

Early Learning Coalition of Escambia County

School Readiness Provider Contract Application for Fiscal Year 2019-20

(July 1, 2019 – June 30, 2020)

We appreciate your interest in contracting with the Early Learning Coalition of Escambia County to provide this important educational service for our children. Caring for children and providing them with the foundational skills for learning is very important. We require you to do more than just meet the basic health and safety needs of our children, but to also endeavor to provide these children at high risk of school failure with an opportunity to learn and develop so that they are prepared to enter kindergarten ready to learn and succeed.

Who must complete this application? All private providers or public schools who desire to contract with the Coalition to provide School Readiness services must complete this application. Completing this application does not guarantee approval to be awarded a contract or approval to provide School Readiness services.

Contract Application Prerequisite: As a prerequisite all current and prospective Providers must be properly registered in the **Florida's Early Learning Provider Services Portal** for the coming fiscal year. This application package will only be accepted from Providers who have already completed, a received Coalition approval of their **Provider Portal Profile for Fiscal Year 2019/2020.**

Contract Approval (Electronic Signing) Prerequisite: The new Statewide School Readiness Provider Contract, Form OEL-SR 20, paragraph 31 states:

31. Orientation. PROVIDER agrees to participate in a SR Program Orientation conducted by the COALITION prior to the execution of this Contract, if offered by the coalition.

This Coalition does offer an orientation and no contracts will be signed by the Coalition until after an authorized representative of the Provider has attended the orientation.

General Instructions for Updating or Creating Provider Portal Profile

Returning Providers:

- a. Login to the Provider Portal at providerservices.floridaearlylearning.com.
- b. Click the profile tab from the menu and select "Provider Profile".
- c. Click the create 2019-20 button. Information from the 2018-19 program year will transfer to the new profile. Begin updating the 2019-20 profile. Make any updates/changes needed for your FY 2019-20 profile
- d. Once completed, sign and submit.

New Providers:

- a. To access the portal and initiate your registration you must go to providerservices.floridaearlylearning.com.
- b. On the Login Page to the right it states, "Not Yet registered?" Click the word "[here](#)" to register a new provider account. Complete registration and submit.
- c. After you have received your registration confirmation email login and create your profile in the Provider Portal.
- d. Once completed, sign and submit.

General Instructions for Completing This Application Package

1. For this application package, complete all required forms in this package and submit supporting documentation.
2. **The pages labeled Exhibits 5: Provider Reimbursement Rates & Exhibits 6: Holiday Schedule are excerpts from the SR contract. Please complete both and submit back with your application package.** We use these to cross reference and ensure this information is correct in your Provider Profile.
3. Type or print clearly using **black or blue ink.**
4. Do not use **white-out.**
5. Keep a copy of the application for your records (**no copies will be made at time of submission.**)
6. The Provider Support Contracts Administration Specialist will review your application and provide you with the status of your application at time of submission.
7. Any application that is incomplete (missing signatures, information or missing documentation) will be returned to the provider in total.
8. Use the attached checklist to ensure all requested documentation has been submitted with your application package or uploaded to your Provider Profile in the Provider Portal.

INSTRUCTIONS FOR COMPLETION OF APPLICATION

1. **New, Updated or Annual Renewal Application:** Mark a box indicating whether the application is new, updated, or an annual renewal. (If you were SR contracted for FY 2018-2019, please mark **“Annual Renewal”**.)
2. **Facility Type:** Mark a box indicating the type of setting which describes the provider or school. To be eligible to deliver school readiness services, the provider must mark one of the listed types of settings. An application is incomplete if a box is not marked.
3. **Provider’s Demographics:** Complete all that apply. Use **“N/A”** if a box is not applicable.
 - a. **Corporate Name of Provider or School** - Enter the legal name of your business as it appears on your IRS letter or social security card. The legal name of a business often includes “Corp.,” “Inc.,” “Co.,” or similar titles.
 - b. **Business Name of Provider or School (Doing Business As)** - Enter provider’s common name if it uses a name that is different from your business legal name. A business name is often referred to as a “fictitious name,” “trade name,” or “DBA” for doing business as.
 - c. **Physical Address of Program Site (number and street)** - Enter the physical street address of the program site where SR services are delivered. Include the city, county, and five-digit postal ZIP Code.
 - d. **Mailing Address:** If your mailing address is different than the physical address, enter that address here.
 - e. **Facility Landline, Alternate and Fax Numbers:** Enter your business landline, alternate and fax numbers with area codes.
 - f. **E-Mails.** You must maintain a working e-mail account and you must check your email frequently for information from the Early Learning Coalition of Escambia County.
 - g. **Employer Identification Number** – *Your employer identification number or 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 The Early Learning Coalition of Escambia County.*
 1. **Privacy Act Statement:** *Submission of your EIN or SSN on this form is mandatory. Your EIN or SSN will be used for processing payments to you as a School Readiness provider, reporting those payments for tax purposes, and for routine identification of you as a provider.*
 2. Enter the employer identification number (EIN) of the business (e.g., provider, owner, school district) that will receive payments for the SR program. This nine-digit number is assigned to a business by the Internal Revenue Service. If you do not have an EIN (e.g., family day care home), enter the director’s/operator’s social security number (SSN). An application that does not include an EIN in item 3 or a director’s/operator’s SSN is incomplete and may delay processing of the application. For providers utilizing an EIN, a copy of an IRS record of the EIN must be attached with the application. This record must include the following three items: Official IRS logo, EIN, and legal name.
 3. For providers utilizing a Social Security number, a copy of the Social Security card must be attached with the application.
 - h. **Florida Department of Children & Families (DCF) Identification Numbers:** If the facility or school is licensed, religious exempt or registered by the Florida Department of Children & Families or (in some counties) by a local licensing agency, enter the DCF number in this section. Providers that claim exemption from licensure are required to register with DCF and are assigned an exemption number.
 - i. **Legal Owner Information:** If you are a private provider that is owned by another business, enter a contact name for the owner, the legal name of the owner’s business, and a daytime phone number. If you are a public school or large corporate entity, enter the name and daytime phone number of the staff name & title who is coordinating the School Readiness program.

