

VPK

2021-2022 Contract



Contract Process

- 2021-2022 Provider Profile Created
- Specialist reviews and sets to Active
- Contracts released from OEL
- Specialist initiates contracts for Active profiles
- Provider reviews and certifies
- Coalition reviews and certifies



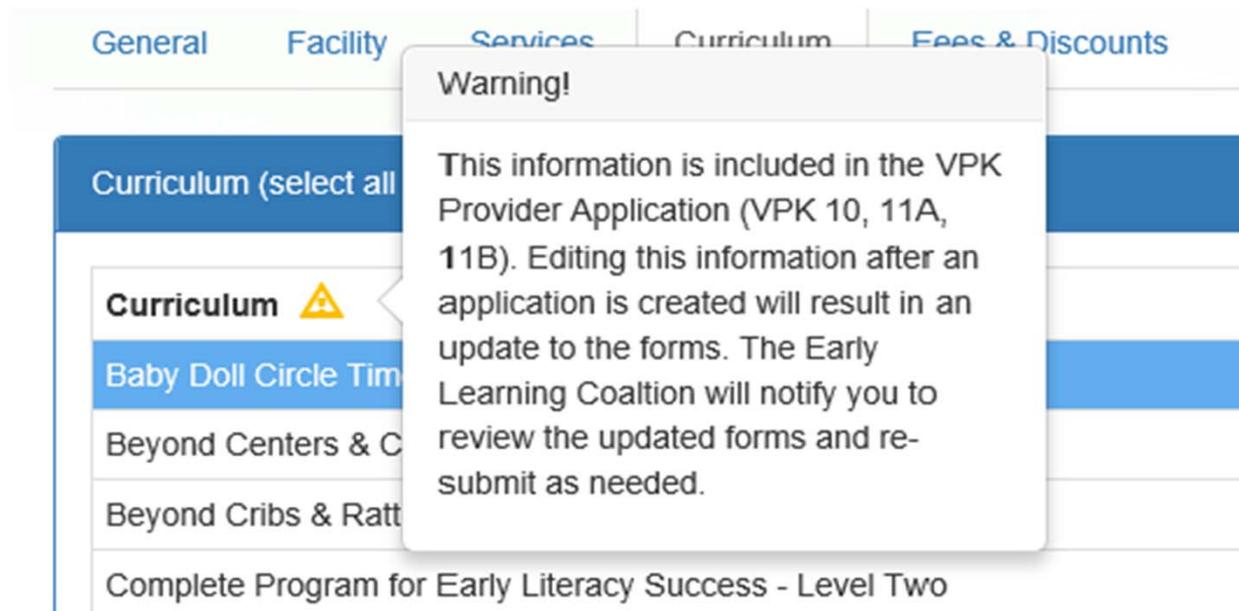
Provider Profile 2021-2022



Yellow Warning Symbols

Yellow warning symbols will appear on certain fields on the following tabs: General, Facility, Services, Curriculum, Staffing & Capacity, and Documents.

If the Provider Portal user hovers over the yellow warning symbol, the following message will display.



The screenshot shows a navigation menu with tabs: General, Facility, Services, Curriculum, and Fees & Discounts. The Curriculum tab is active, showing a list of items. A yellow warning triangle is next to the 'Curriculum' header. A tooltip is displayed over the warning triangle, containing the following text:

Warning!

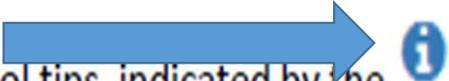
This information is included in the VPK Provider Application (VPK 10, 11A, 11B). Editing this information after an application is created will result in an update to the forms. The Early Learning Coalition will notify you to review the updated forms and re-submit as needed.

The list of curriculum items includes: Curriculum (select all), Baby Doll Circle Tim, Beyond Centers & C, Beyond Cribs & Ratt, and Complete Program for Early Literacy Success - Level Two.

If a change is made, the coalition will review the change and change the profile status to **Incomplete** to allow the Provider Portal user to re-submit the VPK-APP. The user will receive the following email from **DONOTREPLY@OEL.myflorida.com**.

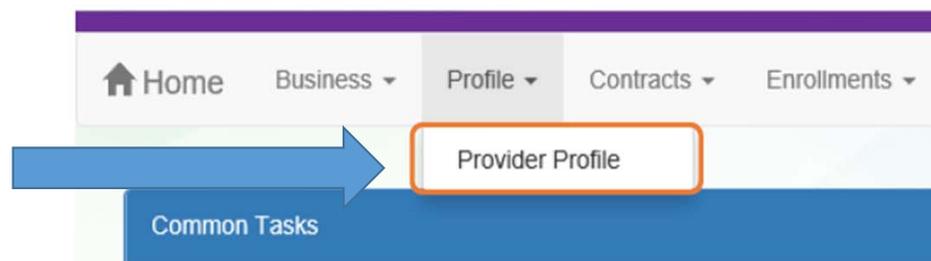
Profile

A Provider Portal user must fill out all information in each tab, and click the **Next** button to continue filling out the provider profile information. Click the **Back** button to return to the previous tab.

Tool tips, indicated by the  symbol, are available to provide useful information to Provider Portal users about specific terms in the Provider Profile. Click the  to see the message.

To complete the Provider Profile, click the **Profile** dropdown menu from the Provider Dashboard.

Then, click **Provider Profile**.





