

Florida **V****P****K**

Ready for VPK 23-24!

Agenda

- VPK Assessment
- Completing the VPK Contract
- Completing the VPK App
- Questions



VPK Contract

After the coalition has initiated a VPK contract, the user will navigate to **Contracts > Manage Contracts** from the Provider Dashboard.



The manage contract page displays. Click the **Edit** button for the initiated OEL-VPK 20.

Manage Contracts

Show 10 entries Clear All Filters Search:

	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"/>										
<input type="checkbox"/>	75050	VPK	OEL-VPK 20		Initiated	4/27/2021	<input type="button" value="Edit"/>		7/1/2021		2021 - 2022
<input type="checkbox"/>	75220	SR	OEL-SR 20		Certified	4/27/2021	<input type="button" value="View"/>		3/8/2021		2020 - 2021



Provider(s):

1. [Redacted]

VII COMPENSATION AND FUNDING

VII.40.

**Advance Payment Option
School Year Program**

Select

Advance payment option for School Program is required.

Summer Program

Select

Advance payment option for Summer Program is required.

Selection applies to any site included in the contract

This advance payment election affects all sites on the contract. If you are a multiple-site provider and your selection does not apply to all sites on the contract, contact your coalition to remove those site(s) from the contract. A separate contract will need to be executed for the provider site(s) that are removed from this contract.

← Previous Step

Next Step →

School Year Program

Select

Select

PROVIDER elects to receive monthly advance payments for the school year program.
PROVIDER elects not to receive monthly advance payments for the school year program.
PROVIDER does not intend to offer the school year program.

Summer Program

Select

Select

PROVIDER elects to receive monthly advance payments for the summer program.
PROVIDER elects not to receive monthly advance payments for the summer program.
PROVIDER does not intend to offer the summer program.



Exhibit 1: Provider Location List Attachment

After clicking the **Next Step** button, the following displays. Select the School Year and/or Summer checkbox if the session is offered. Click **Next Step** to continue.

Voluntary Prekindergarten (VPK) Contract Preview Contract

Exhibit 1 : Provider Location List Attachment

Location Number	Location Legal Name	Doing Business As	Physical Address	Employer ID Number(EIN)	School Year	Summer	Official Use Only
					<input type="checkbox"/>	<input type="checkbox"/>	

← Previous Step Next Step →



Contract Execution

To electronically sign the contract, click the **By Electronic Signature** checkbox.

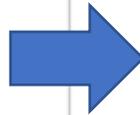
NOTE FOR PUBLIC SCHOOLS: If a school board or school district needs to manually sign a contract, it can be downloaded as a .pdf and printed.

 STATE OF FLORIDA
STATEWIDE VOLUNTARY PREKINDERGARTEN PROVIDER CONTRACT
FORM OEL-VPK 20

L Preview Contract

XV. EXECUTION OF CONTRACT

Signature of President/Vice President/Secretary/Officer/Owner/Principal/ 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
_____	_____
Provider's Additional Signatory (If required by the Provider)	Print Name
<input type="checkbox"/> By Electronic Signature	
_____	_____
Title	Date
_____	_____
COALITION has caused this Contract to be executed as of the date set forth in Paragraph 1.	
Signature of Authorized Coalition Representative	Print Name
<input type="checkbox"/> By Electronic Signature	
_____	_____
Title	Date
_____	_____



After clicking the **Yes** button, the electronic signature of the signatory, printed name, title, and the date/time will populate, highlighted in yellow. Click **Next Step** to continue.

NOTE: The electronic signature and printed name of the user is based on the user who is logged on to the portal. Please ensure that the proper user is logged on to electronically sign the contract. If the incorrect name is used for the electronic signature, the checkbox can be un-checked.

Form OEL-VPK 20 Electronic Signature ×

You are about to remove your signature from the Form OEL-VPK 20.

Click "Yes" to continue.



Yes Cancel





STATE OF FLORIDA
STATEWIDE VOLUNTARY PREKINDERGARTEN PROVIDER CONTRACT
FORM OEL-VPK 20

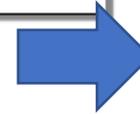
I.

Preview Contract

xv. EXECUTION OF CONTRACT

<hr/> <i>(Electronic Signature)</i>	<hr/>
Signature of President/Vice President/Secretary/Officer/Owner/Principal/Other Authorized Representative	Print Name
<input checked="" type="checkbox"/> By Electronic Signature	
<hr/> Owner	<hr/> 4/6/2020 1:10:09 PM
Title	Date
<hr/> Provider's Additional Signatory (If required by the Provider)	<hr/> Print Name
<input type="checkbox"/> By Electronic Signature	
<hr/> Title	<hr/> Date
<hr/> Provider's Additional Signatory (If required by the Provider)	<hr/> Print Name
<input type="checkbox"/> By Electronic Signature	
<hr/> Title	<hr/> Date
COALITION has caused this Contract to be executed as of the date set forth in Paragraph 1.	
<hr/> Signature of Authorized Coalition Representative	<hr/> Print Name
<input type="checkbox"/> By Electronic Signature	
<hr/> Title	<hr/> Date

← Previous Step



Contract Certification

After clicking the **Next Step** button, the following will display. Enter the full name of the user who is logged on, title, and click the **Certified by electronic signature** checkbox. Click **Submit**.