- j. Name of Director/Operator/Principal** - Enter the full name of the provider's or school's director/operator/principal with a daytime phone number.
- k. Facility Days of Operation:** Mark the days of the week your facility is in operation.
- l. Facility Times of Operation:** List the times your facility is in operation.
- 4. Facility Ownership Information:** Please answer all questions pertaining to the lease/ownership of your facility. If you lease your facility, you will need to provide a copy of your lease agreement.
- 5. Transportation:** Indicate if your facility provides transportation.
- 6. Gold Seal Designation:** Mark whether the provider holds a current Gold Seal Quality Care designation issued by the Florida Department of Children and Family Services (DCF). If the provider is Gold Seal accredited, list the name of the accrediting agency and expiration date. The provider must submit a copy of the official State of Florida Gold Seal certificate issued by the Department of Children and Family Services with this application.
- 7. Accreditation:** Mark whether the provider holds a current accreditation by another organization and list the expiration date. Submit a copy of the accrediting agency certificate.
- 8. Curriculum and Character Development Program**
In accordance with Section 1002.88(2)(1)(f) and 1002.88 (1)(g), FS, school readiness providers are required to use an approved curriculum and implement a character development program to develop basic values.
- 9. Provider Certification:** The applicant is required to read the certification statement sign and print name, list title and date of application. For private providers, the applicant must be the owner, director, or operator. For public schools the applicant must be the principal or designated school district staff.

Insurance:

1. General Liability/Transportation Insurance:

*In accordance with s. 1002.88(1)(l), F.S., PROVIDER agrees to maintain general liability insurance and provide the coalition with written evidence of general liability insurance coverage, including coverage for transportation of children if school readiness program children are transported by PROVIDER. PROVIDER must obtain and retain an insurance policy that provides a minimum of \$100,000 of coverage per occurrence and a minimum of \$300,000 general aggregate coverage. PROVIDER must add the coalition as a named certificate holder and as an additional insured. PROVIDER must provide COALITION with a minimum of ten (10) calendar days' advance written notice of cancellation of or changes to coverage. The general liability insurance required by this paragraph must remain in full force and effect for the entire period of this Contract. **Transportation insurance must show covered vehicles.***

2. Workers' Compensation and Unemployment Compensation

Workers' Compensation and Unemployment Compensation. In accordance with s. 1002.88(1)(n), F.S. PROVIDER agrees to obtain and maintain any required workers' compensation insurance under Chapter 440, F.S., and any required reemployment assistance or unemployment compensation coverage under Chapter 443, F.S. PROVIDER agrees to provide the COALITION with evidence of worker's compensation insurance coverage.

School Readiness Child Care Provider Application

Fiscal Year 2019-2020

1. Application:

New _____ Annual Renewal _____ Updated _____ If update, Effective Date: _____

2. Facility Type: (Check all that apply) Licensed Child Care Facility

- Exempt Child Care Facility Public School Licensed Large Family Child Care
- Registered Family Child Care Home Informal Provider Licensed Family Child Care Home
- Religious Exempt Child Care Facility Charter School Private School Faith Based

3. Provider's Demographics:

| | | |
|---|--|---|
| A. Name of Provider-Corporation or School: | | |
| B. Business Name (Doing Business As - DBA) | | |
| C. Physical Address: | | City: |
| | | Zip Code: |
| D. Mailing Address (if different from Physical Address): | | <input type="checkbox"/> Same as Physical Address |
| | | City: Zip Code: |
| E. Facility Telephone Number: (Landline): | Alternate Number: | Fax Number: |
| F. E-Mail: | | |
| G. Employer's Identification - FEIN or SS #: | H. DCF License /Reg/Exempt #: | |
| I. Legal Owner Name: Name: _____ Contact Phone #: _____ | J. Director's/Principal Name: _____ Contact Phone #: _____ | |
| K. Facility Days of Operation: (Check all that apply) S____ M____ T____ W____ Th____ F____ S____ | L. Facility Times of Operation: _____ AM _____ PM | |

School Readiness Child Care Provider Application

Fiscal Year 2019-2020

4. Facility Information:

- a) Do you lease or own your facility? Own _____ Lease _____ **(If Leasing, please submit copy of lease with application)**
- b) If owned or leased, is the property zoned to allow a child care business? Yes _____ No _____
- c) If leased does your lease agreement and/or landlord specifically allow use of the property for a child care business? Yes _____ No _____ N/A _____
- d) If your lease does not expressly allow or disallow use of your facility as a child care facility, has your landlord or owner either verbally or in writing been informed of your intent to operate a child care business on the property? Yes _____ No _____ N/A _____

5. Do you provide transportation? Yes _____ No _____ School Readiness providers that provide transportation services must provide verification of transportation insurance for transportation of children in their program. **(A copy of your transportation insurance identifying each vehicle used for transporting school readiness children must be uploaded to your Provider Profile under the Documentation tab in the Provider Portal. *Required*)**
 (Check all that apply)

| | |
|---|---|
| <input type="checkbox"/> From school to site | <input type="checkbox"/> From site to home |
| <input type="checkbox"/> To school from site | <input type="checkbox"/> To site from home |
| <input type="checkbox"/> Near public transportation | <input type="checkbox"/> In walking distance to school (list sch. names): |
| <input type="checkbox"/> By school bus or van | |

6. Gold Seal: Are you are a Gold Seal Accredited site? Yes _____ No _____

(A copy of your Gold Seal Certificate must be uploaded to your Provider Profile under Documentation tab in the Provider Portal * Required*)