2020 - 2021 Program Year [+ Create 2021](#)

Current Status: Active

Request Assistance

[General](#) [Facility](#) [Services](#) [Curriculum](#) [Fees & Discounts](#) [Hours of Operation](#) [Staffing & Capacity](#) [Private Pay Rates](#) [Closures Calendar](#) [Documents](#) [Review](#)

[Sign & Certify](#)

General

1. Do you want to have your program referred to families seeking child care listings?
 Yes No
2. Do you want to complete a contract to participate in the School Readiness Program?
 Yes No
 - 2.1 Have you completed the Health & Safety Inspection by Department of Children and Families?
 Yes No
3. Do you want to complete a contract to participate in the Voluntary Prekindergarten (VPK) Education Program?
 Yes No
4. Do you want to complete a contract to receive local funding?
 Yes No
5. Are you a Gold Seal provider?
 Yes No

2020 - 2021 Program Year

[+ Create 2021](#)

Current Status: Active

[Request Assistance](#)

General

Facility

Services

Curriculum

Fees & Discounts

Hours of Operation

Staffing & Capacity

Private Pay Rates

Closures Calendar

Documents

Review

[Sign & Certify](#)

General

1. Do you want to have your program referred to families seeking child care listings? [i](#)

Yes No

2. Do you want to complete a contract to participate in the School Readiness Program?

Yes No

2.1 Have you completed the Health & Safety Inspection by Department of Children and Families?

Yes No

3. Do you want to complete a contract to participate in the Voluntary Prekindergarten (VPK) Education Program?

Yes No

4. Do you want to complete a contract to receive local funding? [i](#)

Yes No

5. Are you a Gold Seal provider? [i](#) [⚠](#)

Yes No

6. Are you an accredited provider? [⚠](#)

Yes No



[Next](#)

Facility

1. Doing Business as Name (DBA) 

Jim's House of Canes & Gators

2. Contact 

Telephone Number *

(999) 999-9999

Phone Type *

Mobile Phone

Fax Number

Email Address *

oel demonstration+PB@gmail.com

3. Physical Address of Facility 

Address Line 1 *

2300 HIGH RIDGE RD

Address Line 2

City *

BOYNTON BEACH

State *

Florida

Zip Code *

33426

County *

Palm Beach

4. Director

Director Name *

Not Jim Ledbetter

Director Email *

oel demonstration+pb@gmail.com

Director Telephone Number *

(585) 555-5555

Director Phone Type *

Mobile Phone

Is Authorized Contract Rep

5. VPK Director

VPK Director information is the same as the Director information.

VPK Director Name *

Not Not Jim Ledbetter

VPK Director Email *

oel demonstration+pb@gmail.com

VPK Director Telephone Number *

(555) 555-5555

VPK Director Phone Type *

Mobile Phone

Is VPK Authorized Contract Rep



6. Legal Status 

Exempt 

7. Exemption Details 

Exempt Number 	Expiration Date
EXEMPT	03/30/2017 
Exemption Reason 	Private School Code 
Private School 	1234

8. Provider Type  

Private School 

Additional Facility Contacts

This is where you can add someone from your Sunbiz to your profile for signature.

Add New Contact

Contact Type

Name

Email

Primary Telephone Number

Primary Telephone Extension

Primary Phone Type

Secondary Telephone Number

Secondary Telephone Extension

Secondary Phone Type

Fax

Authorized Contract Rep

Services

1. Age of Children for which Care is Provided *

Minimum Age: 1 Months Maximum Age: 2 Months

2. Programs Offered (select all that apply) ⚠

Before School x Migrant Head Start x Playgroup x

3. About My Program (select all that apply) *

Music lessons x Dance x Swim lessons x

4. Languages Spoken by Staff (select all that apply) *

English x Spanish x Italian/Creole x

5. Other Spoken Languages ⓘ

6. Meals (select all that apply) *

Morning Snack x Afternoon Snack x

7. Do you provide transportation services? *

Yes No

8. Transportation (select all that apply)

Transportation to/from local school x

8.1 Transportation to/from Local School

School: Add school Mickey Mouse Transportation To: Transportation From: Add Edit Remove

9. Do you currently implement a character development program? *

Yes No

9.1 Description of Character Development Program (250 characters max)

blah

#1- list ages you serve.

#9 must say yes if SR and list character development curriculum i.e. Creative Curriculum, Big Values book, Bible



Make sure to choose curriculum that is not expired.

Step 4 – Curriculum

The Curriculum tab collects information about the provider’s curriculum. A provider may choose multiple curricula from the list. If the provider is a school readiness provider, an approved curriculum must be chosen. If no approved curricula are being used by the provider, the Provider Portal user should select “Other.” If a provider does not see their curricula listed, choose “Other” as the curriculum.



Curriculum 	Age Range	Edition/Year
Baby Doll Circle Time	Birth - 3	2012
Beyond Centers & Circle Time	3 and 4	2nd edition/2007
Beyond Cribs & Rattles	Birth - 2	1st edition/2005
Complete Program for Early Literacy Success - Level Two	4	1st edition/2012

Step 5 – Fees & Discounts

The Fees & Discounts tab collects information about fees the provider assesses the parent. The Provider Portal user should enter all applicable fees. All amount fields must have either a dollar amount or zero entered. If a fee is not applicable, the amount entered must be "0." If there are no family discounts offered, the selection must be "None."

Fees and Discounts

1. Fees in Addition to Weekly Rates

Description 	Amount	Frequency	Per Child / Per Family
Annual*	\$ 0		
Application/Registration* 	\$ 160	Annual	Per Child
Diapers*	\$ 0		
Early Drop Off*	\$ 0		
Extended Stay*	\$ 0		
Insurance*	\$ 0		
Late Payment*	\$ 30	As needed	Per Family
Late Pick-Up*	\$ 1	Per minute	Per Child
Meals/Snacks*	\$ 0		
Returned Check*	\$ 30	One time	Per Family
School Age*	\$ 0		
Supplies/Materials*	\$ 0		



Hours of Operation

- Must be within the hours you are licensed for
- DCF License = 6:00 am – 6:00 pm

Ex.

