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
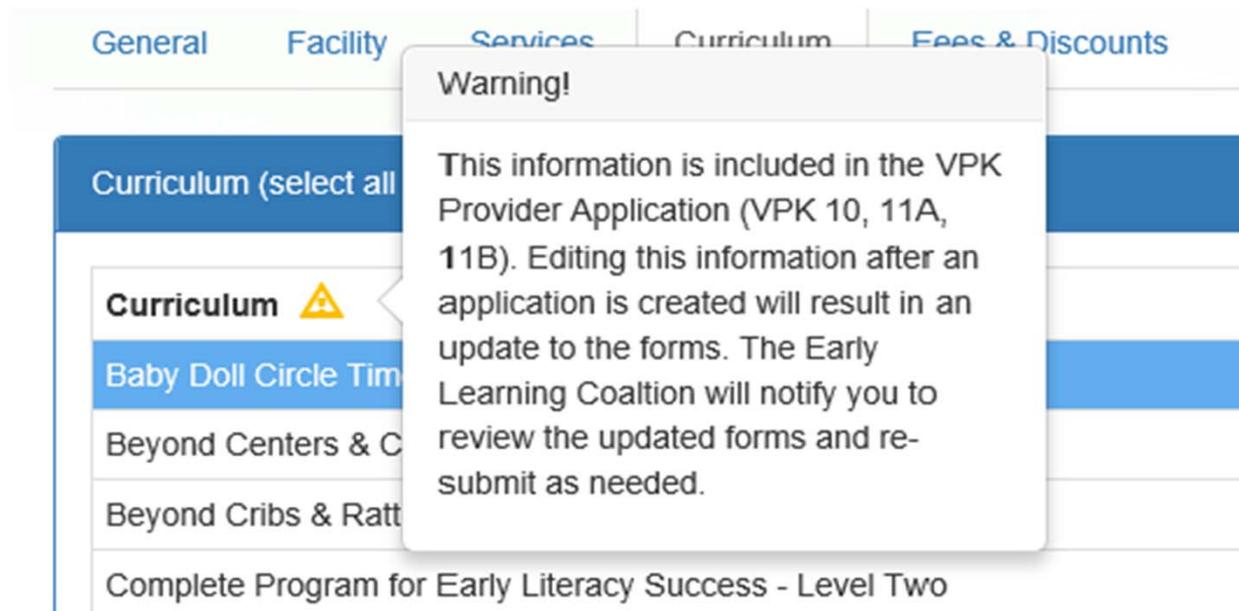- Coalition reviews and certifies

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.

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**.
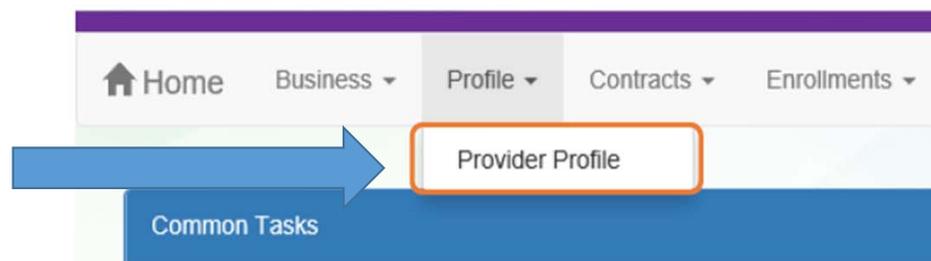
Profile

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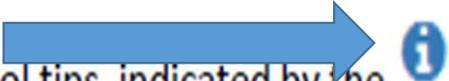
To complete the Provider Profile, click the **Profile** dropdown menu from the Provider Dashboard.

Then, click **Provider Profile**.

OFFICE OF
Early Learning
LEARN EARLY. LEARN FOR LIFE.

🏠 Home   Business ▾   Profile ▾   Contracts ▾   Enrollments ▾   Attendance ▾   Documents ▾   Profile: [2020 - 2021 ∨]   Hello Cheryl.Carpenter@elcofswfl.org!   ⏻ Log Off   ⚙   ⓘ

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

❓ 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? ℹ️
🔘 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? ℹ️
⚪ Yes 🔘 No

5. Are you a Gold Seal provider? ℹ️ ⚠️
⚪ 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*	Phone Type*
(999) 999-9999	Mobile Phone ⌄

Fax Number	Email Address*
	oeldemonstration+PB@gmail.com

3. Physical Address of Facility ⚠️

Address Line 1*	Address Line 2
2300 HIGH RIDGE RD	

City*	State*	Zip Code*
BOYNTON BEACH	Florida ⌄	33426

County*

> Palm Beach ⌄

4. Director

Director Name*	Director Email*
Not Jim Ledbetter	oeldemonstration+pb@gmail.com

Director Telephone Number*	Director Phone Type*
(585) 555-5555	Mobile Phone ⌄

☐ Is Authorized Contract Rep

5. VPK Director

☐ VPK Director information is the same as the Director information.