VPK Contract Certification

In accordance with ss. 1002.55(3)(i), 1002.61(3)(b), and 1002.63(3)(b), 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 VPK Program, which include 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 XI.

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 Voluntary Prekindergarten (VPK) 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	4/6/2020
<input type="button" value="Submit"/>	



After clicking the **Submit** button, the following message will display and an email will be sent by **DONOTREPLY@OEL.myflorida.com**.

🔔 You Have Successfully Completed, Signed, Certified and Submitted your Statewide VPK Provider Contract!

Your early learning coalition will review and process your contract.

You may not offer VPK services until you have received notification that your contract has been approved and fully executed by your coalition.

Please check your email for important information regarding your contract.

You can click on the button below to return to your home page.

← Return to home page



Questions?



VPK-APP

The VPK-APP replaces forms OEL-VPK 10 (Provider Application), OEL-VPK 11A (Class Registration – Instructors), and OEL-VPK 11B (Class Registration – Calendars). The tabs must be done in order of appearance (Attendance Policy, then VPK Director, etc.); the answers in one tab populate information in the next tab.

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



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

Manage contracts for Jimini & the Monitor 1 total records

Show 10 entries ▾

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

Manage contracts for Jimini & the Monitor 1 total records

Show 10 entries ▾

Contract ID	Type of Contract	Contract Name	Coalition	Status	Last Updated	Action	View Contract	Start Date	End Date	Termination Date
44	VPK-APP	VPK 10,11A,11B	ELC of North Florida/Episcopal Children's Services	Initiated	4/20/2017			7/1/2017		

Children's Services

Action	View Contract	Start Date	End Date	Termination Date
		7/1/2017		



Step 1 – Attendance Policy

The Attendance Policy tab allows the Provider Portal user to upload the provider Attendance Policy. The document that is to be distributed to parents must be uploaded by clicking the **Browse** button, finding the document in the electronic files and clicking the **Upload** button.

Jim's House of Canes & Gators (and Notes) 2017 - 2018 (Incomplete) ▾

Attendance Policy 📄 VPK Director ★ VPK Instructors 👤 VPK Calendars 📅 VPK Class(es) 🏫 Review ☰ Certify and Submit 📌

Attendance Policy Submission

A VPK Provider must

- ✓ Adopt an attendance policy that aligns with VPK rules and statutes and requires parents to verify the child's attendance each month on forms required by Rule 6M-8.305, F.A.C.
- ✓ Provide a copy of its attendance policy to the early learning coalition before executing a contract by uploading to the portal (below)
- ✓ Provide a copy of this policy to parents of each VPK child admitted into the provider's VPK program (at the time of enrollment)
- ✓ Not amend its attendance policy for its VPK program duration of the VPK contract

Please Note

Section 1002.71, F.S., states a private prekindergarten provider or public school may not require payment of a fee or charge for services provided for a child enrolled in VPK during a period reported for funding purposes; or require a child to enroll for, or require the payment of any fee or charge for, supplemental services as a condition of admitting a child for enrollment in the VPK program.

Attendance Policy File(s):

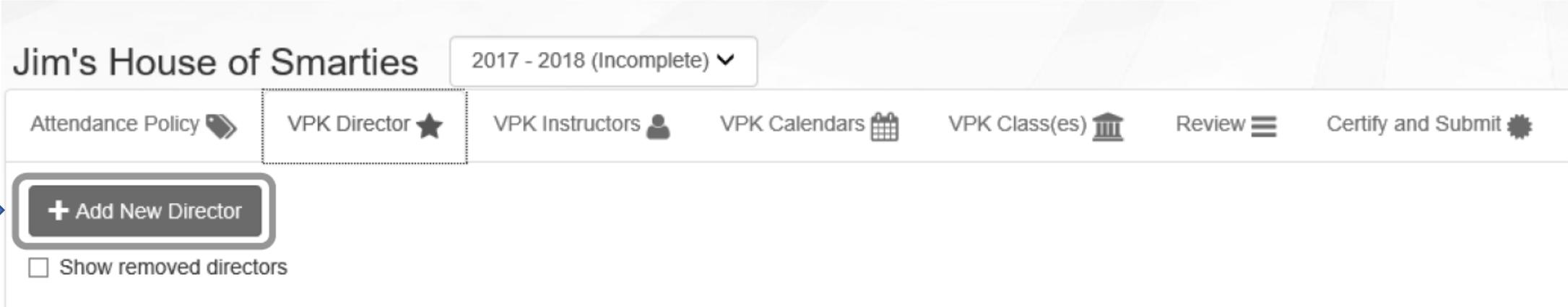
Browse... Choose VPK Attendance Policy file by clicking Browse button **Upload**

File Name	Uploaded On	Size
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Step 2 – VPK Director

The VPK Director tab allows the Provider Portal user to add information and upload documents for the primary VPK Director that will be listed on the OEL-VPK 10. Click the **Add New Director** button to begin.



