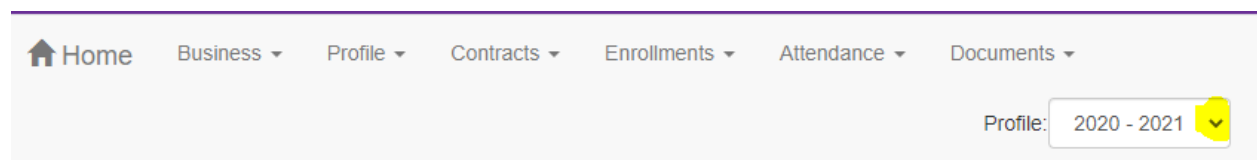


Early Learning Coalition of Flagler & Volusia

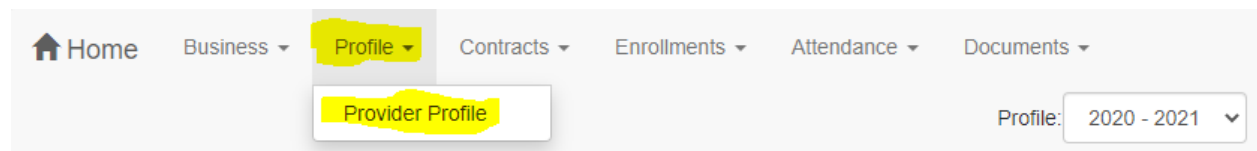
Each year, child care providers must update their information in the [Provider Portal](#) to ensure the record is current. This is the first step in contracting for the new program year (July 1 – June 30). The example shown below is for the 2020-2021 program year, however these steps can be applied to any program year.

Tip: Have all program essential documents handy to upload if needed.

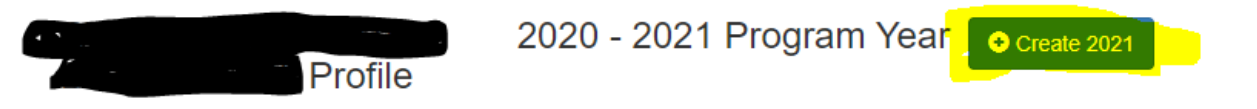
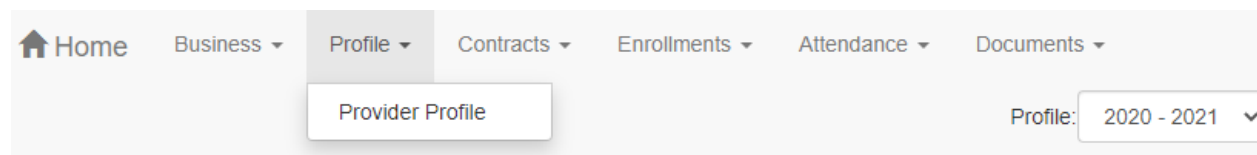
1. Log in to the [Provider Portal](#)
2. Choose the current program year from drop down menu:



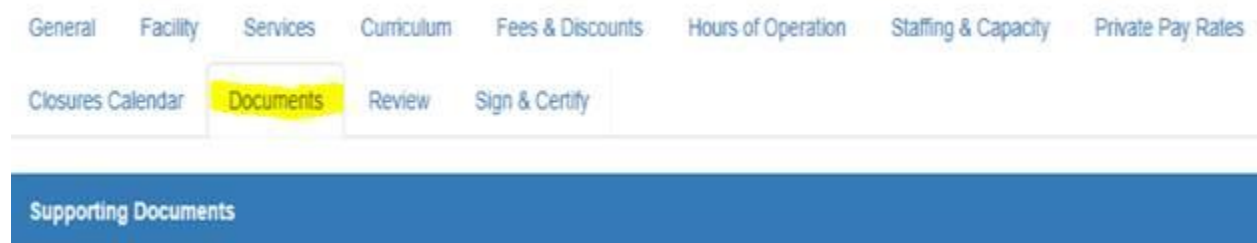
3. Go into the profile details here:



4. Click "Create 2021" here:



5. Review all program Supporting Documents here:



All documents must be current. Expiring documents will have to be replaced, it is suggested to NOT submit the profile until documents pertaining to the program year have been uploaded. Verify each document for the following criteria:

- a. Accreditation Certificate (if applicable):
 - If indicated on the General Tab program is accredited, upload Accreditation Certificate here.
 - If Accreditation has expired, and program will not renew, please change the answer on the General Tab to “No”.
- b. Gold Seal Certificate (if applicable):
 - If indicated on the General Tab program is a Gold Seal provider, upload Gold Seal Certificate here.
 - If Gold Seal has expired, and program will not renew, please change the answer on the General Tab to “No”.
 - The age range selected in the drop down on the General Tab must match the age range indicated on the document. The choices are:
 - Birth to 5
 - School Age
 - All ages of children (Birth – 5, and School Age is on certificate)
- c. Certificate of Licensure (or Exemption from Licensure Letter from DCF):
 - Verify following on the license Facility Tab:
 - Name of program’s facility
 - License Number
 - Address
 - License expiration date –Note: this cannot be updated by providers, ELCFV staff must update this when program provides updated licenses.
 - Compare Hours of Operation to what is on Hours of Operation Tab in the Profile. Profile hours must match exactly or be WITHIN program’s licensed hours of operation.
 - Check capacity listed on certificate to the Total Licensed Capacity on the Staffing and Capacity tab.
- d. Private Child Care Rates (**VERY IMPORTANT!**) **THIS IS HOW PROGRAM PAY IS DETERMINED:**
 - Compare program’s Private Pay Rates document/flyer to information on these tabs:
 - Services Tab
 - Ages of children for which care is offered. Include ALL ages cared for. Note: Four-year-old children may turn five during the program year. Therefore, including a five-year-old rate is recommended.
 - On the Private Pay Rates tab - Complete WEEKLY rates for all ages cared for (same as on the Services tab), including Special Needs, if applicable. To receive payment, enter the rates in the WEEKLY rows in the top portion of the tab here:

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 ¹	Toddler ¹	2 Year Old ¹	Preschool 3 ¹	Preschool 4 ¹	Preschool 5 ¹	School Age ¹	Special Needs ¹
Full Time Monthly Rate ¹	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Summer Camp Weekly Rate ¹	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 140	\$ 0
Drop-in Daily Rate ¹	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 0
Full Time Weekly Rate ¹	\$ 140	\$ 160	\$ 150	\$ 140	\$ 140	\$ 140	\$ 110	\$ 0
Part Time Weekly Rate ¹	\$ 0	\$ 130	\$ 120	\$ 110	\$ 110	\$ 110	\$ 60	\$ 0
VPK Full Time Weekly Rate ¹	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 110	\$ 110	\$ 0.00	\$ 0
VPK Part Time Weekly Rate ¹	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	\$ 0	\$ 0.00	\$ 0
School Age After School Weekly Rate ¹	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	\$ 60	\$ 0
School Age Before School Weekly Rate ¹	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	\$ 35	\$ 0
School Age - Both Before & After School Weekly Rate ¹	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	\$ 85	\$ 0

- Click the [\\$ SR Daily Rate Helper](#) button for the Daily Rates for School Readiness Program populate and are transferred over to the payment side of the portal. If there is not a rate in the bottom portion for a specific age or care type (FT/PT) we are unable to pay for children enrolled in this category. DO NOT enter the rates manually in the table.
- If School Age Children are served, even if only in the summer time, put the weekly/summer camp rates in the WEEKLY rates rows as well for it to transfer over to the payment side.
- The Rates DOCUMENT, Rates TAB, and Services TAB all need to agree.

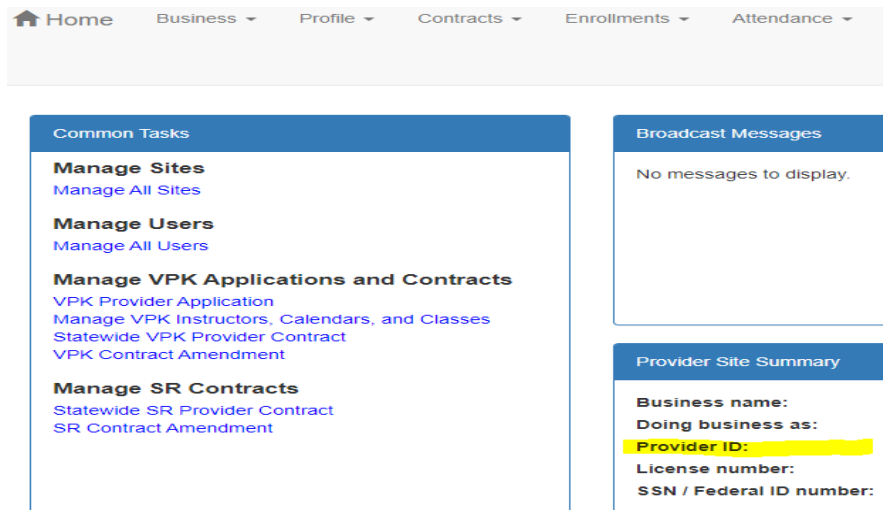
Daily Rates for School Readiness Program


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.