VPK Director Name*	VPK Director Email*
Not Not Jim Ledbetter	oeldemonstration+pb@gmail.com

VPK Director Telephone Number*	VPK Director Phone Type*
(555) 555-5555	Mobile Phone ⌄

☐ Is VPK Authorized Contract Rep

6. Legal Status ⚠️

Exempt ▾

7. Exemption Details ⚠️

Exempt Number * ℹ️

EXEMPT

Expiration Date

03/30/2017 📅

Exemption Reason *

Private School ▾

Private School Code * ℹ️

1234

8. Provider Type * ℹ️ ⚠️

Private School ▾

Additional Facility Contacts

Add New Contact

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

[Select Type   ▾]

Secondary Telephone Number

[   ]

Secondary Telephone Extension

[   ]

Secondary Phone Type

[Select Type   ▾]

Fax

[   ]

☐ Authorized Contract Rep

[Save] [Cancel]

Services

1. Age of Children for which Care is Provided *

Minimum Age*		Maximum Age*	
1	Months ▾	2	Months ▾

2. Programs Offered (select all that apply) ⚠

Before School× | Migrant Head Start× | Playgroup× ▾

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

Music lessons× | Dance× | Swim lessons× ▾

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

English× | Spanish× | Haitian/Creole× ▾

5. Other Spoken Languages ⓘ

[   ]

6. Meals (select all that apply)*

Morning Snack× | Afternoon Snack× ▾

7. Do you provide transportation services? *
◉ Yes ○ No

8. Transportation (select all that apply)

Transportation to/from local school× ▾

8.1 Transportation to/from Local School

School	Transportation To	Transportation From	
Add school	☐	☐	Add
Mickey Mouse			✎Edit ✖Remove

9. Do you currently implement a character development program? *
◉ Yes ○ No

9.1 Description of Character Development Program (250 characters max)

blah

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.

General	Facility	Services	Curriculum	Fees & Discounts	Hours of Operation	Staffing & Capacity	Private Pay Rates	Closures Calendar	Documents	Review	Sign & Certify

Curriculum (select all that apply)

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

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

Care Level	Teachers in Classroom		Children in Classroom	Group Size ℹ️
< 12 Months	1	:	4	12
12 < 24 Months	1	:	6	12
24 < 36 Months	1	:	11	22
36 < 48 Months	1	:	15	30
48 < 60 Months	1	:	20	40
60 < 72 Months	1	:	25	40
In School	1	:		50
Special Needs	0	:	0	0
VPK Class	1	:	11	20

Private Pay Rates

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

SR Daily Rates Helper

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

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

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.

Preview Contract

Provider(s):

1. Jim's House of Smarties

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.

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.

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

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

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

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

(Electronic Signature)

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

Print Name

Owner   **4/6/2020 1:10:09 PM**

Title   Date

Provider's Additional Signatory (if required by the Provider)
☐ 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

[◀ 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 dually 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 [ ]

* Title [ ]