The screenshot shows a user interface for managing VPK directors. At the top, the name "Jim's House of Smarties" is displayed next to a dropdown menu showing "2017 - 2018 (Incomplete)". Below this is a navigation bar with several tabs: "Attendance Policy" (with a tag icon), "VPK Director" (with a star icon and a dotted border), "VPK Instructors" (with a person icon), "VPK Calendars" (with a calendar icon), "VPK Class(es)" (with a building icon), "Review" (with a list icon), and "Certify and Submit" (with a gear icon). A blue arrow points to a button labeled "+ Add New Director" which is highlighted with a rounded rectangle. Below the button is a checkbox labeled "Show removed directors".

Click the **Save** button after all information is entered for the director.



VPK Director
Name:

Telephone
Number:

Email:

Credential Type:

Credential
Certificate
Number:

Credential Issue
Date:

Credential
Expiration Date:

NOTE: The Credential Type, Credential Certificate Number, Credential Issue Date, and Credential Expiration Date will not appear for public schools.



Requirements for VPK Directors

- ALL VPK Directors must take the required classes to achieve an endorsement before App will be certified
- Implementing the Florida Standards in Preschool Classrooms: 3 Years old to Kindergarten
- Emergent Literacy for VPK Instructors
- Mathematical Thinking for Early Learners
- Language and Vocabulary in the VPK Classroom
- VPK Director Credential Course



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

Jim's House of Smarties 2017 - 2018 (Incomplete) ▾

Attendance Policy 📄 VPK Director ★ VPK Instructors 👤 VPK Calendars 📅 VPK Class(es) 🏫 Review ☰ Certify and Submit ⚙

+ Add New Director

Show removed directors

★ Jim Ledbetter [Edit](#) [Remove](#)

Telephone Number:	5555555555
Email:	ledbetter.kiwanis+10@gmail.com
Credential Type:	VPK Director Credential
Credential Certificate Number:	11111111
Credential Issue Date:	12/01/2017
Credential Expiration Date:	12/03/2018

Supporting Documents: [Edit](#)

File Name	Document Type	Issued On	Expires On	Uploaded On	Size
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The Provider Portal user will select the document type, browse to select a file, enter the document issue or expiration date (if applicable), and click **Upload**. Then, click **Save**. At least one document should be uploaded.

Jim's House of Smarties 2017 - 2018 (incomplete) ▾

Attendance Policy 📄 VPK Director ★ VPK Instructors 👤 VPK Calendars 📅 VPK Class(es) 🏛️ Review ☰ Certify and Submit ⚙️

VPK Director Name: ×

Telephone Number:

Email:

Credential Type: ▾

Credential Certificate Number:

Credential Issue Date: 📅

Credential Expiration Date: 📅

Document Type:

- Background Screening ⓘ
- Affidavit of Good Moral Character ⓘ
- Credential ⓘ
- Additional Documentation

Choose Files: Choose documents by clicking Browse button

Document Issued Date: 📅

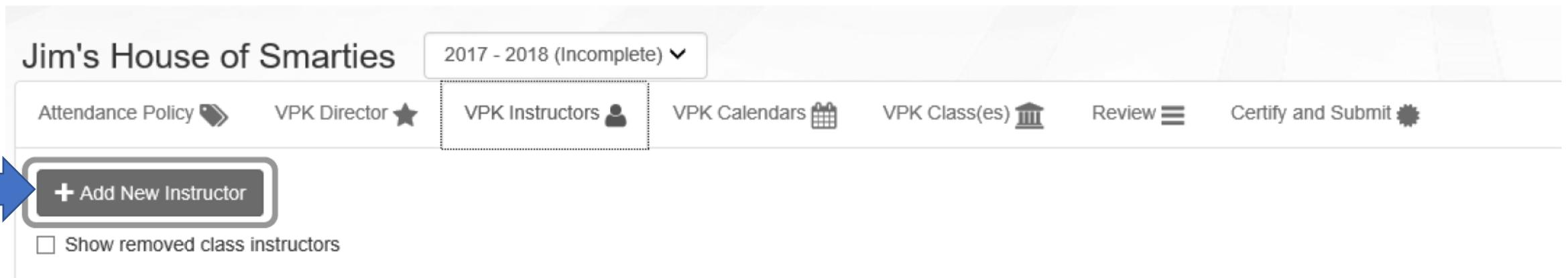
Document Expiration Date: 📅

File Name	Document Type	Issued On	Expires On	Uploaded On	Size
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Step 3 – VPK Instructors

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



Jim's House of Smarties 2017 - 2018 (Incomplete) ▾

Attendance Policy VPK Director VPK Instructors VPK Calendars VPK Class(es) Review Certify and Submit

+ Add New Instructor

Show removed class instructors



Click the **Save** button after all information is entered for each instructor.