\$ SR Daily Rate Helper

	Infant ¹	Toddler ¹	2 Year Old ¹	Preschool 3 ¹	Preschool 4 ¹	Preschool 5 ¹	School Age ¹	Special Needs ¹
SR Full Time Daily Rate ¹	\$ 37	\$ 32	\$ 30	\$ 28	\$ 28	\$ 28	\$ 22	\$ 0
SR Part Time Daily Rate ¹	\$ 0	\$ 26	\$ 24	\$ 22	\$ 22	\$ 22	\$ 12	\$ 0
SR School Age - Both Before & After School Daily Rate ¹	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	\$ 17	\$ 0

- e. E-Verify Supporting Documents – New requirement for contracting after January 1, 2021.
- Complete the AFFIDAVIT CONCERNING EMPLOYMENT OF UNAUTHORIZED ALIENS form attached and upload.
 - Provider Name = The name of program – DBA
 - Check Private if program is anything other than a Public School.
 - Check Public if program is a Public School.
 - Provider ID is found on the portal home page here:



- f. IRS Form (W-9):
 - **Do not** upload unless this information has changed.
 - g. Proof of Liability Insurance:
 - Upload only when program has received a certificate with new effective and expiration dates associated with the program year.
 - Must show the Business Name, DBA name, and Physical Location of the program.
 - ELCFV
 - must be named as Additional Insured AND
 - as Certificate Holder (typically in bottom left-hand box) as
The Early Learning Coalition of Flagler and Volusia Counties, Inc.
135 Executive Circle, Suite 100
Daytona Beach, FL 32114
 - h. Proof of Unemployment Insurance:
 - RT-6 forms must be the most recent submitted. These are quarterly statements, dated in March, June, September, and December of each year.
 - i. Proof of Worker's Compensation Insurance:
 - Must show DBA name of program and physical location.
 - j. Proof of Automobile Insurance:
 - This is only required if program indicated on the Services tab (Question 8) transportation services are provided.
 - See Proof of Liability Insurance instructions under item g, Additional Insured.
 - Must be dated within 6 months of Profile submission.
 - k. Sunbiz Documentation:
 - Unless program is a child care HOME, operating under personal name the following is required:
 - Detail by Entity Name document. This document shows the Registered Agent info and lists the dates Annual Reports were filed. If it has been over a year since program has filed an annual report, file the annual report before printing the Detail by Entity Report and uploading it.
 - If DBA is different than program's Business Name, include a current Fictitious Name Registration.
6. Finally, review each Tab of the Profile. If unsure of how to answer a question, click on  icon next to the item for more detailed description. Example shown below:

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

Yes No

2.1 Have you completed the Health & Safety Inspection

Yes No

Child Care Resource and Referral

Child Care Resource and Referral is a service that shares your business's profile with parents who are seeking resources to meet their family's needs.

Tip: Avoid these errors commonly made when submitting Profiles:

General Tab:

- Question 2.1: For School Readiness Providers only. Answer “Yes” to this question. If program is licensed or religious exempt and has a previous year’s contract with ELCFV, program has had a Health & Safety Inspection.

Facility Tab:

- Check all contacts, telephone numbers, and email address to ensure they are correct and current. This is the official source used to contact programs.

Services Tab:

- Review all information for accuracy.
- Question 9: To participate in the SR Program, program must implement a character development program. Many Curriculums have a character development program imbedded.
- Question 9.1: List only the Name and Edition/Year of the character development program, not an explanation.

Curriculum Tab:

- Select all curricula implemented in program.
- Curricula must be listed on approved [School Readiness listing](#) and cover all ages (B-5) for whom care is provided.

Fees and Discounts Tab:

- Enter a value in each category. Blank fields will prevent submission of the profile. Use 0.00 where fees are not applicable.
- Record Registration and/or Annual fee(s) and the frequency at which program charges the fee. This is important to the timing of how the payment system identifies when the provider may be eligible for fee reimbursement.
- These are additional fees. All tuition/weekly rates must be listed on the Private Pay Rates Tab only. This includes PT/FT/Before School/After School/ or Before AND After School as previously shown in the Private Child Care Rates document section.

Hours of Operation Tab:

- Enter the hours program serves children.
- List only hours equal to or within those on DCF License.