* ☐ Certified by electronic signature

Contract sign date   4/6/2020

Submit

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

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!
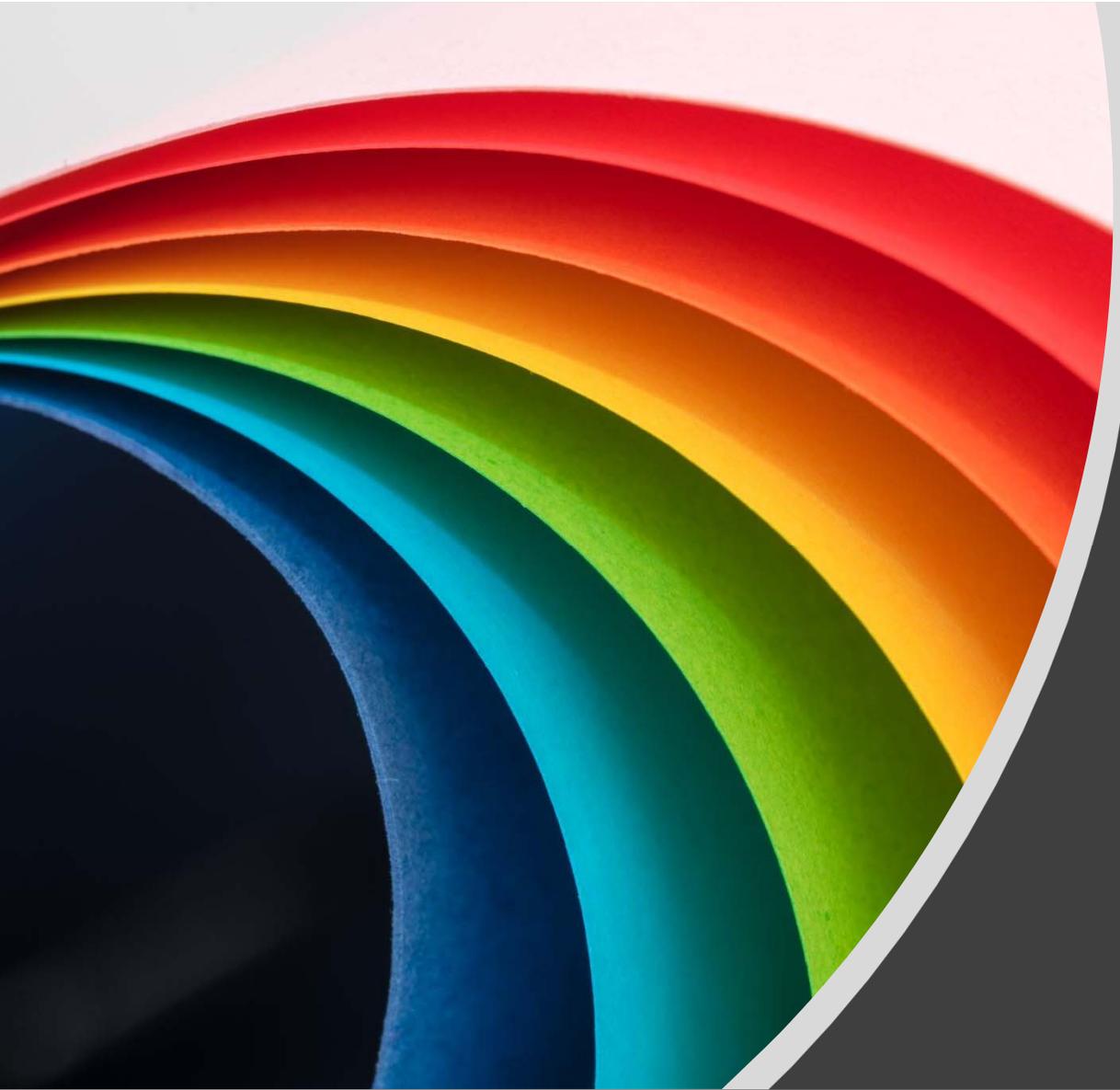
Your early learning coalition will review and process your contract.

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**.

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.

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.