7. ACCREDITATION - Are you accredited by an accrediting agency? (Check all that apply) **(A copy of your accreditation must be uploaded to your Provider Profile under the Documentation tab in the Provider Portal *Required*)**

| | Accrediting Agency | Effective Date | Expiration Date |
|--------------------------|---|----------------|-----------------|
| <input type="checkbox"/> | NOT ACCREDITED | | |
| <input type="checkbox"/> | ASSOCIATION OF CHRISTIAN SCHOOLS INTERNATIONAL | | |
| <input type="checkbox"/> | ASSOCIATION OF CHRISTIAN TEACHERS AND SCHOOLS | | |
| <input type="checkbox"/> | ACCREDITED PROFESSIONAL PRESCHOOL LEARNING ENVIRONMENT | | |
| <input type="checkbox"/> | COUNCIL OF ACCREDITATION | | |
| <input type="checkbox"/> | FLORIDA COALITION OF CHRISTIAN PRIVATE SCHOOL ACCREDITATION | | |
| <input type="checkbox"/> | FLORIDA LEAGUE OF CHRISTIAN SCHOOLS | | |
| <input type="checkbox"/> | GOLD SEAL QUALITY CARE ACCREDITATION | | |
| <input type="checkbox"/> | GREEN APPLE ASSOCIATION OF CHRISTIAN SCHOOLS | | |
| <input type="checkbox"/> | NATIONAL ACCREDITATION COMMISSION FOR EARLY CARE AND EDUCATION PROGRAMS | | |
| <input type="checkbox"/> | NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN | | |
| <input type="checkbox"/> | NATIONAL ASSOCIATION FOR FAMILY CHILD CARE | | |
| <input type="checkbox"/> | NATIONAL COUNCIL FOR PRIVATE SCHOOL ACCREDITATION | | |
| <input type="checkbox"/> | NATIONAL EARLY CHILDHOOD PROGRAM ACCREDITATION | | |
| <input type="checkbox"/> | SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS | | |
| <input type="checkbox"/> | UNITED METHODIST ASSOCIATION OF PRESCHOOLS | | |
| <input type="checkbox"/> | OTHER (List Below) | | |
| <input type="checkbox"/> | | | |

School Readiness Child Care Provider Application

Fiscal Year 2019-2020

8. CURRICULUM - Which of the following curricula does your program use? *(Check all that apply)*
(All new providers must submit copies of Curriculum. Current providers must submit copies of curriculum if different than previous year. *REQUIRED for School Readiness providers)

| | | | | | |
|--------------------------|--------------------------------------|--------------------------|--------------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | BABY DOLL CIRCLE TIME | <input type="checkbox"/> | INVESTIGATOR CLUB | <input type="checkbox"/> | SCHOLASTIC BIG DAY |
| <input type="checkbox"/> | BEYOND CENTERS & CIRCLE TIME | <input type="checkbox"/> | JOURNEY | <input type="checkbox"/> | SPLASH INTO PRE-K |
| <input type="checkbox"/> | BEYOND CRIBS & RATTLES | <input type="checkbox"/> | KIDDIE ACADEMY LIFE ESSENTIALS | <input type="checkbox"/> | STARFALL PRE-K |
| <input type="checkbox"/> | CREATIVE CURRICULUM | <input type="checkbox"/> | KIDS R KIDS | <input type="checkbox"/> | TOOLS OF THE MIND |
| <input type="checkbox"/> | DLM CHILDHOOD EXPRESS | <input type="checkbox"/> | KNOWLEDGE UNIVERSE | <input type="checkbox"/> | WE CAN |
| <input type="checkbox"/> | EARLY LITERACY & LEARNING MODEL PLUS | <input type="checkbox"/> | LEARN EVERY DAY | <input type="checkbox"/> | WEE LEARN |
| <input type="checkbox"/> | EDU 1 ST VESS CURRICULUM | <input type="checkbox"/> | LEARN FROM THE START | <input type="checkbox"/> | WORLD AT THEIR FINGERTIPS |
| <input type="checkbox"/> | FLEX GODDARD PRE-K | <input type="checkbox"/> | LEAP | <input type="checkbox"/> | OTHER (List Below) |
| <input type="checkbox"/> | FROG STREET | <input type="checkbox"/> | LIFESMART | <input type="checkbox"/> | |
| <input type="checkbox"/> | GALILEO PRE-K | <input type="checkbox"/> | LITERACY EXPRESS | <input type="checkbox"/> | |
| <input type="checkbox"/> | GEE WHIZ | <input type="checkbox"/> | LITTLE TREASURES | <input type="checkbox"/> | |
| <input type="checkbox"/> | GET SET FOR SCHOOL | <input type="checkbox"/> | O2B KIDS | <input type="checkbox"/> | |
| <input type="checkbox"/> | HIGH SCOPE | <input type="checkbox"/> | OPENING THE WORLD OF LEARNING | <input type="checkbox"/> | |
| | | | | | |

9. CERTIFICATION FOR SCHOOL READINESS CONTRACTED PROVIDERS

I certify that:

- I have examined this application and, to the best of my knowledge and belief, the information provided is true and correct. Including all attachments.
- If any of this information changes, I understand that I must submit said changes to the Coalition.

Signature: _____
 Owner / Director / Operator / Principal / School District Staff / or Authorized Personnel

Print Name: _____
 Owner / Director / Operator / Principal / School District Staff / or Authorized Personnel

Title: _____

Date: _____

Exhibit 5: Provider Reimbursement Rates

Provider Name: _____

Provider Operational Hours: _____

PROVIDER must mark whether it requires the parent to pay the differential between the Reimbursement Rate and Copayment and the private pay rate. Finally, PROVIDER must complete the table below marked "To be completed by PROVIDER." COALITION will complete the remainder of the Exhibit.

Does PROVIDER have a Gold Seal Designation for children ages 0-5? Yes No

Does PROVIDER have a Gold Seal Designation for school aged children? Yes No

PROVIDER'S Private Pay Rates

(To be Completed by PROVIDER)

| CARE LEVEL | (INF) <12 MTH | (TOD) 12<24 MTH | (2YR) 24<36 MTH | (PR3) 36<48 MTH | (PR4) 48<60 MTH | (PR5) 60<72 MTH | (SCH) In School | (SPCR) Special Needs If applicable |
|---|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|--|
| Full-Time Daily Rates | | | | | | | | |
| Part-Time Daily Rates | | | | | | | | |
| Before or After School Rates | N/A | N/A | N/A | N/A | | | | |

If PROVIDER charges a registration fee please check one and provide the amount: \$ _____

One time fee

Annual fee

Other Describe: _____

Does PROVIDER require the parent to pay the differential between the Approved Reimbursement Rate and the PROVIDER'S Private Pay Rate? Yes No