6:30 am – 6:00 pm



6:00 am – 7:00 pm



Staffing and Capacity

Staffing and Capacity

1. Staff-to-Child Ratio in Your Program ?

Care Level	Teachers in Classroom	:	Children in Classroom	Group Size ?
< 12 Months	<input type="text" value="1"/>	:	<input type="text" value="4"/>	<input type="text" value="12"/>
12 < 24 Months	<input type="text" value="1"/>	:	<input type="text" value="6"/>	<input type="text" value="12"/>
24 < 36 Months	<input type="text" value="1"/>	:	<input type="text" value="11"/>	<input type="text" value="22"/>
36 < 48 Months	<input type="text" value="1"/>	:	<input type="text" value="15"/>	<input type="text" value="30"/>
48 < 60 Months	<input type="text" value="1"/>	:	<input type="text" value="20"/>	<input type="text" value="40"/>
60 < 72 Months	<input type="text" value="1"/>	:	<input type="text" value="25"/>	<input type="text" value="40"/>
In School	<input type="text" value="1"/>	:	<input type="text"/>	<input type="text" value="50"/>
Special Needs	<input type="text" value="0"/>	:	<input type="text" value="0"/>	<input type="text" value="0"/>
VPK Class	<input type="text" value="1"/>	:	<input type="text" value="11"/>	<input type="text" value="20"/>

Private Pay Rates

- Enter rates for all Full Time Weekly Rates for each age you serve
- Enter rates for all Part Time Weekly Rates for each age you serve
- Must match rate document uploaded to Document Tab

Private Pay Rates

Enter the advertised rates (private pay rates) your program charges in the table. Do not include voucher/subsidy rates, sliding scale rates, employee discounts or any other discounted rates. Only complete the rate type for each age group that you offer.

	Infant	Toddler	2 Year Old	Preschool 3	Preschool 4	Preschool 5	School Age
Full Time Monthly Rate	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Summer Camp Weekly Rate	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Drop-In Daily Rate	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Full Time Weekly Rate	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Part Time Weekly Rate	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
VPK Full Time Weekly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	\$ 0	\$ 0.00
VPK Part Time Weekly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	\$ 0	\$ 0.00
School Age After School Weekly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	\$ 0



SR Daily Rates Helper

- Make sure daily rates match what you charge
- This is where the contract pulls your rates from

Do you require the parent to pay the differential between the Approved Reimbursement Rate and the Private Pay Rate? [?](#)
 Yes No

Daily Rates for School Readiness Program

Enter the school readiness program daily rates in the table below. These rates will be used for SR contracting purposes and to determine your SR program reimbursement rates. Only complete the rate type for each age group that you offer. You may also use the SR Daily Rate Helper feature to automatically calculate the daily rates based on the Private Pay Rates entered above. The calculations are editable.

	Infant ?	Toddler ?	2 Year Old ?	Preschool 3 ?	Preschool 4 ?	Preschool 5 ?	School Age ?	Special Needs ?
SR Full Time Daily Rate ?	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
SR Part Time Daily Rate ?	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
SR School Age - Both Before & After School Daily Rate ?	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	\$ 0	\$ 0

[SR Daily Rate Helper](#)

Closure Calendar

- Choose as many holidays that you observe
- You will choose holidays in the VPK Application as well
- Do not mark the weekend unless you are licensed for Sat/Sun

Document Tab

- Accreditation if applicable i.e. Gold Seal Certificate
- DCF License or exemption letter
- Private Pay Rate Document-(SR Only)
- Liability insurance- list ELC as additionally insured
- Sunbiz if applicable
 - Must have someone from your Sunbiz listed in the profile
- For VPK only there is no place in the document tab for E-Verify. Instead, upload E-Verify to the Document Library

Sign and Certify

☆ Profile Certification And Submittal

By signing this form I certify that:

- I have examined this application and, to the best of my knowledge and belief, the information provided is true and correct.
- If any of the information listed changes, I understand that I must log into my provider portal account and update my information within 14 days of the change.
- I understand that my provider profile information will be shared with the Department of Children and Families, Office of Child Care Regulation, for inclusion in the CARES system.
- I also understand that if I make changes prior to the coalition approving them, I may be out of compliance with the requirements of the VPK and or SR programs.



The screenshot shows a form titled "Authorized Electronic Signature" with a light blue header. Below the header is a "Full Name:" label followed by an empty text input field. Below the input field is a checkbox labeled "Check box to certify by electronic signature". Below the checkbox is the text "Submission date: 6/26/2017". At the bottom of the form is a green "Submit" button. Two green arrows point from the left towards the checkbox and the "Submit" button. The checkbox and the "Submit" button are both outlined with a red border.

Authorized Electronic Signature

Full Name:

Check box to certify by electronic signature

Submission date: 6/26/2017

Submit



VPK Contract



The following will display. Click the **Edit** button.

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
	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter
+	50074	VPK	OEL-VPK 20	ELC of Southwest Florida	Initiated	4/6/2020	Edit		4/6/2020		2019 - 2020
+	50073	SR	OEL-SR 20	ELC of Southwest Florida	Initiated	4/6/2020	Edit		4/6/2020		2019 - 2020
	49939	VPK	OEL-VPK 20	ELC of Southwest Florida	Certified	2/10/2020		Download	1/26/2020		2019 - 2020
+	42916	VPK	OEL-VPK 20	ELC of Southwest Florida	Certified	2/19/2020	View		7/10/2019	1/27/2020	2019 - 2020
+	39927	VPK	OEL-VPK 20	ELC of Southwest Florida	Terminated	4/6/2020	View		7/1/2019	4/6/2020	2019 - 2020
	14203	VPK-APP	VPK 10, 11A, 11B	ELC of Southwest Florida	Certified	2/10/2020	Edit	Download	8/26/2019		2019 - 2020

Advance Pay Options

After clicking the **Edit** button, the following will display. Review the Advance Payment Options in the dropdown menus, and click **Next Step** to continue.