Jim's House of Smarties 2017 - 2018 (Incomplete) ▼

Attendance Policy 📄 VPK Director ★ VPK Instructors 👤 VPK Calendars 📅 VPK Class(es) 🏛️ Review ☰ Certify and Submit ⚙️

Legal Name:

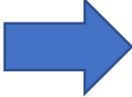
SSN: ⓘ

Degree: ▼

Type: ▼

Credential: ▼

Certified teacher





Requirements for Lead VPK Teachers

- 15 hours of emergent literacy training- **Transcript must say YES**

<u>EMERGENT LITERACY REQUIREMENT</u>	<u>Effective Date</u>	<u>Expiration Date</u>
VPK Instructor Emergent Literacy Course Requirement has been completed. Yes	04/13/2022	04/13/2027

- Implementing the Florida Standards in Preschool Classrooms; 3 Years Old to Kindergarten
- Must be uploaded to the VPK Instructors tab before app will be certified
- If lead does not have the emergent literacy requirements completed, cannot be assigned to a VPK classroom as a lead



Background Screening- All Staff

- Expires every 5 years
- Must have teacher's legal name
 - If name differs on other documents proof of name change must be uploaded
- Items below must be marked Eligible
 - DCF General
 - DCF Child Care
 - DCF Substance Abuse

Retained Prints Expiration Date: 11/21/2023

Clearinghouse Screening Available?: Yes

Department of Children and Families Eligibility

The Department has reviewed child welfare records for the State of Florida.
This search was conducted in Florida's Automated Child Welfare Information System (SACWIS).

✓ There is no record of the applicant being listed as the caregiver responsible for a verified finding of abuse, abandonment or neglect of a child.

The individual may request additional information pursuant to s.39.202, Florida Statutes.

Item	Status	Eligibility Determination Date
DCF General	Eligible	10/25/2019
DCF Child Care	Eligible	10/25/2019
DCF Substance Abuse - Adult Only	Eligible	10/25/2019



Good Moral Character- All Staff



CHILD CARE ATTESTATION OF GOOD MORAL CHARACTER

State of Florida

County of **COUNTY**

Teacher Name **Center DBA** who, as an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with **Center DBA**, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by Chapter 435 Florida Statutes in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

- Relating to:
- Section 393.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
 - Section 394.4593 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
 - Section 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
 - Section 741.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction

- Section 985.701 sexual misconduct in juvenile justice programs
- Section 985.711 contraband introduced into detention facilities

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at **Center DBA** in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within 3 business days of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE : _____ Date: _____

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE: _____ Date: _____



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



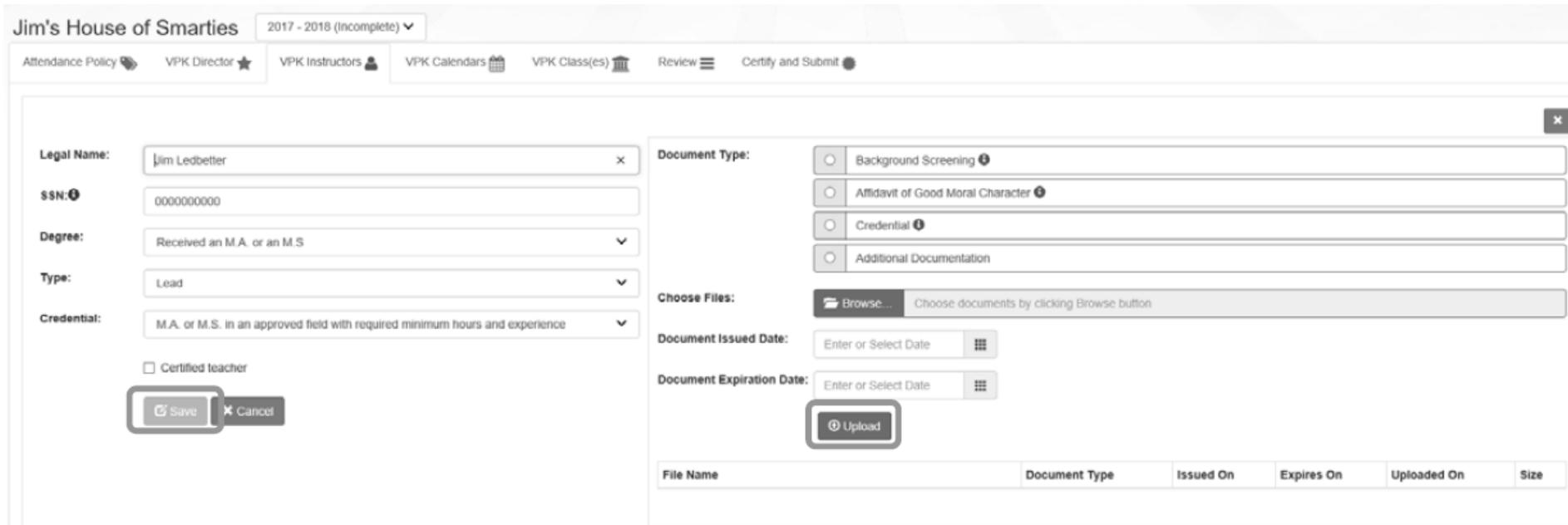
Jim Ledbetter [Edit] [Remove]

Supporting Documents [Edit]

File Name	Document Type	Issued On	Expires On	Uploaded On	Size
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SSN: 0000000000
Degree: Received an M.A. or an M.S.
Type: Lead
Credential: M.A. or M.S. in an approved field with required minimum hours and experience
Certified Teacher? No

The Provider Portal user will select the document type, browse to select a file, enter the document issue or expiration date (if applicable), and click **Upload**. Then, click **Save**. At least one document should be uploaded.