COALITION Maximum Reimbursement Rates
(To be Completed by COALITION)

| CARE LEVEL | (INF) <12 MTH | (TOD) 12<24 MTH | (2YR) 24<36 MTH | (PR3) 36<48 MTH | (PR4) 48<60 MTH | (PR5) 60<72 MTH | (SCH) In School | (SPCR) Special Needs |
|--|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|-------------------------|
| Full-Time Daily Rates | 26.51 | 24.42 | 22.33 | 21.00 | 20.43 | 20.43 | 17.55 | |
| Full-Time Gold Seal Daily Rates | 31.81 | 29.30 | 26.79 | 25.19 | 24.51 | 24.51 | 21.06 | |
| Part-Time Daily Rates | 20.00 | 18.43 | 16.86 | 15.87 | 15.44 | 15.44 | 13.28 | |
| Part-Time Gold Seal Daily Rates | 24.00 | 22.12 | 20.24 | 19.04 | 18.83 | 18.53 | 15.93 | |
| Before or After School Rates | N/A | N/A | N/A | N/A | 15.44 | 15.44 | 13.28 | |

Quality Performance Incentive Rate: _____%

Child Assessment Rate: _____%

Contracted Slots Rate: _____%

Cost of Additional Program Assessment conducted by the Coalition: \$_____

**Approved PROVIDER Reimbursement Rate* (To
be Completed by COALITION)**

| CARE LEVEL | (INF) <12 MTH | (TOD) 12<24 MTH | (2YR) 24<36 MTH | (PR3) 36<48 MTH | (PR4) 48<60 MTH | (PR5) 60<72 MTH | (SCH) In School | (SPCR) Special Needs If applicable |
|---|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|--|
| Full-Time Daily Rates | | | | | | | | |
| Part-Time Daily Rates | | | | | | | | |
| Before or After School Rates | N/A | N/A | N/A | N/A | | | | |

**Note: The Approved PROVIDER Reimbursement Rate PROVIDER will be paid shall not exceed PROVIDER's Private Pay Rates for each category.*

***VPK Wrap Rates will be calculated per child based on the child's full or part time unit of care and the Approved Provider Reimbursement Rates for full or part time care, whichever is applicable, as indicated in the table above.*

Effective Date of Rates Established in This Exhibit _____

Exhibit 5: Provider Reimbursement Rates

Provider Name: _____

Provider Operational Hours: _____

PROVIDER must mark whether it requires the parent to pay the differential between the Reimbursement Rate and Copayment and the private pay rate. Finally, PROVIDER must complete the table below marked “To be completed by PROVIDER.” COALITION will complete the remainder of the Exhibit.

Does PROVIDER have a Gold Seal Designation for children ages 0-5? Yes No

Does PROVIDER have a Gold Seal Designation for school aged children? Yes No

PROVIDER’s Private Pay Rates

(To be Completed by PROVIDER)

| CARE LEVEL | (INF) <12 MTH | (TOD) 12<24 MTH | (2YR) 24<36 MTH | (PR3) 36<48 MTH | (PR4) 48<60 MTH | (PR5) 60<72 MTH | (SCH) In School | (SPCR) Special Needs If applicable |
|---|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|--|
| Full-Time Daily Rates | | | | | | | | |
| Part-Time Daily Rates | | | | | | | | |
| Before or After School Rates | N/A | N/A | N/A | N/A | | | | |

If PROVIDER charges a registration fee please check one and provide the amount: \$_____

One time fee

Annual fee

Other Describe: _____

Does PROVIDER require the parent to pay the differential between the Approved Reimbursement Rate and the PROVIDER’S Private Pay Rate? Yes No

COALITION Maximum Reimbursement Rates
(To be Completed by COALITION)

| CARE LEVEL | (INF) <12 MTH | (TOD) 12<24 MTH | (2YR) 24<36 MTH | (PR3) 36<48 MTH | (PR4) 48<60 MTH | (PR5) 60<72 MTH | (SCH) In School | (SPCR) Special Needs |
|--|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|-------------------------|
| Full-Time Daily Rates | 26.51 | 24.42 | 23.47 | 22.14 | 21.38 | 21.38 | 18.45 | TBD |
| Full-Time Gold Seal Daily Rates | 31.81 | 29.30 | 28.16 | 26.56 | 25.65 | 25.65 | 22.14 | TBD |
| Part-Time Daily Rates | 20.00 | 18.43 | 17.72 | 16.72 | 16.15 | 16.15 | 13.95 | TBD |
| Part-Time Gold Seal Daily Rates | 24.00 | 22.12 | 21.26 | 20.16 | 19.38 | 19.38 | 16.74 | TBD |
| Before or After School Rates | N/A | N/A | N/A | N/A | 16.15 | 16.15 | 13.95 | TBD |

Quality Performance Incentive Rate: _____%

Child Assessment Rate: _____%

Contracted Slots Rate: _____%

Cost of Additional Program Assessment conducted by the Coalition: \$ _____

**Approved PROVIDER Reimbursement Rate* (To
be Completed by COALITION)**

| CARE LEVEL | (INF) <12 MTH | (TOD) 12<24 MTH | (2YR) 24<36 MTH | (PR3) 36<48 MTH | (PR4) 48<60 MTH | (PR5) 60<72 MTH | (SCH) In School | (SPCR) Special Needs If applicable |
|---|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|--|
| Full-Time Daily Rates | | | | | | | | |
| Part-Time Daily Rates | | | | | | | | |
| Before or After School Rates | N/A | N/A | N/A | N/A | | | | |

**Note: The Approved PROVIDER Reimbursement Rate PROVIDER will be paid shall not exceed PROVIDER's Private Pay Rates for each category.*

***VPK Wrap Rates will be calculated per child based on the child's full or part time unit of care and the Approved Provider Reimbursement Rates for full or part time care, whichever is applicable, as indicated in the table above.*

Effective Date of Rates Established in This Exhibit _____

Exhibit 5: Provider Reimbursement Rates

Provider Name: _____

Provider Operational Hours: _____

PROVIDER must mark whether it requires the parent to pay the differential between the Reimbursement Rate and Copayment and the private pay rate. Finally, PROVIDER must complete the table below marked “To be completed by PROVIDER.” COALITION will complete the remainder of the Exhibit.