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.
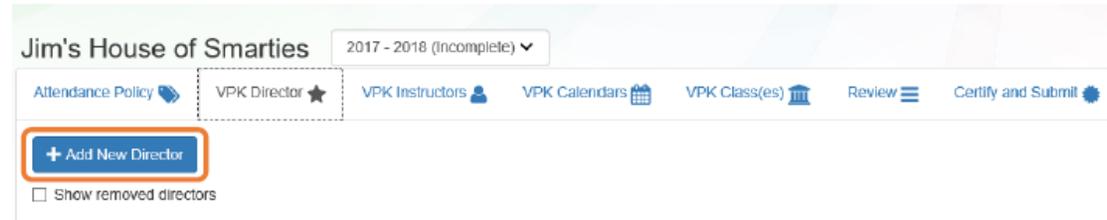
Click the **Save** button after all information is entered for the director.
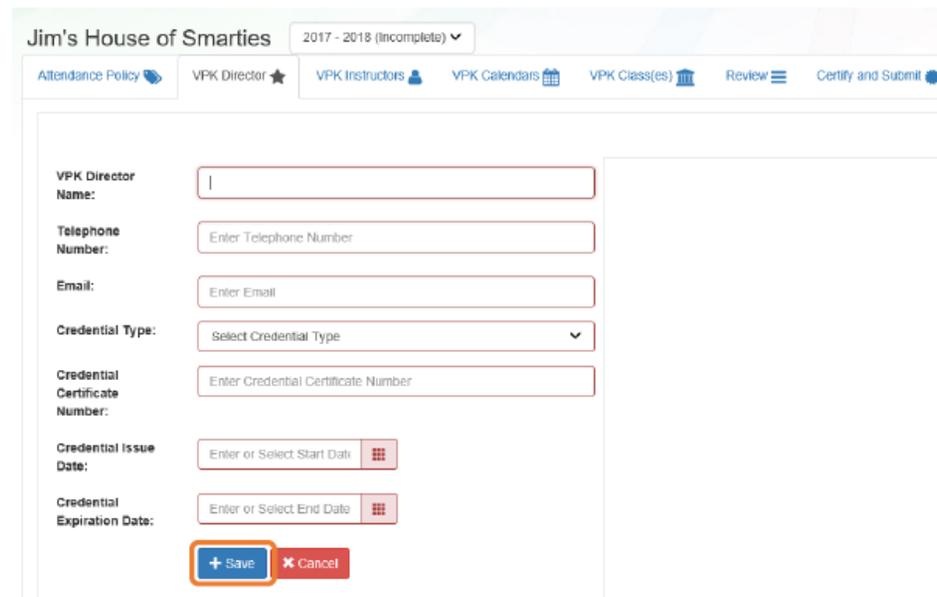
NOTE: The Credential Type, Credential Certificate Number, Credential Issue Date, and Credential Expiration Date will not appear for public schools.

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

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:	Jim Ledbetter ✕	**Document Type:**	○ Background Screening ❶
Telephone Number:	5555555555		○ Affidavit of Good Moral Character ❶
Email:	ledbetter.kiwanis+10@gmail.com		○ Credential ❶
Credential Type:	VPK Director Credential ▼		○ Additional Documentation
Credential Certificate Number:	11111111	**Choose Files:**	📁 Browse... Choose documents by clicking Browse button
Credential Issue Date:	12/01/2017 ▦	**Document Issued Date:**	Enter or Select Date ▦
Credential Expiration Date:	12/03/2018 ▦	**Document Expiration Date:**	Enter or Select Date ▦
	💾 Save ✖ Cancel		⊕ Upload

File Name	Document Type	Issued On	Expires On	Uploaded On	Size

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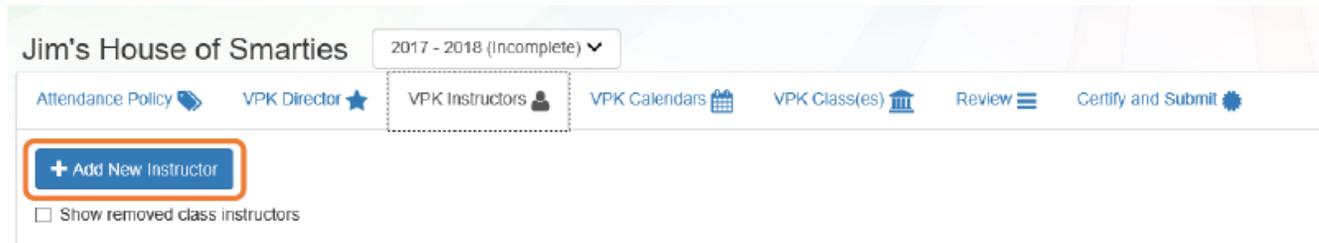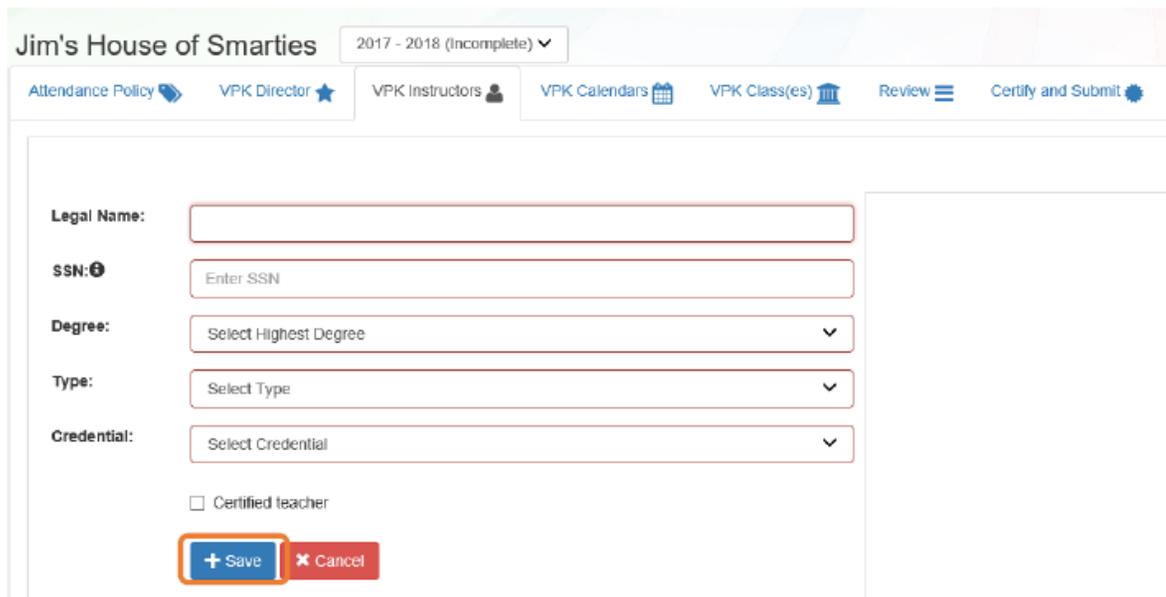
Jim's House of Smarties   2017 - 2018 (Incomplete) ⌄