Jim's House of Smarties 2017 - 2018 (Incomplete)

Attendance Policy VPK Director VPK Instructors VPK Calendars VPK Class(es) Review Certify and Submit

Legal Name: Jim Ledbetter

SSN: 0000000000

Degree: Received an M.A. or an M.S.

Type: Lead

Credential: M.A. or M.S. in an approved field with required minimum hours and experience

Certified teacher

[Save] [Cancel]

Document Type:

- Background Screening
- Affidavit of Good Moral Character
- Credential
- Additional Documentation

Choose Files: [Browse...] Choose documents by clicking Browse button

Document Issued Date: [Enter or Select Date]

Document Expiration Date: [Enter or Select Date]

[Upload]

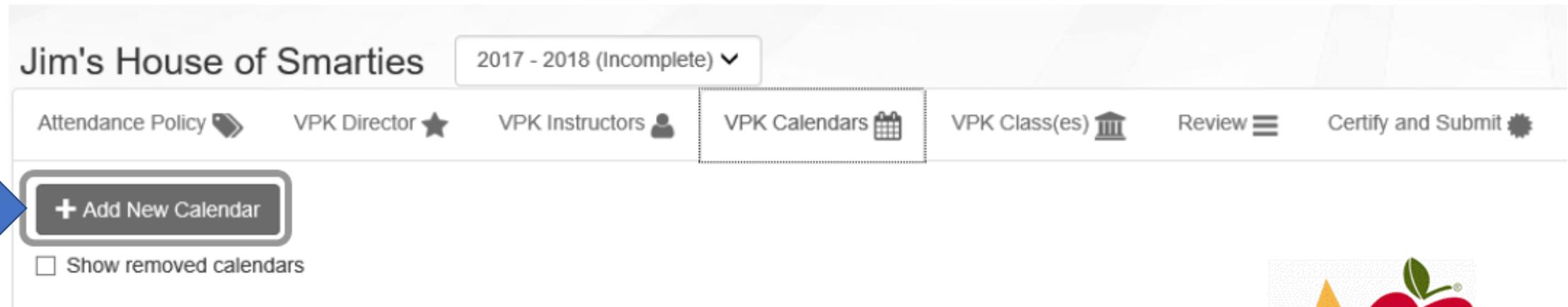
File Name	Document Type	Issued On	Expires On	Uploaded On	Size
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NOTE: If a VPK Instructor achieves new certifications and moves from a sub to an aide, create a new record for that Instructor. If the Instructor Type is only changed from sub to aide, the maximum class size will not increase to 20 in a class that already has a Lead Instructor.



Step 4 – VPK Calendars

The VPK Calendars tab allows the Provider Portal user to provide information regarding each unique class calendar which will be offered at the VPK site. If classes are offered at identical times on identical dates, they utilize the same class calendar (e.g., all classes are scheduled from 8:00am to 11:00am, Monday through Friday, starting on January 11). If classes are not offered at identical times on identical dates, they utilize unique class calendars which must be created separately. Click the **Add New Calendar** button to begin.



The screenshot shows the user interface for 'Jim's House of Smarties' in the 2017-2018 (Incomplete) session. The 'VPK Calendars' tab is selected and highlighted with a dotted border. Below the navigation bar, there is a button labeled '+ Add New Calendar' which is highlighted with a blue arrow and a rounded rectangle. Below this button is a checkbox labeled 'Show removed calendars' which is currently unchecked.



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

The Calendar Name is an optional field. It may be used for a short nickname such as "Fall AM."

The program type selection of School-Year (540 hours) or Summer (300 hours) is required. The program selected will determine the valid calendar date range. The Calendar Start Date and Calendar End Date must be within the valid calendar date range. The Calendar Start Date and Calendar End Dates should reflect the first day VPK instruction will be delivered and the final day VPK instruction will be delivered.

Next, the instructional days, start time and end time must be added by checking the box by the days of the week that VPK instruction will be delivered and entering the times of VPK instruction for the days of the week that VPK instruction will be delivered.

Attendance Policy VPK Director VPK Instructors VPK Calendars VPK Class(es) Review Certify and Submit

Calendar ID: A

Calendar Name: Enter Calendar Name

Program Type: Select Program Type

Calendar Start Date: Enter Start Date Calendar End Date: Enter End Date

Please select a program (Summer or School Year) type to enable data select.

