su *Póliza de Disciplina y Expulsión* adhiriéndose a las prácticas apropiadas para el desarrollo infantil.
 - ▣ **Recursos y estrategias** que le ayudaran a reducir o eliminar la expulsión y suspensión
 - ▣ La oportunidad de **dialogar** sobre la expulsión y suspensión el impacto a su comunidad

□ <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)

¿Cuándo debo completar un ASQ-3?

Inicial: Dentro de los 45 días de inscripción del niño en **School Readiness**

Anual: Vence durante el mes de nacimiento del niño cada año

Re-determinación: Dentro de los 45 días

¿Quien necesita un ASQ-3?




“Pero, no conozco este niño/niña”

“Ya no recibe la
beca de School
Readiness”

“Nunca
estuvo en
asistencia”

“Transfiero a
otro
Proveedor”

Como quitar a un niño/ niña de su lista de ASQ-3

 **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 |
|----------------|-----------|------|

- Documentos @ El Portal de Proveedor
 - ▣ Más de cinco (5) ausencias
 - ▣ Formulario 2225
 - ▣ transfers@elcmdm.org

Manténgase al día con sus ASQ-3



- La Coalición envía notificación de ASQ-3 pendientes o tardes a través de correo electrónico.
- Llamadas notificando proveedores de ASQ 's tardes.
- Carta Certificada a través de USPS con detalles de consecuencias financieras

Preguntas/Preocupaciones

- 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



¿Preguntas?