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:ℹ   Enter SSN

Degree: Select Highest Degree ⌄
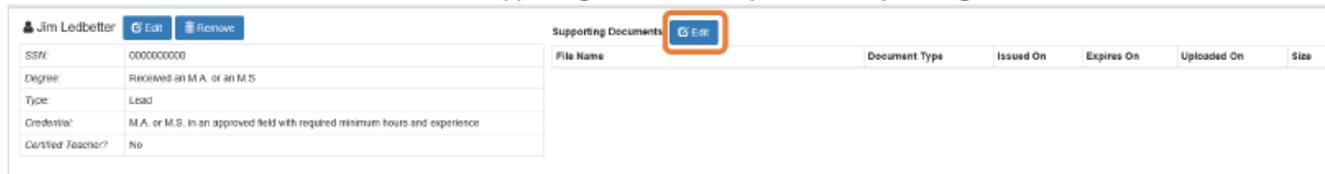
Type: Select Type ⌄

Credential: Select 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					
SSN:	0000000000			File Name		Document Type	Issued On	Expires On	Uploaded On	Size
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.
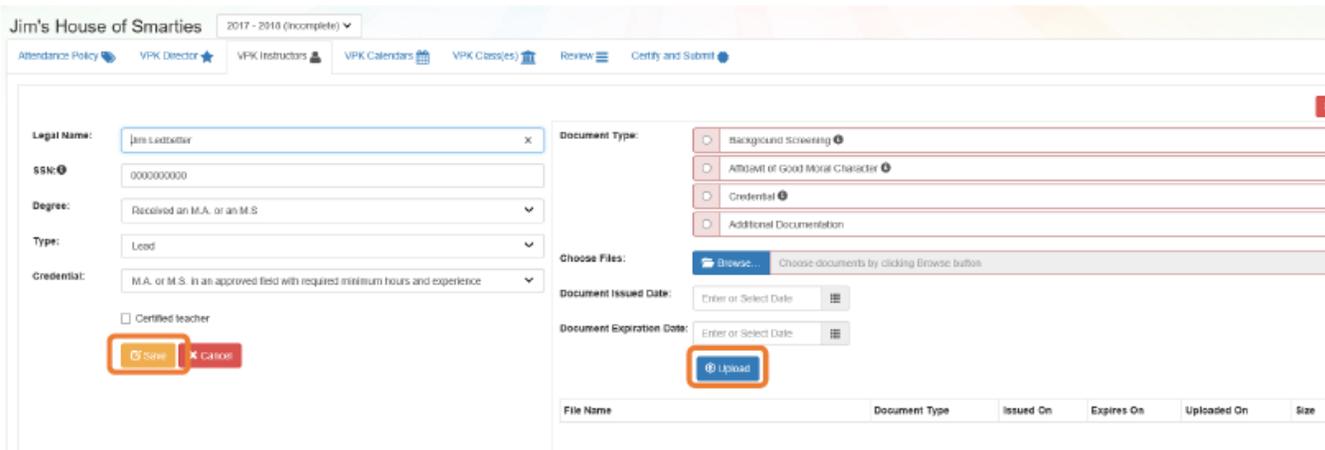
Jim's House of Smarties   2017 - 2018 (Incomplete) ⌄