Instructional Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Click a date to modify instructional hours. Multiple days may be selected by clicking and dragging days.

February 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	31	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	1	2	3

Valid instructional day entries should be made

Total Calculated Hours: 0:00

The Total Calculated Hours are less than the hours allotted for the VPK Program Type selected. Please correct if needed.

Total VPK Instructional Days: 0

Save Cancel



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

Calendar Start Date: 08/21/2017 Calendar End Date: 05/18/2018

Instructional Days:

Day	Start Time	End Time
<input checked="" type="checkbox"/> Monday	08:00 AM	11:00 AM
<input checked="" type="checkbox"/> Tuesday	08:00 AM	11:00 AM
<input checked="" type="checkbox"/> Wednesday	08:00 AM	11:00 AM
<input checked="" type="checkbox"/> Thursday	08:00 AM	11:00 AM
<input checked="" type="checkbox"/> Friday	08:00 AM	11:00 AM
<input type="checkbox"/> Saturday		
<input type="checkbox"/> Sunday		

Click a date to modify instructional hours. Multiple days may be selected by clicking and dragging days.

February 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	31	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	1	2	3

Total Calculated Hours: 585.00

The Total Calculated Hours are greater than the hours allotted for the VPK Program Type selected. Please correct.

Total VPK Instructional Days: 195

+ Save X Cancel

Hours

Days

Providers are to use the calendar to note any non-instructional days on which VPK instruction will not be delivered (such as vacations or holidays) and exceptions to normal instructional days that occur during the defined calendar start and end date. Entering Non-Instructional Days and Instructional Day Exceptions can increase or decrease the Total Calculated Hours.



For example, if the Total Calculated Hours exceed 300 hours for the summer program type or 540 hours for the school-year program type (as shown in the example above), the user may remove a day (or more) by labeling it a Non-Instructional Day. Each Non-Instructional Day entered will deduct the hours assigned to that day, thereby decreasing the Total Calculated Hours. Instructional Day Exceptions can be used to change the hours assigned to that day (to increase or decrease the hours). For example, if the calendar is a few hours short, an instructional day's hours may be extended to increase the Total Calculated Hours. To add a Non-Instructional Day or an Instructional Day Exception to the calendar, click on that date on the calendar. Multiple days can be selected by clicking and dragging across multiple days on the calendar.

Calendar Start Date:

Calendar End Date:

Instructional Days: Monday 08:00 AM - 11:00 AM

Tuesday 08:00 AM - 11:00 AM

Wednesday 08:00 AM - 11:00 AM

Thursday 08:00 AM - 11:00 AM

Friday 08:00 AM - 11:00 AM

Saturday

Sunday

Click a date to modify instructional hours. Multiple days may be selected by clicking and dragging days.

< December 2017 >

Sun	Mon	Tue	Wed	Thu	Fri	Sat
25	27	28	29	30	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
31						

Total Calculated Hours: 585.00

The Total Calculated Hours are greater than the hours allotted for the VPK Program Type selected. Please correct.

Total VPK Instructional Days: 195



After clicking on a date, a pop-up message will appear. The Provider Portal user must select the Event Type and enter a short description. When an Instructional Day Exception is selected, the user must also enter the time range for the day.

Modify VPK Instructional Day ×

Event Type: ⓘ
Non-Instructional Day
Instructional Day Exception

Description:

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



When the Total Calculated Hours match the hours for the VPK program type, the user will click the **Save** button.

Jim's House of Smarties 2017 - 2018 (Incomplete)

Attendance Policy VPK Director VPK Instructors VPK Calendars VPK Class(es) Review Certify and Submit

Calendar ID: A

Calendar Name: Enter Calendar Name

Program Type: Select Program Type

Calendar Start Date: Enter Start Date Calendar End Date: Enter End Date
Start date and end date should be in a valid range for the Program Type selected.

Instructional Days:

Day	Start Time	End Time
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		
<input type="checkbox"/> Saturday		
<input type="checkbox"/> Sunday		

Click a date to modify instructional hours. Multiple days may be selected by clicking and dragging days.

December 2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	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
31	1	2	3	4	5	6

Valid instructional day entries should be made

Total Calculated Hours: 0.00

The Total Calculated Hours are less than the hours allotted for the VPK Program Type selected. Please correct if needed.

