

School Readiness Contract

2023-2024



Contract Process

Submit 23-24 profile

Contract Coordinator reviews profiles- Angelica.Zavala@elcofswfl.org

CC initiates contract after profile is active

Provider reviews contract and signs/submits it

Coalition reviews and certifies contracts

All SR contracts must be done by June 1, 2023



UAT DELTA ~ Provider

Manage Contracts

Show 10 entries

[Clear All Filters](#)

	Contract ID	Type of Contract	Contract Name	Coalition	Status	Last Updated	Action	View Contract	Effective Date	Termination Date	Program Year
	<input type="text" value="Filter"/>										
	95066	SR	OEL-SR 20	ELC of Southwest Florida	Initiated	4/4/2022			7/1/2022		2022 - 2023
	77958	SR	OEL-SR 20	ELC of Southwest Florida	Certified	5/19/2021			7/1/2021		2021 - 2022
	77957	VPK	OEL-VPK 20	ELC of Southwest Florida	Certified	5/14/2021			8/10/2021		2021 - 2022
	61485	SR	OEL-SR 20	ELC of Southwest Florida	Certified	4/29/2021			7/27/2020		2020 - 2021
	50857	VPK	OEL-VPK 20	ELC of Southwest Florida	Certified	6/21/2020			8/3/2020		2020 - 2021
	35621	VPK	OEL-VPK 20	ELC of Southwest Florida	Certified	5/29/2019			7/1/2019		2019 - 2020
	35619	SR	OEL-SR 20	ELC of Southwest Florida	Certified	4/29/2021			7/1/2019		2019 - 2020
	28560	VPK-APP	VPK 10,11A,11B	ELC of Southwest Florida	Certified	12/14/2021				8/16/2021	2021 - 2022
	18995	VPK-APP	VPK 10,11A,11B	ELC of Southwest Florida	Certified	4/22/2021				8/17/2020	2020 - 2021

Provider(s):

1: [Redacted]

II. PROVIDER ELIGIBILITY

II.8.a The Coalition participates in the Contracted Slots Program.

II.8.c The COALITION has determined the PROVIDER eligible to participate in the Contracted Slots Program.

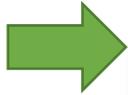


XI.NOTIFICATION

XI.83.b The representative for PROVIDER for the purposes of this Contract is * who can be contacted at or by email at

SIGNATURE AUTHORITY

Select all signature authority candidates that apply:



[Redacted signature authority list]

- Select all
- F [Redacted]

Please contact your early learning coalition for immediate assistance.
This site is best viewed with Microsoft Edge. Download the latest version of Microsoft Edge.
If you are using an Apple device (iPad, iPhone, Mac computer, MacBook), while we encourage Microsoft Edge, you may also download and use Google Chrome.

Exhibit 1

Provider Name:

PROVIDER ELIGIBILITY

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

Composite Program Assessment Score

PROVIDER RESPONSIBILITIES AND SCOPE OF WORK

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

*

PR agrees to conduct child assessments in accordance with Rule 6M-4.500(11), F.A.C. using the selected as the assessment tool.

◀ Previous Step

Next Step ▶

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Exhibit 1

Provider Name:

PROVIDER ELIGIBILITY

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

Composite Program Assessment Score

PROVIDER RESPONSIBILITIES AND SCOPE OF WORK

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

*

PROVIDER agrees to conduct child assessments in accordance with Rule 6M-4.500(11), F.A.C. using the selected as the assessment tool.

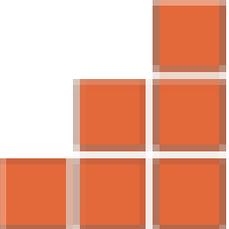
*
Select
COR Advantage
Galileo
TS Gold



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Next Step →

My Teaching Strategies™



Professional
Development



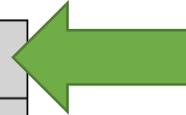
Child Assessment

- Teachers must pass the Interrater Reliability on Teaching Strategies GOLD by **August 1st** of the program year.
 - 75% of teachers must be reliable each month to remain in the program.
 - New employees have 45 days to achieve reliability.
- Providers must complete TSG Assessments on all School Readiness children enrolled in their program from Birth to 5, before Kindergarten, who have been enrolled at least 60 days before the Checkpoint, to receive the Extra 5% payment.
- Completion means all areas including Art, Social Studies, Science & Technology, as well as English Language Acquisition and Spanish Language & Literacy where needed.

Bronwyn.Gogia@elcofswfl.org

Exhibit 6: Holiday Schedule

Provider Name: <input type="text"/>		Edit
	Holiday	Date Observed
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		



 Paid Holidays for Multiple Sites



All sites use this holiday schedule?

Provider	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

Provider Name:

	Holiday	Date
1.	<input type="text" value="Holiday"/>	7/4/2022
2.	<input type="text" value="Holiday"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
11.	<input type="text"/>	<input type="text"/>
12.	<input type="text"/>	<input type="text"/>

- 7/4/2022
- 9/5/2022
- 11/24/2022
- 11/25/2022
- 12/23/2022
- 12/26/2022
- 12/27/2022
- 1/2/2023
- 2/20/2023
- 4/7/2023
- 4/10/2023
- 5/29/2023

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[Return for Edit](#)

[Preview Contract](#)



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

I. Preview Contract

XIV. EXECUTION OF 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.

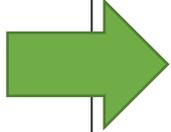
Signature of Authorized Coalition Representative

By Electronic Signature

Print Name

Title

Date





I. Preview Contract

XIV. EXECUTION OF CONTRACT

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

By Electronic Signature

Title

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

By Electronic Signature

Title

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Signature of Authorized Coalition Representative

By Electronic Signature

Title

Print Name

Date

Print Name

Date

Print Name

Date

Form OEL-SR 20 Electronic Signature

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

Signature Title for Form OEL-SR 20.

Title of Signator: *

Click "Yes" to confirm your electronic signature.

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

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

By signing this form I certify that:

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

Submit Contract	
* Full Name	<input type="text"/>
* Title	<input type="text"/>
* <input type="checkbox"/> Certified by electronic signature	
Contract sign date	<input type="text" value="4/4/2022"/>
<input type="submit" value="Submit"/>	

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Submit Contract	
* Full Name	<input type="text" value="Cheryl A Carpenter"/>
* Title	<input type="text" value="Director"/>
* <input checked="" type="checkbox"/> Certified by electronic signature	
Contract sign date	<input type="text" value="4/4/2022"/>
<input type="submit" value="Submit"/>	

Attendance

- Update attendance daily
 - If a child is absent Monday, mark day with an A
 - Do not wait to do them all at the end of the month
- BG1s must be marked daily
- Be sure profiles are correct as that is how listings are pulled for parents

Questions?

- Angelica.Zavala@elcofswfl.org Profile questions
- Brenda.Griffin@elcofswfl.org General information
- Cheryl.Carpenter@elcofswfl.org CLASS Information
- Bronwyn.Gogia@elcofswfl.org Teaching Strategies/ASQ