Voluntary Prekindergarten (VPK) Contract Preview Contract

Provider(s):

1. Jim's House of Smilies

VII COMPENSATION AND FUNDING

VII.40

Advance Payment Option

School Year Program
PROVIDER elects to receive monthly advance payments for the school year program. ▾

Summer Program
PROVIDER elects to receive monthly advance payments for the summer program. ▾

← Previous Step

Next Step →

Advance Payment Option

School Year Program

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.
PROVIDER elects to receive monthly advance payments for the summer program. ▾

Advance Payment Option

School Year Program

PROVIDER elects to receive monthly advance payments for the school year program. ▾

Summer Program

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

After clicking the **Next Step** button, the following will display. Select the School Year and/or Summer checkboxes and click **Next Step** to continue.

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 →](#)

Preview Contract

Preview Contract

Prior to executing the contract, click **Preview Contract** to view the contract. This allows the user to view all the information input into the contract from the profile, in addition to exhibits and attachments. Information from the above sections, added by the coalition when the contract is initiated, should be reviewed as well.



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

[Preview Contract](#)

L

XV. EXECUTION OF CONTRACT

Signature of President/Vice President/Secretary/Officer/Owner/Principal Other Authorized Representative <input type="checkbox"/> By Electronic Signature	Print Name
_____	_____
Title	Date
_____	_____
Provider's Additional Signatory (if required by the Provider) <input type="checkbox"/> By Electronic Signature	Print Name
_____	_____
Title	Date
_____	_____
Provider's Additional Signatory (if required by the Provider) <input type="checkbox"/> 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 <input type="checkbox"/> By Electronic Signature	Print Name
_____	_____
Title	Date
_____	_____

[← Previous Step](#)

[Next Step →](#)

After clicking the Preview Contract button, the following will display.

1 of 8 100%

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

I. PARTIES AND TERMS OF CONTRACT

1. **Parties.** This Contract is made and entered into this 6th day of April, 2020, by and between the Early Learning Coalition of Southwest Florida (herein referred to as "COALITION"), and _____ (doing business as, if applicable) _____ (herein referred to as "PROVIDER"), with its principal office located at _____ and its provider physical site address (if the single site provider physical site address is different from principal office address) located at _____.

a. **Multiple Public School Locations.** If PROVIDER is a school district executing a single Contract on behalf of multiple public school Voluntary Prekindergarten (VPK) Education Program providers, a list of their names and their physical addresses are included in Exhibit 1: Provider Location List. Thereafter PROVIDER shall include each entity listed in Exhibit 1.

b. **Multiple Private Provider Locations.** If PROVIDER is executing a single Contract on behalf of multiple private VPK provider sites within COALITION's service area, a list of their names and their physical addresses are included in Exhibit 1: Provider Location List. Thereafter PROVIDER shall include each entity listed in Exhibit 1.

c. **Identification Number.** Insert PROVIDER'S EIN SSN here: _____

PROVIDER's EIN (Employer Identification Number) or SSN (Social Security Number) is requested in accordance with ss 119.071(5)(a)2. and 119.092, F.S., for use in the records and data systems of the Office of Early Learning and COALITION. Submission of PROVIDER's EIN or SSN is mandatory. PROVIDER's EIN or SSN will be used for processing payments to PROVIDER as a VPK provider, for reporting those payments for federal tax purposes, and for routine identification.

2. **Purpose.** This Contract is designed to inform PROVIDER of the requirements of participation in the VPK Program. Payment is not conveyed to PROVIDER through this Contract. Instead, PROVIDER must agree to comply with the terms and conditions of this Contract in order to be

Contract Execution -
After clicking the **Next Step** button, the following will display. To electronically sign the contract, click the **By Electronic Signature** checkbox.

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

Preview Contract

XV. EXECUTION OF CONTRACT

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

Title _____ Print Name _____
Date _____

Provider's Additional Signatory (if required by the Provider)
 By Electronic Signature

Title _____ Print Name _____
Date _____

Provider's Additional Signatory (if required by the Provider)
 By Electronic Signature

Title _____ Print Name _____
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

Title _____ Print Name _____
Date _____

Previous Step

Next Step

After clicking the checkbox, the following message will display. Enter the **Title of Signator** and click **Yes**.

NOTE: The **Title of Signator** is not the provider's name, but the business title, e.g. Owner, Director, Principal.

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

NOTE: The electronic signature and printed name of the Provider Portal user is based on the user who is logged on to the portal. Please ensure that the proper Provider Portal 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

Preview Contract

xv. EXECUTION OF CONTRACT

<input checked="" type="checkbox"/> By Electronic Signature	Print Name
Owner	4/10/2020 1:10:30 PM
Title	Date
Provider's Additional Signatory (if required by the Provider) <input type="checkbox"/> By Electronic Signature	Print Name
Title	Date
Provider's Additional Signatory (if required by the Provider) <input type="checkbox"/> By Electronic Signature	Print Name
Title	Date
Signature of Authorized Coalition Representative <input type="checkbox"/> By Electronic Signature	Print Name
Title	Date

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

Previous Step

Next Step

Contract Certification

After clicking the **Next Step** button, the following will display. Enter the full name of the Provider Portal 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.

Your TITLE is the first pop-up.
Please enter your title, then your name as prompted.

Submit Contract

* Full Name

* Title

* Certified by electronic signature

Contract sign date: 4/6/2029

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!