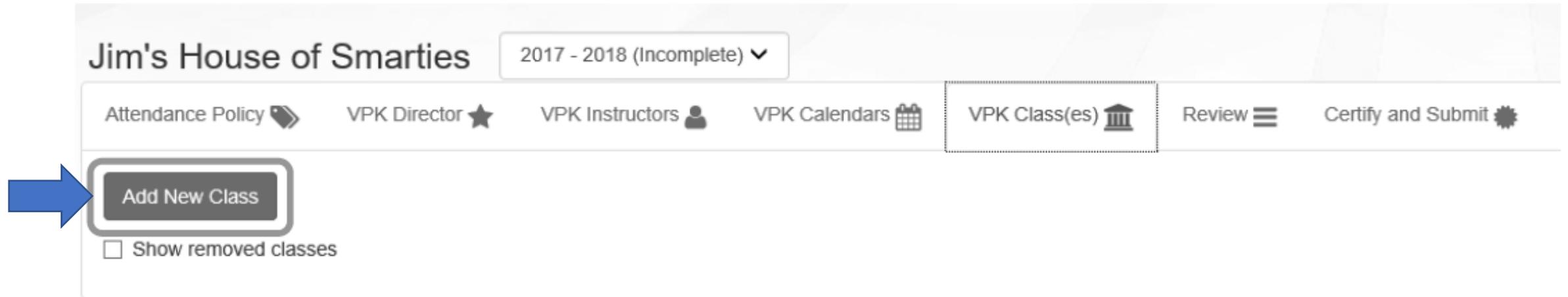
Total VPK Instructional Days: 0

Save **Cancel**



Step 5 – VPK Class(es)

The VPK Class(es) tab allows the Provider Portal user to build VPK classes and assign instructor(s) to them. Click the **Add New Class** button to begin.



Jim's House of Smarties 2017 - 2018 (Incomplete) ▼

Attendance Policy VPK Director VPK Instructors VPK Calendars VPK Class(es) Review Certify and Submit

Add New Class

Show removed classes



The Class ID will automatically populate after the Class Calendar is selected. The Class ID is created using a sequential letter beginning with A. In the second space, either an "F" for school-year (fall) or "S" for summer will appear. The F and S is derived from the calendar's program type. The last two digits represent the last two numbers of the program year. Each additional class will receive a sequential Class ID.

The Class Name is an optional field. It may be used for a short nickname such as "Blue Room."

The Main Curriculum drop down is populated with selections made from the provider's profile.

The Class Start Date and Class End Date are populated with the Calendar Start Date and End Date.

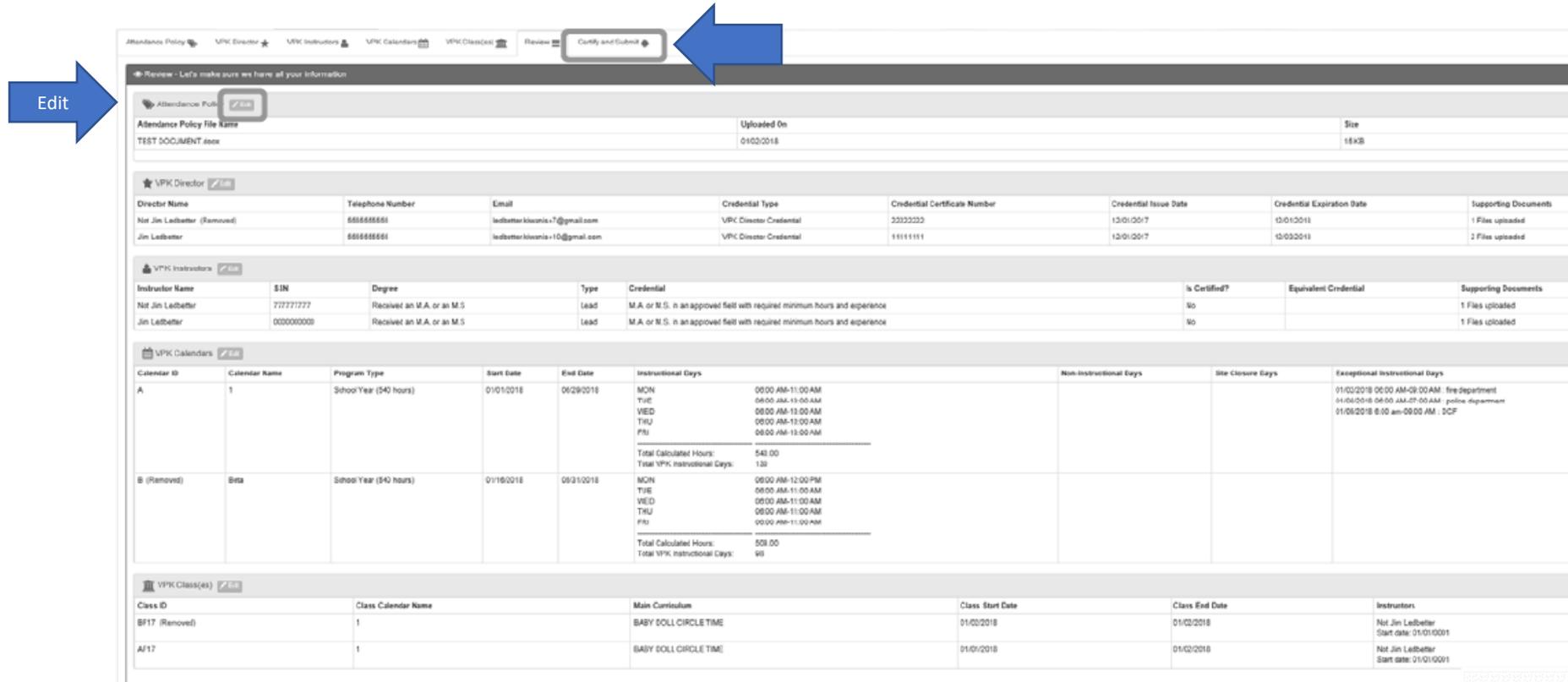
The Instructors are populated with individuals from the VPK Instructors tab. Check the checkbox in front of the instructor to add them to the class, then enter the Instruction Start Date. If the class has not started, the Instruction Start Date defaults to the Class Start Date. For each class, one Lead Instructor must be selected. Click the **Save** button after all information is entered for each class.