Staffing and Capacity Tab:

- Question 1: Staff-to-Child Ratio should reflect the current practice in program.
 - If more than one classroom for the specified age group, please enter the highest ratio for that age group.

- Group Size cannot exceed the Group Size Requirements located here: <http://www.floridaearlylearning.com/statewide-initiatives/health-safety>
- If more than one classroom for the specified care level, please enter the highest ratio or group size for that care level.
- Question 2: Update staff training information. Please make sure it is accurately entered for all staff in program.
- Question 4: Total Licensed Capacity must match what is on DCF License.
- Question 6: Actual Capacity is the maximum number of children program chooses to care for and cannot exceed Total Licensed Capacity.

Private Pay Rates Tab:

- Please refer again to the info above under Private Child Care Pay Rates document instructions. Be sure the info on this tab matches exactly to the Rates document uploaded.
- If indicated on the SERVICES tab program will accept children with Special Needs, be sure a rate is entered on this tab under the Special Needs column, and on the document uploaded.
- There is a question in the middle of the page that must be answered before proceeding. **“Do you require the parent to pay the differential between the Approved Reimbursement Rate and the Private Pay Rate?”**
 - This is the difference between what the coalition reimburses program (as agreed upon in School Readiness contract) and program’s private pay rate.
 - Example: Program’s daily rate for a 3-year-old is \$30. ELC pays program \$20. Does program charge parents the \$10 difference between program rate and what ELC pays? If so, respond yes.
- Do not manually enter the Daily Rates for School Readiness Program at the bottom of this page. Be sure to enter program’s WEEKLY rates correctly in the top portion of this page, then click the \$ SR Daily Rate Helper Button before proceeding to the next page.

Closure Calendar Tab:

- Enter all days program is closed for business. If not licensed for Saturday and Sunday, do not mark as closure days.
 - Enter all days program is closed, not just the days to claim as paid Holidays.
 - Every day the program will be closed must be identified as such on the closure calendar. When completing the SR Contract, there will be a drop-down menu to choose Paid Holidays. If not indicated the day as CLOSED, it cannot be claimed as a Paid Holiday (when completing SR Contract).

Documents Tab:

- Review all documents for accuracy.

Review Tab:

- Review all tabs a final time.
- Choose the Next button
 - If Next button is not available, look for tabs marked ***Missing Required Data** and complete these tabs:

The screenshot shows a web interface with a top navigation bar containing a plus sign and a 'Private Pay Rates' button. Below this is a yellow banner with a red star icon and the text 'Missing Required Data'. Underneath is another plus sign and a 'Closures Calendar' button. At the bottom of the form area, there are two buttons: 'Back' on the left and 'Next' on the right, which is highlighted in green.

- Reminders:
 - Enter a value in all sections of the Fees & Discounts tab, even if the value is \$0.00.
 - Differential question on the Private Pay Rates tab must have a response.

7. Sign & Certify:

- Read statements at top of page, by signing the program agrees with statements:

The screenshot shows a blue header with a star icon and the text 'Profile Certification And Submittal'. Below the header is a yellow box with the heading 'By signing this form I certify that:' followed by four bullet points:

- 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.

- Type in user's Full Name. If typed differently than within the system, text is displayed which shows EXACTLY how to type name. Capitalization and spaces must be exact.

The screenshot shows a form titled 'Authorized Electronic Signature'. It includes a 'Full Name:' label above a text input field. Below the input field is a yellow banner with a red star icon and the text 'Please provide an authorized signature: [redacted]'. There is a checkbox labeled 'Check box to certify by electronic signature'. Below the checkbox is the text 'Submission date: 1/13/2020'. At the bottom of the form is a green 'Submit' button.

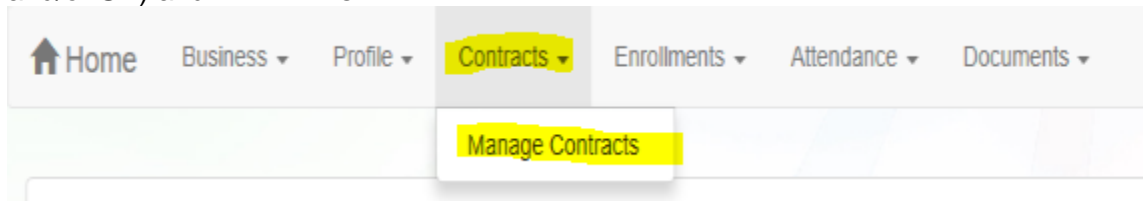
- Check box to certify by electronic signature.
- Click Submit
 - Profile will go into Submitted queue at Coalition and will be reviewed in order received.