Does PROVIDER have a Gold Seal Designation for children ages 0-5? Yes No

Does PROVIDER have a Gold Seal Designation for school aged children? Yes No

PROVIDER’S Private Pay Rates

(To be Completed by PROVIDER)

| CARE LEVEL | (INF) <12 MTH | (TOD) 12<24 MTH | (2YR) 24<36 MTH | (PR3) 36<48 MTH | (PR4) 48<60 MTH | (PR5) 60<72 MTH | (SCH) In School | (SPCR) Special Needs If applicable |
|---|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|--|
| Full-Time Daily Rates | | | | | | | | |
| Part-Time Daily Rates | | | | | | | | |
| Before or After School Rates | N/A | N/A | N/A | N/A | | | | |

If PROVIDER charges a registration fee please check one and provide the amount: \$ _____

One time fee

Annual fee

Other Describe: _____

Does PROVIDER require the parent to pay the differential between the Approved Reimbursement Rate and the PROVIDER’S Private Pay Rate? Yes No

COALITION Maximum Reimbursement Rates
(To be Completed by COALITION)

| CARE LEVEL | (INF) <12 MTH | (TOD) 12<24 MTH | (2YR) 24<36 MTH | (PR3) 36<48 MTH | (PR4) 48<60 MTH | (PR5) 60<72 MTH | (SCH) In School | (SPCR) Special Needs |
|--|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|-------------------------|
| Full-Time Daily Rates | 21.00 | 19.10 | 18.53 | 17.58 | 17.20 | 17.20 | 15.03 | TBD |
| Full-Time Gold Seal Daily Rates | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | TBD |
| Part-Time Daily Rates | 15.87 | 14.44 | 14.01 | 13.30 | 13.02 | 13.02 | 11.39 | TBD |
| Part-Time Gold Seal Daily Rates | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | TBD |
| Before or After School Rates | N/A | N/A | N/A | N/A | 13002 | 13.02 | 11.39 | TBD |

Quality Performance Incentive Rate: _____%

Child Assessment Rate: _____%

Contracted Slots Rate: _____%

Cost of Additional Program Assessment conducted by the Coalition: \$ _____

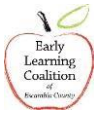
**Approved PROVIDER Reimbursement Rate* (To
be Completed by COALITION)**

| CARE LEVEL | (INF) <12 MTH | (TOD) 12<24 MTH | (2YR) 24<36 MTH | (PR3) 36<48 MTH | (PR4) 48<60 MTH | (PR5) 60<72 MTH | (SCH) In School | (SPCR) Special Needs If applicable |
|---|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|--|
| Full-Time Daily Rates | | | | | | | | |
| Part-Time Daily Rates | | | | | | | | |
| Before or After School Rates | N/A | N/A | N/A | N/A | | | | |

**Note: The Approved PROVIDER Reimbursement Rate PROVIDER will be paid shall not exceed PROVIDER's Private Pay Rates for each category.*

***VPK Wrap Rates will be calculated per child based on the child's full or part time unit of care and the Approved Provider Reimbursement Rates for full or part time care, whichever is applicable, as indicated in the table above.*

Effective Date of Rates Established in This Exhibit _____



Early Learning Coalition of Escambia County

Holiday Schedule FISCAL YEAR 2019-2020

The following holiday schedule will be observed by the Coalition staff. Our offices will be closed on these dates. Per Rule 6M-4.500(3)(a) F.A.C., the Coalition has approved every Provider to be paid for up to twelve (12) holidays per year. The schedule below list all the Coalition holidays and identifies which are mandatory and which are optional. The Coalition has identified seven days of the year to be mandatory holidays for all Providers. Providers can choose up to five additional days from the days they identify in the Provider Portal as days they will be closed, to be paid holidays. Providers are not required to choose the Coalition holidays listed below as optional as their own holidays. In the Provider Portal under Closure Calendar, you must identify all the days you are planning to be closed for the coming year, both with or without reimbursement, to include the mandatory holidays.

| <u>HOLIDAY</u> | <u>OBSERVED DATE</u> | <u>STATUS</u> |
|--|-------------------------------------|----------------------|
| Independence Day (Fourth of July) | Thursday, July 4, 2019 | Mandatory |
| Labor Day | Monday, September 2, 2019 | Mandatory |
| Columbus Day | Monday, October 14, 2019 | Optional |
| Veterans Day | Monday, November 11, 2019 | Optional |
| Thanksgiving Day | Thursday, November 28, 2019 | Mandatory |
| Day After Thanksgiving | Friday, November 29, 2019 | Optional |
| Christmas Eve | Tuesday, December 24, 2019 | Optional |
| Christmas Day | Wednesday, December 25, 2019 | Mandatory |
| New Year's Day | Wednesday, January 1, 2020 | Mandatory |
| Martin Luther King Jr. Day | Monday, January 20, 2020 | Mandatory |
| Presidents' Day | Monday, February 17, 2020 | Optional |
| Memorial Day | Monday, May 25, 2020 | Mandatory |

Complete the following Exhibit 6: Holiday Schedule.

Exhibit 6: Holiday Schedule

Provider Name: _____

| Holiday | Date Observed |
|-----------------------------------|-------------------------------------|
| Independence Day (Fourth of July) | Thursday, July 4, 2019 |
| Labor Day | Monday, September 2, 2019 |
| Thanksgiving Day | Thursday, November 28, 2019 |
| Christmas Day | Wednesday, December 25, 2019 |
| New Year's Day | Wednesday, January 1, 2020 |
| Martin Luther King Jr. Day | Monday, January 20, 2020 |
| Memorial Day | Monday, May 25, 2020 |
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If the holidays falls on a Saturday, the holiday is observed on the Friday preceding the holiday.
 If the holiday falls on a Sunday, the holiday is observed on the Monday following the holiday.

**Owner /Operator Information School Readiness
(FY 2019-2020)**

This form serves as a requirement in Exhibit 2, Item 6 of your Statewide School Readiness Provider Contract.

Facility Name: _____

New: _____ Annual Renewal: _____ Update: _____ If Update, Effective Date: _____

Signature of authorizing personnel: _____ Print Name: _____ Title: Owner
 Board of Director Member Corporate Officer Administrator of Program Other _____

Please provide the following information for your School Readiness Program. Any changes must be reported to the Coalition within fourteen (14) calendar days of the change. **Failure to report changes may result in the termination of the School Readiness contract.**

It must be indicated **who has authorization to sign** contractual and financial documents on behalf of the child care facility. This form **must be signed** by the owner, chief executive, or corporate officer granting permission to personnel of the program to execute all or part of the School Readiness contract.