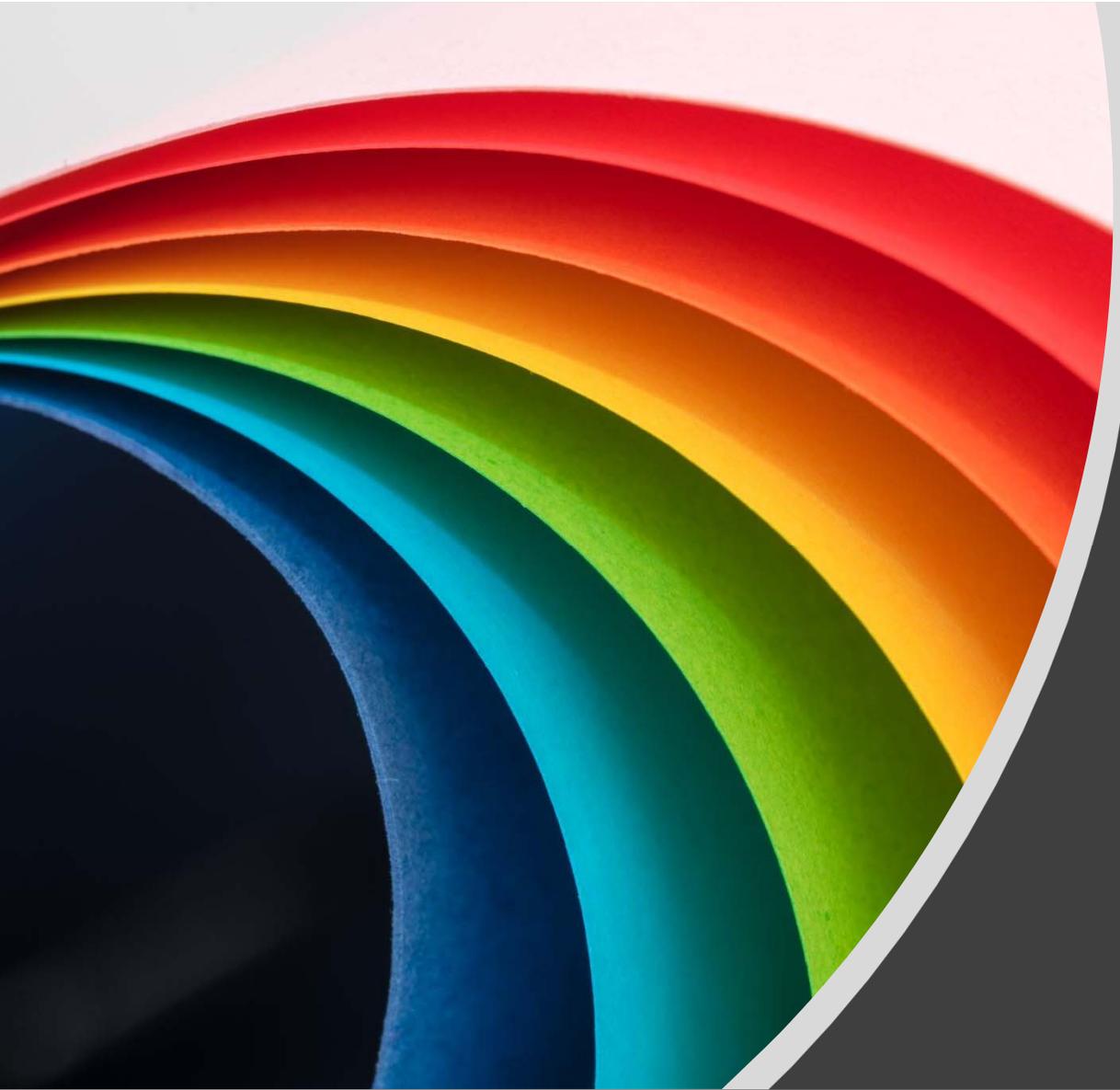
Your early learning coalition will review and process your contract.
You may not offer VPK services until you have received notification that your contract has been approved and fully executed by your coalition.
Please check your email for important information regarding your contract.

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

[Return to home page](#)

The VPK contract will have a status of **Submitted**.

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		
Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	
+ 50474	VPK	OEL-VPK 20	ELC of Southwest Florida	Submitted	4/9/2020	View		4/9/2020		2019 - 2020		
+ 50475	SR	OEL-SR 20	ELC of Southwest Florida	Submitted	4/9/2020	View		4/9/2020		2019 - 2020		
49909	VPK	OEL-VPK 20	ELC of Southwest Florida	Certified	2/15/2020		Download	10/9/2019		2019 - 2020		
+ 42516	VPK	OEL-VPK 20	ELC of Southwest Florida	Certified	2/15/2020	View		7/19/2019	1/27/2020	2019 - 2020		
+ 39927	VPK	OEL-VPK 20	ELC of Southwest Florida	Terminated	4/9/2020	View		7/1/2019	4/6/2020	2019 - 2020		
14203	VPK-APP	VPK 10, 11A, 11B	ELC of Southwest Florida	Certified	2/19/2020	PDF	Download	9/25/2019		2019 - 2020		



VPK
Application
(VPK-APP)

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 ▾

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	Edit		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 Noles) 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

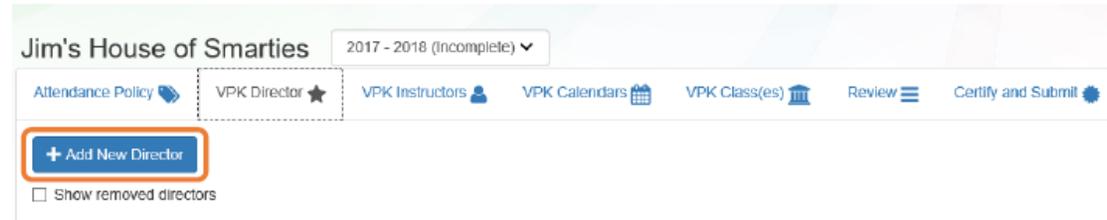
Section 1002.71, F.S., states a private prekindergarten provider or public school may not require payment of a fee or charge for services provided for a child enrolled in VPK during a period reported for funding purposes, or require a child to enroll for, or require the payment of any fee or charge for,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

Attendance Policy File(s):
Choose VPK Attendance Policy file by clicking Browse button **Upload**