8. Profile reviewed by ELCFV and either:

- Activated by ELCFV - Congrats, program is now ready to begin the contracting process for SR and/or VPK.
- Rejected for corrections. Provider must make corrections and resubmit Profile. Note: Update are not effective until Profile has been activated by ELCFV (and as of the identified program year).

CONTRACTS

Upon Coalition's activation of a Profile, contracts may be issued to the program for completion. When program receives emails a Contract has been initiated, go here to access Contracts (VPK and/or SR) and VPK APPs:



Look for "Initiated" under "Status" and look for "2021-2022" (or appropriate program year) under Program Year. If previously contracted with ELCFV, program may have to look for a second or third page of listed contracts.

Contract ID	Type of Contract	Contract Name	Coalition	Status	Last Updated	Action	View Contract	Effective Date	Termination Date	Program Year
18017	VPK-APP	VPK 10,11A,11B	ELC of Flagler and Volusia	Certified	09/17/2019	Edit	Download	09/16/2019		2019 - 2020
49229	VPK	OEL-VPK 20	ELC of Flagler and Volusia	Certified	09/18/2019	View		09/18/2019		2019 - 2020
49230	SR	OEL-SR 20	ELC of Flagler and Volusia	Certified	09/19/2019	View		09/19/2019		2019 - 2020

SR Contracting Process Steps:

1. Profile submitted by Provider and approved by ELCFV (moved to ACTIVE status)
2. SR Contract initiated by ELCFV.
3. SR Contract completed and submitted by Provider (we will provide specific instructions after the contract forms are finalized).
4. SR Contract either:
 - o Certified by ELCFV - Congrats, program is now contracted for SR. OR
 - o Rejected for corrections. Provider must make corrections and resubmit Contract. Note: Program is not contracted until Contract has been signed by Provider and signed and certified by ELCFV.

VPK Contracting Process Steps:

1. Profile submitted by Provider and approved by ELCFV (moved to ACTIVE status)
2. VPK APP initiated by ELCFV.
3. VPK APP completed and submitted by Provider (detailed instructions will be provided when the APP is initiated).
4. VPK APP reviewed and either:
 - a. Certified by ELCFV - Congrats, program moves to next step of completing the CONTRACT (see 7 below) OR
 - b. Rejected for corrections. Provider must make corrections and resubmit VPK APP.
5. VPK APP certified by ELCFV.
6. VPK Contract initiated by ELCFV.
7. VPK Contract completed and submitted by Provider (will provide specific instructions after the contract forms are finalized).
8. VPK Contract either:
 - a. Certified by ELCFV - Congrats, program is now contracted for SR. OR
 - b. Rejected for corrections. Provider must make corrections and resubmit Contract. Note: Program is not contracted until Contract has been signed by Provider and signed and certified by ELCFV.

AFFIDAVIT CONCERNING EMPLOYMENT OF UNAUTHORIZED ALIENS

Provider Name: _____ Private Public
ELC: Flagler & Volusia Provider ID No. _____

The undersigned does, by his/her oath solemnly swear and affirm that he/she is the _____ [title] of _____ [Provider/School District] and as such officer or agent of such entity and is duly authorized to make this affidavit on behalf of said entity. On behalf of such entity and pursuant to the authority recited herein, the undersigned does further solemnly swear and affirm and that said entity:

1. Has contracted with the Early Learning Coalition of Flagler & Volusia to provide School Readiness and/or Voluntary Prekindergarten services, with a contract expiration date of June 30, **2022**.
2. Is enrolled and actively using the E-Verify system; and
3. Does not employ, contract with, or subcontract with any person who is an "unauthorized alien" as that term is defined in 8 U.S.C. 1324a (h)(3).*

The undersigned affirms, under penalty of perjury, that all statements made herein are true and correct.

 Signature Printed Name

STATE OF FLORIDA
COUNTY OF [_____]

The foregoing instrument was acknowledged before me, by [] physical presence or [] online notarization, this _____ day of [_____], 20__, by [_____], who is personally known to me or has produced _____ as identification.

 Notary Public – State of Florida
 My Commission Expires:_____

***8 U.S.C. 1324a(h)(3) Definition of unauthorized alien**
"As used in this section, the term "unauthorized alien" means with respect to the employment of an alien at a particular time, that the alien is not at that time either
 (A) *An alien lawfully admitted for permanent residence, or*
 (B) *Authorized to be so employed by this chapter or by the Attorney General."*