Attendance Policy 🏷   VPK Director ⭐   VPK Instructors 👤   VPK Calendars 📅   VPK Class(es) 🏛   Review ☰   Certify and Submit ●

				✖
Legal Name:	Jim Ledbetter ✖	**Document Type:**	○ Background Screening ❶	
SSN: ❶	0000000000		○ Affidavit of Good Moral Character ❶	
Degree:	Received an M.A. or an M.S ⌄		○ Credential ❶	
Type:	Lead ⌄		○ Additional Documentation	
Credential:	M.A. or M.S. in an approved field with required minimum hours and experience ⌄	**Choose Files:**	📂 Browse... Choose documents by clicking Browse button	
	☐ Certified teacher	**Document Issued Date:**	Enter or Select Date 📅	
		Document Expiration Date:	Enter or Select Date 📅	
	☑ Save ✖ Cancel		⊕ Upload	

File Name	Document Type	Issued On	Expires On	Uploaded On	Size

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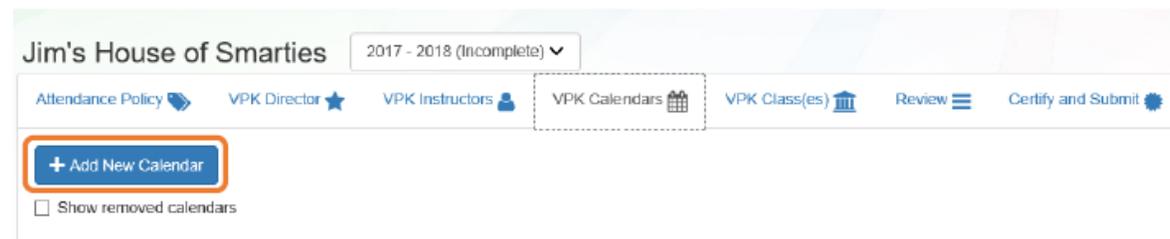
The Calendar ID will automatically populate with a letter beginning with A. Each additional calendar will receive a sequential Calendar ID.

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

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

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

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: ⓘ

| Select Event Type |
| Non-Instructional Day |
| Instructional Day Exception |

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.
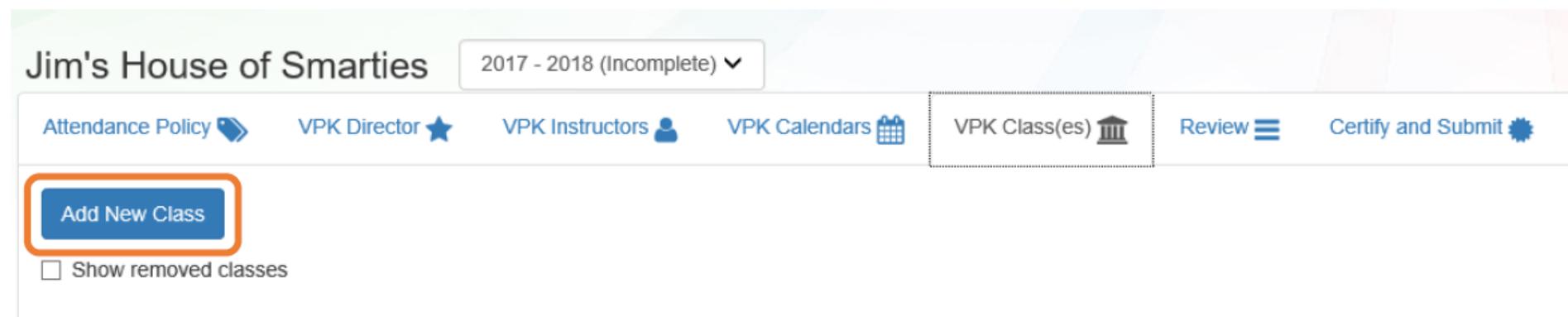

NOTE: The hours must equal, or be fewer than, 300 hours for the summer program type or 540 hours for the school-year program type for the calendar to save.

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 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: ℹ   CF17

Class Name: ℹ   Enter Class Name

Class Calendar: ℹ   A - 1

Main Curriculum: ℹ   BABY DOLL CIRCLE TIME

Class Start Date: ℹ   01/01/2018   ⊞

Class End Date: ℹ   06/29/2018   ⊞

Instructors:

☑ 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   ⊞

☐ 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.

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

EARLY LEARNING
COALITION
OF SOUTHWEST FLORIDA