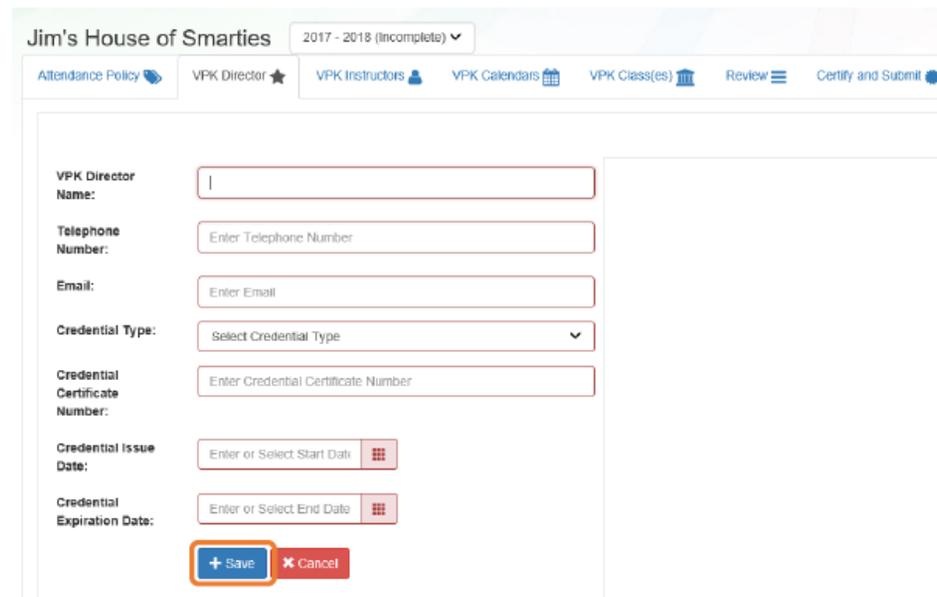
File Name	Uploaded On	Size
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Step 2 – VPK Director

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.



Click the [Save](#) button after all information is entered for the director.



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

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 Classes Review Certify and Submit

+ Add New Director

Show removed directors

★ Jim Ledbetter [Edit](#) [Remove](#)

Telephone Number:	5555555555
Email:	ledbetter.xjwanis+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: [+ Add](#)

File Name	Document Type	Issued On	Expires On	Uploaded On	Size

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 Calendar VPK Classes Review Certify and Submit

VPK Director Name: Jim Ledbetter

Telephone Number: 9090000000

Email: ledbetter.jh@smiths.com

Credential Type: VPK Director Credential

Credential Certificate Number: 11111111

Credential Issue Date: 12/01/2017

Credential Expiration Date: 12/03/2018

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

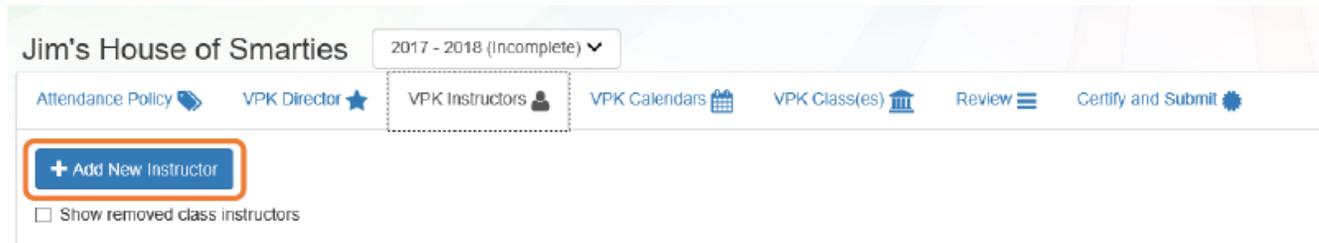
[Upload](#)

File Name	Document Type	Issued On	Expires On	Uploaded On	Size

[Save](#) [Cancel](#)

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.



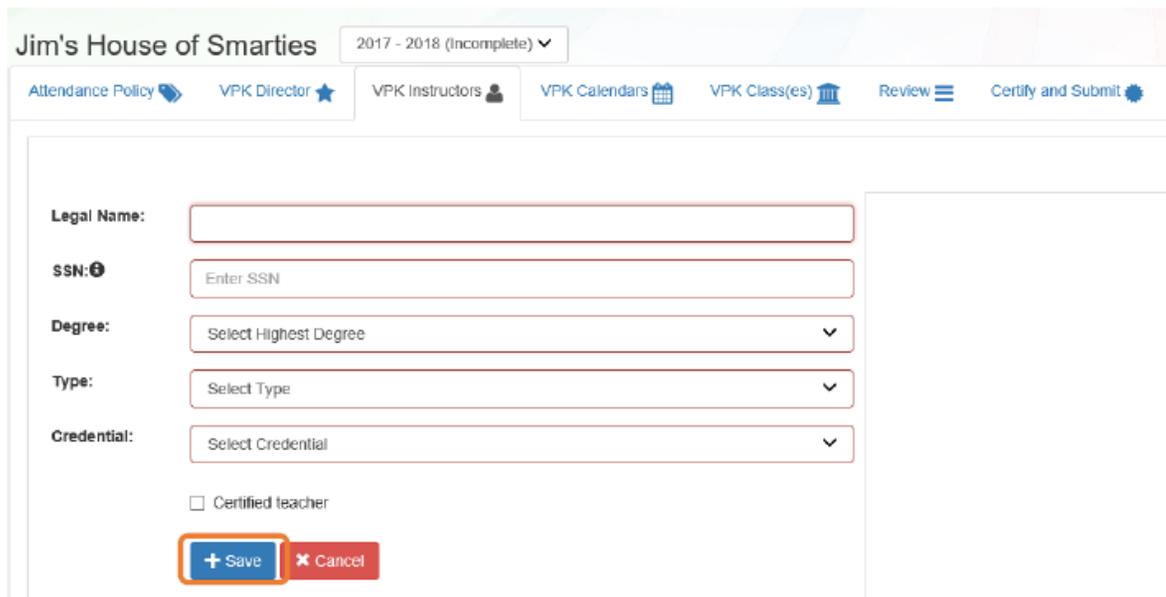
Jim's House of Smarties 2017 - 2018 (Incomplete) ▾