1. Full Name: _____ Title: _____

Signature: _____ Date: _____

2. Full Name: _____ Title: _____

Signature: _____ Date: _____

3. Full Name: _____ Title: _____

Signature: _____ Date: _____

For **monitoring, licensing, health inspections or audit reviews**, list the names of individual(s) who are authorized to **act in** place of the director if the director is not on-site. Persons acting in place of the director must be at least 21 years of age.

1. Full Name: _____ Title: _____

Signature: _____ Date: _____

2. Full Name: _____ Title: _____

Signature: _____ Date: _____

For Family Child Care Homes – Please list name of Substitutes(s):

1. _____ 2. _____

Advisory Note: Per **Rule 6M-4.610 Statewide Provider Contract for the School Readiness Program** all persons signing this document are presumed to be in an ownership and/or management position, and as such are considered an "individual associated with provider" as defined in the Rule. All such persons are therefore subject to the consequences of any actions taken with regard to this contract; to include revocation of eligibility to provide School Readiness services in the event this contract is terminated for cause. Additionally, Directors and Assistant Directors are by their position considered to be an "individual associated with provider" and are also subject to the consequences of all contract actions. A copy of this rule is attached to the application for your review.

6M-4.610 Statewide Provider Contract for the School Readiness Program.

(1) General Provisions.

(a) Forms.

1. The State of Florida Statewide School Readiness Provider Contract, Form OEL-SR 20 with exhibits 1 through 5 (October 2016), is hereby adopted and incorporated by reference. Form OEL-SR 20L entitled “State of Florida Statewide School Readiness Provider Contract Licensed Provider Responsibilities” (October 2016), Form OEL-SR 20LE entitled “State of Florida Statewide School Readiness Provider Contract License Exempt Provider Responsibilities” (October 2016), Form OEL-SR 20FFN entitled “State of Florida Statewide School Readiness Provider Contract Informal Provider Responsibilities” (October 2016), and Form OEL-SR 20A entitled “State of Florida Amendment of the Statewide School Readiness Provider Contract” (October 2016) are hereby adopted and incorporated by reference. A copy of Form OEL-SR 20 including exhibits 1 through 5, Form OEL-SR 20FFN, OEL-SR 20LE and OELSR 20L may be obtained at http://www.floridaearlylearning.com/oel_resources/rules_guidance_technical_assistance.aspx or from the Office of Early Learning, 250 Marriott Drive, Tallahassee, FL 32399. The incorporated forms are also available at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-07583>.

2. The State of Florida Statewide School Readiness Provider Contract, Form OEL-SR 20 with exhibits 1 through 7 (July 2019), is hereby adopted and incorporated by reference. Form OEL-SR 20L entitled “State of Florida Statewide School Readiness Provider Contract Licensed Provider Responsibilities” (July 2019), Form OEL-SR 20LE entitled “State of Florida Statewide School Readiness Provider Contract License Exempt Provider Responsibilities” (July 2019), Form OEL-SR 20FFN entitled “State of Florida Statewide School Readiness Provider Contract Informal Provider Responsibilities” (July 2019), and Form OEL-SR 20A entitled “State of Florida Amendment to the Statewide School Readiness Provider Contract” (July 2019) are hereby adopted and incorporated by reference. A copy of Form OEL-SR 20 including exhibits 1 through 7, Form OEL-SR 20FFN, OEL-SR 20LE and OEL-SR 20L may be obtained at http://www.floridaearlylearning.com/oel_resources/rules_guidance_technical_assistance.aspx or from the Office of Early Learning, 250 Marriott Drive, Tallahassee, FL 32399. The incorporated forms are also available at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-10020>.

(b) To request participation in the SR Program, a provider must complete a copy of the Statewide School Readiness Provider Contract, the appropriate provider responsibility form, and submit all required documentation as indicated in the Statewide School Readiness Provider Contract to the early learning coalition under which the provider will operate.

(c) All forms referenced in subparagraph (1)(a)1. above, shall be used by the early learning coalitions to enter into provider contracts with an end effective date of June 30, 2019. All forms reference in subparagraph (1)(a)2. above, shall be used by the early learning coalitions to enter into provider contracts with a beginning effective date of July 1, 2019 and all dates thereafter until a new contract form is subsequently adopted. All SR providers that register to offer the SR Program must execute Form OEL-SR-20 including exhibits, and Form OEL-SR 20FFN, OEL-SR 20LE or OEL-SR 20L for the appropriate contract year.

(d) The Statewide School Readiness Provider Contract shall be in effect for a term of one year. A school district may sign a single Statewide School Readiness Provider Contract on behalf of all public schools in the district offering the SR Program. The owner, officer, principal or other authorized representative of multiple private child care providers may sign a single Statewide School Readiness Provider Contract on behalf of all of his or her private providers within an early learning coalition service area in which it operates.

(e) A coalition shall keep the original fully executed Statewide School Readiness Provider Contract in the coalition’s records for each SR provider. An early learning coalition shall execute and retain this contract electronically in compliance with section 668.50, F.S., the Uniform Electronic Transaction Act.

(f) Neither a coalition nor an SR provider may omit, supplement or amend the terms and conditions of the Statewide School Readiness Provider Contract, except for those amendments made with the execution of Form OEL-SR 20A as appropriate for the contract year. Neither a coalition nor an SR provider may include any attachments, addenda or exhibits to the Statewide School Readiness Provider Contract except the exhibits set forth in the Form OEL-SR 20, Form OEL-SR 20L, Form OEL-SR 20LE, Form OEL-SR 20FFN and Form OEL-SR 20A as appropriate for the contract year.

(2) Inspections.

(a) Upon the effective date of this rule, and annually thereafter, all participating school readiness program providers shall receive an inspection to determine compliance with the health and safety requirements of Section 1002.88, F.S., and minimum standards adopted under rule 6M-4.620, F.A.C. Annual inspections shall be conducted by the Department of Children and Families (the department) or local licensing agency, whichever is applicable, be unannounced and shall take place within the contract year at a time as scheduled by the department or local licensing agency (as applicable).