Class ID:	<input type="text" value="CF17"/>
Class Name:	<input type="text" value="Enter Class Name"/>
Class Calendar:	<input type="text" value="A - 1"/>
Main Curriculum:	<input type="text" value="BABY DOLL CIRCLE TIME"/>
Class Start Date:	<input type="text" value="01/01/2018"/>
Class End Date:	<input type="text" value="06/29/2018"/>
Instructors:	<input checked="" type="checkbox"/> Jim Ledbetter (Received an M.A. or an M.S, Lead, M.A. or M.S. in an approved field with required minimum hours and experience)
	Instruction Start Date: <input type="text" value="01/01/2018"/>
	<input type="checkbox"/> Not Jim Ledbetter (Received an M.A. or an M.S, Lead, M.A. or M.S. in an approved field with required minimum hours and experience)



Step 6 – Review

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



The screenshot shows the 'Review' page in the Provider Portal. The navigation bar at the top includes 'Attendance Policy', 'VPK Director', 'VPK Instructors', 'VPK Calendars', 'VPK Classes', 'Review', and 'Certify and Submit'. A blue arrow points to the 'Certify and Submit' button. Below the navigation bar, the page title is 'Review - Let's make sure we have all your information'. The main content area is divided into several sections, each with an 'Edit' button:

- Attendance Policy:** A table with columns for 'Attendance Policy File Name' and 'Uploaded On'. One entry is 'TEST DOCUMENT.docx' uploaded on '01/02/2018'. An 'Edit' button is next to the file name.
- VPK Director:** A table with columns for 'Director Name', 'Telephone Number', 'Email', 'Credential Type', 'Credential Certificate Number', 'Credential Issue Date', 'Credential Expiration Date', and 'Supporting Documents'. Two entries are listed for 'Not Jim LeBelter' and 'Jim LeBelter'.
- VPK Instructors:** A table with columns for 'Instructor Name', 'SIN', 'Degree', 'Type', 'Credential', 'Is Certified?', 'Equivalent Credential', and 'Supporting Documents'. Two entries are listed for 'Not Jim LeBelter' and 'Jim LeBelter'.
- VPK Calendars:** A table with columns for 'Calendar ID', 'Calendar Name', 'Program Type', 'Start Date', 'End Date', 'Instructional Days', 'Non-Instructional Days', 'Site Closure Days', and 'Exceptional Instructional Days'. Two entries are listed: 'A' and 'B (Removed)'.
- VPK Class(es):** A table with columns for 'Class ID', 'Class Calendar Name', 'Main Curriculum', 'Class Start Date', 'Class End Date', and 'Instructors'. Two entries are listed: 'BF17 (Removed)' and 'AF17'.

A blue arrow points to the 'Edit' button in the 'Attendance Policy' section.

Step 7 – Certify and Submit

To submit the VPK-APP, the Signer's Name must exactly match the name entered in the Provider Profile, the Provider Portal user must fill in the phone number, check the "Check box to certify by electronic signature" check box and click the **Submit VPK Provider Application** button.

● Certify and Submit

By signing this form I certify that:

- To the best of my knowledge and belief, the information provided is true and correct.
- If any information changes, I (PROVIDER) will notify the COALITION within 14 days of the change.
- I understand that if changes implemented prior to receipt of COALITION approval may result in noncompliance with VPK requirements.
- Each VPK instructor listed has submitted an attestation of good moral character, has provided documentation to be maintained in the files of the PROVIDER/DISTRICT and the COALITION documenting that the individual has undergone a Level 2 background screening within the previous five (5) years in accordance with section 405.04, F.S., which demonstrates that the individual is not ineligible to act as a VPK instructor, and is not ineligible to teach in a public school because the instructor's educator certificate has been suspended or revoked.
- Each credentialed VPK instructor listed has the credentials required for the VPK program.
- I understand that my information will be shared with the Department of Children and Families, Office of Child Care Regulation, for inclusion in the CARES system.

Provider Signature

1 → Signer's Name*
FirstName LastName

2 → Day Time Phone Number*
Phone Number

3 → Electronic Signature *
 Check this box to certify by electronic signature

Application Completion Date *
06/27/2017

Submit VPK Provider Application



 You Have Successfully Completed and Submitted your VPK Provider Application!

Congratulations, you have successfully submitted your VPK Provider application.
Your early learning coalition will process your application.
Please check your email for important information about your application.

From here you can:

[Return to dashboard](#)

[Log off](#)



Questions?

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