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: ▾

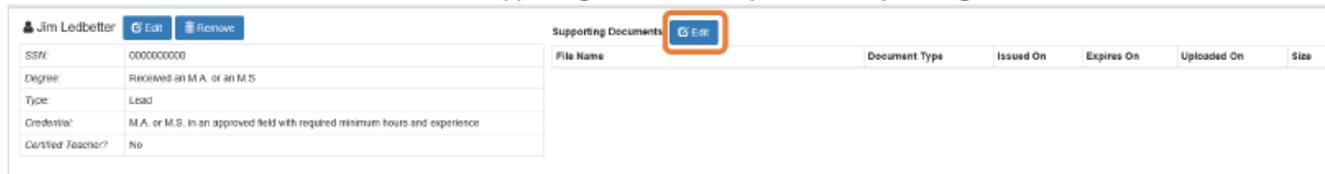
Type: ▾

Credential: ▾

Certified teacher

+ Save **✕ Cancel**

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



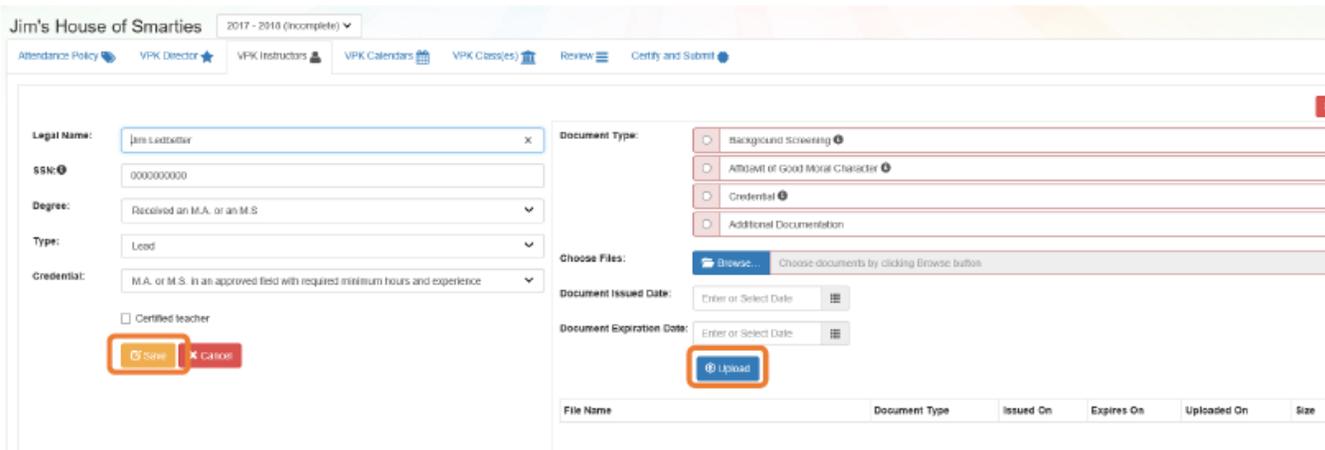
Jim Ledbetter [Edit](#) [Remove](#)

Supporting Documents: [Edit](#)

File Name	Document Type	Issued On	Expires On	Uploaded On	Size
-----------	---------------	-----------	------------	-------------	------

SSN: 000000000
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 x

SSN: 000000000

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

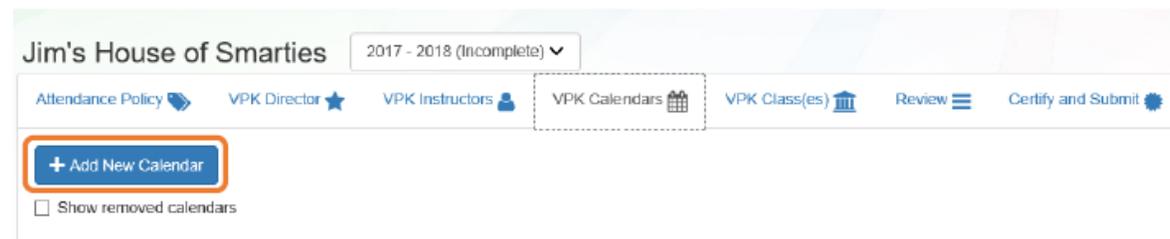
[Upload](#)

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 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."

VPK Calendar continued

- 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 Dates should reflect the first day of VPK instruction and the final day VPK instruction will be delivered. All dates must be within the valid calendar date range.
- 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.

VPK Calendars continued

Calendar ID:

Calendar Name:

Program Type:

Calendar Start Date: Calendar End Date:

Please select a program (business or school) Year's Type to enable date 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.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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			

Multiple instructional day entries should be made.

Total Calculated Hours: 0.00

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

Total VPK Instructional Days: 0

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: Calendar End Date:

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.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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			

Total Calculated Hours: 585.00

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

Total VPK Instructional Days: 195

VPK Calendars continued

- The calendar is used to note any non-instructional days and exceptions to normal instructional days that occur between the start and end dates.
- To decrease number of hours, label a day a non-instructional day.
- Instructional Day Exceptions can be used to change the hours assigned to that day (to increase or decrease hours)
- To add, click on the date on the calendar. Multiple days can be selected by clicking and dragging across multiple days on the calendar

Calendar Start Date: 09/12/17 Calendar End Date: 09/18/18

Instructional Days:

Day	Start Time	End Time
Monday	09:00 AM	11:00 AM
Tuesday	09:00 AM	11:00 AM
Wednesday	09:00 AM	11:00 AM
Thursday	09:00 AM	11:00 AM
Friday	09:00 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
					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: 505.00

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

Total VPK Instructional Days: 190

Save Cancel

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:

Description:

Cancel Update Remove

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 Instruction VPK Calendar VPK Classes Renewals Daily and Subsidy

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
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
29	30	31				

Valid instructional day entries should be made.