(b) For all new providers that are not regulated by the department or local licensing that request participation in the SR Program and have not previously provided SR Program services or have had a one year lapse in providing SR Program services, a fully compliant pre-contractual health and safety inspection must be conducted prior to the execution of a school readiness contract. Upon determination by the coalition that a provider is eligible to participate in the SR Program, an early learning coalition shall complete and execute the Statewide School Readiness Provider Contract with the provider.

(c) For new SR Program providers that are currently regulated by the department or local licensing agency, an inspection conducted by the department or local licensing agency within four (4) months for center-based programs and six (6) months for family child care homes prior to the execution of the Statewide School Readiness Provider Contract will be sufficient to meet the pre-contractual health and safety inspection requirement. However, prior to execution of an initial school readiness contract a provider must not have any outstanding violations or issues of noncompliance pending from their most recent inspection. Upon determination by the coalition that a provider is eligible to participate in the SR Program, an early learning coalition shall complete and execute the Statewide School Readiness Provider Contract with the provider.

(3) School Readiness Program Ineligibility. For the purpose of this subsection “individual associated with a provider” means an individual or family member of an individual who, regardless of compensation, holds a management position, oversees the operations of a provider, or is an officer, shareholder, beneficial owner or member of the board of directors of a provider. A provider shall not be eligible to contract to offer the SR program if any of the following circumstances apply:

(a) The early learning coalition may refuse to contract with a SR provider or revoke a SR provider’s eligibility to deliver the School Readiness Program if the provider has been cited for a Class 1 violation by the department or local licensing agency, as applicable, in accordance with rules 6M-4.620 and 65C-22.010 or 65C-20.012, F.A.C. (as applicable to the provider type). Action taken by a coalition to revoke a provider’s eligibility must be consistent with section 1002.88(2)(b), F.S., in that the revocation is for a period of five (5) years. If the coalition chooses to implement this provision the coalition must develop policies and procedures, in accordance with Element V. Monitoring in Form OEL-SR 115, as incorporated by reference in rule 6M-9.115, F.A.C., to ensure the standard is applied consistently to all potential and current SR program providers. Each coalition shall:

1. Develop policy and procedures that are written and made available to all providers or potential providers.
2. Document all actions taken by the coalition to remove a SR provider from the program or revoke a provider’s eligibility.
3. Ensure providers are offered due process as described in Form OEL-SR 20.

(b) The provider is on the United States Department of Agriculture National Disqualified List;

(c) An individual associated with the provider was, or is, associated with another provider that is on the United States Department of Agriculture National Disqualified List;

(d) The provider has been terminated from participation in the program due to fraud and is currently not eligible to participate in the school readiness program;

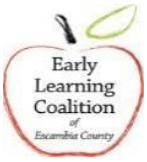
(e) An individual associated with the provider was, or is, associated with another provider that has been terminated from participation in the program due to fraud and is currently not eligible to participate in the school readiness program; (f) The provider is currently ineligible to participate in the program pursuant to section 1002.88(2), F.S.

(g) An individual associated with the provider was or is associated with another provider that is currently ineligible to participate in the program pursuant to section 1002.88(2), F.S.

(h) For multi-site providers, such as corporate chains or school districts, School Readiness program ineligibility identified in paragraphs (f) and (g) above, is per site and may not apply to all locations unless specifically determined otherwise by the coalition. In determining ineligibility of multi-site providers, the coalition shall consider the following factors: the severity of the provider’s actions leading to the ineligibility, the health, safety and welfare of children enrolled at the provider sites, the financial impact of the provider’s actions, the impact that ineligibility would have upon the local community, consistency with coalition’s actions against other providers for similar violations of the Contract or program requirements, the length of time that provider provided services under the contract with the coalition, and whether the provider had previously violated the terms of the Contract and prior contracts with the coalition.

(4) Transfer of ownership. In the event of a change of ownership, sale, sale of assets, conveyance of ownership or other transfer of ownership interest, the provider shall notify the coalition no later than 30 calendar days prior to the transfer of ownership. The coalition and the new owner shall execute a new contract for SR services, provided the new owner meets the eligibility requirements pursuant to subsection (2) of this rule, and section 1002.88, F.S., and is not disqualified from contracting pursuant to subsection (3) of this rule. Upon a request to contract due to a transfer of ownership, the coalition shall have up to 30 calendar days to execute or decline the contract. This timeline may be extended if all prerequisite requirements have not been met.

Rulemaking Authority 1001.213(2), 1002.82(2)(m) FS. Law Implemented 1002.82(2)(m), (6), 1002.82, 1002.84(8), (10), (15), (17), 1002.85(2)(h), 1002.87(2), 1002.88, 1002.91, 1002.97(3) FS. History—New 2-18-15, Amended 12-18-16, 11-29-18.



BANKING INFORMATION

It is required that early childcare providers who contract with Early Learning Coalitions utilize direct deposit (Electronic Funds Transfer-EFT) through the provider's banking institute to be paid for School Readiness & Voluntary Pre-Kindergarten services. Exceptions must be approved in writing by the Executive Director. Please provide your banking information below.

NOTE: Please attach a voided check or documentation from provider's bank verifying Account Holder's Name, Account Number, and Routing Number.

| | |
|---|---|
| Bank Name | Name on Account |
| Account Type: (Check One) Business _____ Personal _____ | _____ Checking account _____ Savings account |
| Bank Address | Bank Account Number |
| | Bank Routing Number |
| Bank Phone Number | Name of Authorized Signer |
| | Name of 2nd Authorized Signer (if applicable) |

Thank you for your cooperation in gathering this important information. You may contact this office at any time to update your information. Banking changes may result in an EFT payment delay due to banking requirements. Your reimbursement specialist is available to answer any questions you might have.

Comments/Questions:

Director/Operator signature: _____ **Date:** _____

Coalition Use Only:

No Change to Bank Info/Bank Info Verified in EFS
 Bank Info Changed/ EFS Updated/Changed

New Provider- Date entered in EFS

Processed by (Coalition Staff Signature): _____ **Date:** _____

Emergency Preparedness Plan

Name of Program: _____

Address: _____

City, State, Zip Code: _____

Emergency Phone Contact Number: _____

This Plan was prepared BY:

Name: _____ Position: _____

City, State, Zip Code: _____

Signature

Date

Purpose

The (Name of Provider) _____ shall develop a written emergency preparedness plan to include, at a minimum, procedures to be taken by the facility in the event of a disaster or emergency. The plan shall include how the provider will meet the needs of children (including children with special needs) and staff by establishing a designated safe area, will know what documents and items to bring, will have a list of parents and emergency contacts and in the event of relocation will have procedures in place to safely and calmly relocate the children and staff and facilitate parent/guardian reunification.

The following are examples of a disaster or emergency which may cause relocation:

| | | |
|---------------|--------------------|--------------------|
| Hurricane | Active Shooter | Aircraft Accidents |
| Facility Fire | Workplace Violence | Kidnapping |
| Tornadoes | Bomb Threats | Train Derailments |
| Floods | Wildfires | |

Location of Plan

(Name of the Provider) _____ will have a copy of their Emergency Preparedness Plan posted in sight for all parents, staff and visitors to view. An updated copy of the Emergency Action Plan will be submitted to the Early Learning Coalition of Escambia County whenever changes occur or at least annually with contract application.

Emergency Policy

(Name of the Provider) _____ will follow the rules for Physical Environment under the Florida Administrative Code specifically rule 65C-22.002(7) (a)-(m) for Fire and Emergency Safety. The Owner/Director should assume responsibility for emergency actions until the arrival of emergency service personnel.

In the absence of the facility director/owner, the following person(s) will take charge:

Primary: _____

Secondary: _____

Notification of Emergencies

In the event of an emergency, the Director and Staff will make sure all children are in a safe place or evacuated off the premises to a safe location if necessary. Should an evacuation happen, Parents/Guardians will then be contacted by (Staff Member) _____ at the evacuation location to come and pick up their child (ren).

After all parents/guardians have been contacted, the Director will contact the Early Learning Coalition of Escambia County at (850) 595-5400 to inform them of the situation and the status of their building. After hours call 850-287-0650. Should (Name of Provider) _____ not be able to resume normal business practices, it is the right of the Early Learning Coalition of Escambia County to begin notifying parents of their right to transfer their child to a new location until (Name of Provider) _____ is able to resume normal business.

Upon notification, the Early Learning Coalition of Escambia County will send staff out to observe the building affected during the emergency to make sure the space passes a health and safety inspection. Should the space not pass inspection, the staff will inform the Director of changes that need to be made before children may return to the building. Should the building be in a condition that is not immediately repairable, the Director will meet with the Coalition staff to discuss their options.

(Name of Provider) _____ is responsible for notifying their licensing/accrediting agency within 24 hours of the incident.

Exit & Escape Procedures

Should the children need to be relocated from the building, an attendance roster (sign/in-out sheet) with all the children in attendance will be used to take attendance before leaving the building, after boarding transportation and after unloading the transportation at the new location. Additionally, all Sign-in/Sign-out forms shall be used to verify child attendance and departure. Emergency routes are posted in the building and have been practiced monthly, so all children and staff are aware of the procedures.

In the event of an evacuation **(Name of Provider)** _____ will move all the children to:

- Name and Address of Evacuation Site:** _____

Please provide the Coalition with written documentation from the evacuation site that approval has been granted for your program to use this location as a shelter until all children are picked up.

- Name of Provider:** _____ will transport all children by **(means of transportation)** _____ to the evacuation site.
- (Name of Staff)** _____ shall attend to any children identified with “Special Needs”; to include insuring any medication or equipment that is on site for a child will be taken with the child in the event of the emergency evacuation and relocation.

Reporting Emergencies

(Name of Staff) _____ will be responsible for bringing all emergency contact information for all children to the evacuation site.

(Name of Staff) _____ will begin contacting parents after attendance has been taken and all children have been accounted for.

| Type of Emergency | Contact | Phone Number |
|--------------------------|---------|--------------|
| <i>Fire</i> | | |
| <i>Weather Related</i> | | |
| <i>Bomb Threat</i> | | |
| <i>Medical Emergency</i> | | |
| <i>Flood</i> | | |
| <i>Others</i> | | |
| | | |

Emergency Numbers for Parents/Guardians Shall be Prominently Posted near Each Telephone

An updated computer-generated Roster with Parent/Guardian & Phone Number Information may be used in lieu of this form **BUT MUST BE CURRENT & POSTED!**

This list should be updated upon enrollment or disenrollment of any child.

| Name of Child | Name of Parent/Guardian | Phone |
|---------------|-------------------------|-------|
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NOTE: A COPY OF THIS LIST SHALL NOT BE PROVIDED TO COALITION

Accounting for Employees

A list of employees and emergency contact information should remain current.

| Name | Phone |
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Notes:

1. Copy of this emergency action plan shall be provided to every employee in organization that is expected to deal with emergencies. 2. A copy of this list shall not be provided to the Coalition.

School Readiness Application Documentation Submission Checklist

Fiscal Year 2019-2020

For Providers Use

Documentation in the checklist below will need to be submitted back with your school readiness application.

| | |
|--|--|
| | Copy of Current Accrediting Agency's Inspection report (License Exempt Centers Only) |
| | Copy of IRS FEIN Letter OR If you do not have a FEIN, a copy of your Social Security Card |
| | Owner /Operator Form (This meets the requirement of Exhibit 2 - Item 6 of the SR Contract). A copy of this form must be uploaded in your Provider Profile. On your Dashboard click on "Documents" in the menu. Then click on "View/Update" and upload file in the Document Library Management. |
| | If Leasing Facility, Copy of your current Lease Agreement. |
| | Direct Deposit Authorization Form (Attach Voided Check or Bank Letter) |
| | Copy of Emergency Preparedness Plan or your company plan |
| | Providers Disciplinary Action/Expulsion Policy |
| | CURRICULUM (All new providers must submit copies of Curriculum. Current providers must submit copies of curriculum if different than previous year. |

Note: Documentation listed below will need to be uploaded to your Provider Profile in the Provider Portal.

- Liability Insurance
- Workers' Compensation Insurance
- Transportation Insurance
- Accreditation Certificate
- Gold Seal Certificate
- DCF License
- DCF Registration Letter
- Provider's Center Rate Sheet
- Sunbiz must be upload to your Provider File on the Portal