Total Calculated Hours: 0.00

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

Total VPK Instructional Days: 0

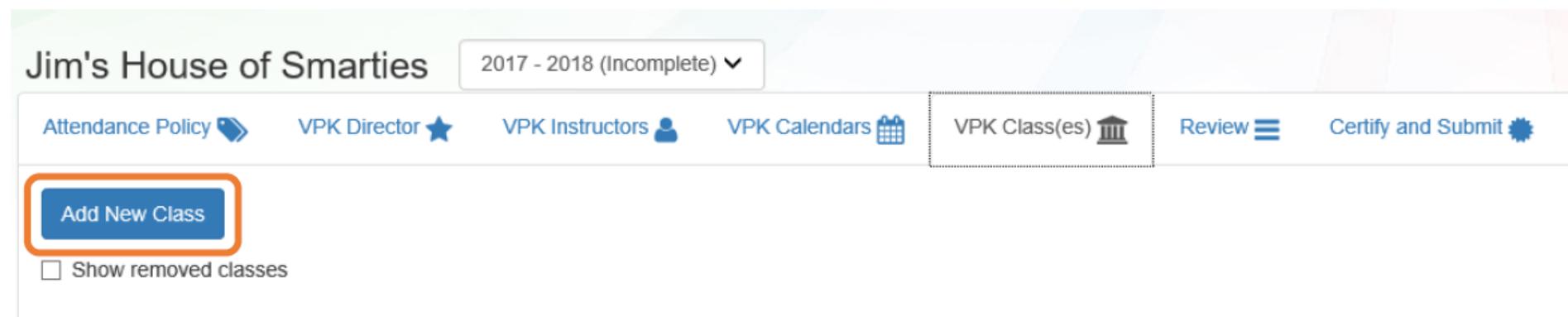
NOTE: The hours must equal, or be fewer than, 300 hours for the summer program type or 540 hours for the school-year program type for the calendar to save.

VPK Classes and Calendars

- It is strongly suggested that you create a separate calendar for each class. This is not required but advised.
- Our experience with COVID taught us that classes should be treated individually, in case of needed closure by class rather than the whole center. They are individually identified by sequential lettering beginning with A.

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.



The screenshot shows the user interface for 'Jim's House of Smarties' in the 2017-2018 (Incomplete) school year. The top navigation bar includes links for Attendance Policy, VPK Director, VPK Instructors, VPK Calendars, VPK Class(es) (highlighted with a dashed box), Review, and Certify and Submit. Below the navigation bar, the 'Add New Class' button is highlighted with an orange border. A checkbox labeled 'Show removed classes' is located below the button.

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:	CF17
Class Name:	Enter Class Name
Class Calendar:	A - 1
Main Curriculum:	BABY DOLL CIRCLE TIME
Class Start Date:	01/01/2018
Class End Date:	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: 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)

Save **Cancel**

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.

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

Review - Let's make sure we have all your information

Attendance Policy **Edit**

Attendance Policy File Name	Uploaded On	Size
TEST DOCUMENT.docx	01/02/2018	18 KB

VPK Director **Edit**

Director Name	Telephone Number	Email	Credential Type	Credential Certificate Number	Credential Issue Date	Credential Expiration Date	Supporting Documents
Not Jim Ledbetter (Removed)	5555555555	ledbetter.james@7@gmail.com	VPK Director Credential	22222222	12/01/2017	12/01/2018	1 Files uploaded
Jim Ledbetter	5555555555	ledbetter.james@7@gmail.com	VPK Director Credential	11111111	12/01/2017	12/01/2018	2 Files uploaded

VPK Instructors **Edit**

Instructor Name	SIN	Degree	Type	Credential	Is Certified?	Equivalent Credential	Supporting Documents
Not Jim Ledbetter	77777777	Received an M.A. or an M.S.	Lead	M.A. or M.S. in an approved field with required minimum hours and experience	No		1 Files uploaded
Jim Ledbetter	00000000	Received an M.A. or an M.S.	Lead	M.A. or M.S. in an approved field with required minimum hours and experience	No		1 Files uploaded

VPK Calendars **Edit**

Calendar ID	Calendar Name	Program Type	Start Date	End Date	Instructional Days	Non-Instructional Days	Site Closure Days	Exceptional Instructional Days
A	1	School Year (540 hours)	01/01/2018	11/02/2018	MON 08:00 AM-11:00 AM TUE 08:00 AM-10:00 AM WED 08:00 AM-10:00 AM THU 08:00 AM-10:00 AM FRI 08:00 AM-10:00 AM Total Calculated Hours: 540.00 Total VPK Instructional Days: 150			01/02/2018 08:00 AM-09:00 AM : fire department 01/06/2018 08:00 AM-07:00 AM : police department 01/06/2018 8:00 am-09:00 AM : CCF
B (Removed)	2	School Year (540 hours)	01/16/2018	11/01/2018	MON 08:00 AM-12:00 PM TUE 08:00 AM-11:00 AM WED 08:00 AM-11:00 AM THU 08:00 AM-11:00 AM FRI 08:00 AM-11:00 AM Total Calculated Hours: 500.00 Total VPK Instructional Days: 98			

VPK Class(es) **Edit**

Class ID	Class Calendar Name	Main Curriculum	Class Start Date	Class End Date	Instructors
BF17 (Removed)	1	BABY DOLL CIRCLE TIME	01/02/2018	01/12/2018	Not Jim Ledbetter Start date: 01/01/0001
AF17	1	BABY DOLL CIRCLE TIME	01/01/2018	01/12/2018	Not Jim Ledbetter Start date: 01/01/0001

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 435.04, 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

Signer's Name *

FirstName LastName

Day Time Phone Number *

Phone Number

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.

Questions

