UAT ALPHA ~ Provider Portal									
A Home Business - Profile - Contracts - Enrollments -	Attendance + Documents +	Profile 2023-2024 Helio karenhailman@elcpolk.org/ C+ Log Off 🔅 🚳							
Common Tasks	Broadcast Messages	Coalition Messages							
Manage Sites Manage All Sites	<ul> <li>No messages to display.</li> </ul>	No notifications or alerts to display.							
Manage Users Manage All Users									
Manage VPK Applications and Contracts VPK Provider Application									
Manage VPK Instructors, Calendars, and Classes Statewide VPK Provider Contract									
VPK Contract Amendment	Provider Site Summary	Frequently-Used Links							
Manage SR Contracts	Business name:	Bright Beginnings							
Statewide SR Provider Contract SR Contract Amendment	Doing business as:	Core Competencies (Coming Soon)							
	Provider ID:	DCF Provider Training							
Surveys/Grant Applications	License number:	Provider Portal User Guide							
ARPA     ADDA Dound 1 Application	SSN / Federal ID number:	Quality Performance System (QPS)							
<ul> <li>ARPA Round 1 Installment 2</li> </ul>		VPK Provider Readiness Rate Website							
ARPA Round 1 installment 3	•								
	Please contact your carly learning coalition for immediate This tile is best viewed with Microsoft Ficke. Download the latest we	assistance.							

If you are using an Apple device (Pad, Phone, Mac computer, MacBook), while we encourage Microsoft Edge, you may also download and use Google Chrome.



#### **Provider Services Portal**

Main Login Dashboard

- The Business Information page collects business information about the provider, including business name and address information, and it is shared among additional sites (if any). Only a Business Administrator may edit the information on this page.
- NOTE: The Business Information Tab must be reviewed/updated before the profile may be submitted.
  - To complete the Business Information page, click the **Business** dropdown menu from the Provider Dashboard.

Then, click Business Info.

A Home	Business -	Profile -	Contracts -	Docum	nents 👻	
Common	n Tasks				Broadcast Messages	
Manag Manage	e Sites All Sites				No messages to display.	

You will be asked a series of questions to assist in filling in the Provider Profile

🕇 Home Business - Profile - Contracts - Enrollments - Attendance - Documents -	Profile 2023 - 2024 Y Helio
2023 - 2024 Program Yeat O Create 2024 Click here to create your 2024 Profile.	Current Status: Active
Request Assistance	
General Facility Services Curriculum Pees & Discounts Hours of Operation Starting & Capacity Private Pay Rates Closures Calendar Documents Review Sign & Cently	
General	
<ul> <li>The your want to have your program referred to families seeking child care listings? </li> <li>Yes ○ No</li> </ul>	
2. Do you want to complete a contract to participate in the School Readiness Program?     Ves O No '	
2.1 Have you completed the Health & Safety Inspection by Department of Children and Families? ● Yies ○ No	
Do you want to complete a contract to participate in the Voluntary Prekindergarten (VPK) Education Program?     Ves      Iso '	
4. Do you want to complete a contract to receive local funding? > Yes  to	
6. Are you a Gold Seal provider? () 📥 O Yes 🔹 No	
6. Are you an accredited provider? 📩 O Yes 🐐 No	

General
1. Do you want to have your program referred to families seeking child care listings?
2. Do you want to complete a contract to participate in the School Readiness Program?
2.1 Have you completed the Health & Safety Inspection by Department of Children and Families?
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?
5. Are you a Gold Seal provider?
Yes () No     No     Are you an accredited provider?
Yes € No     No

On the "Services" Tab: Question 13: "Quality Rating System. Select No.

Services				
1. Age of Children for which Care i	is Provided*			
Minimum Age*		Maximum Age*		
1	Months -	12	Years	•
2. Programs Offered (select all that a	pply)			
3. About My Program (select all that	apply)*			•
4. Languages Spoken by Staff (sele	ect all that apply)*			•
5. Other Spoken Languages ()				•
6. Meals (select all that apply)*				
7. Do you provide transportation s Yes No R. Transportation (select all that apply	ervices?* /)			
9. Do you currently implement a cl Ves  No	haracter development program	*		
10. Is your program equipped to ca Ves  No	are for children with special nee	eds?*		
11. Is your facility wheelchair-acce Yes O No	essible?*			
12. Does your program/facility offe Ves ONO	er therapeutic services to childr	en?*		
13. Do you participate in a quality Ves O No	rating system? *(1)			
• Affiliation - Not for Profit* Yes  No				
5. Military Child Care *(1) ) Yes 🍥 No				



#### **Private Pay Rates**

- The Private Pay Rates tab collects information on the provider's private pay rate based on unit of care and care level. The Provider Portal user must enter in the private pay rates for each "Unit of Care" and "Care Level" offered by the provider. Shaded cells do not permit entry. If care is not provided for that Unit of Care and Care Level, no entry is needed.
- The Helper button will automatically calculate the rates based on the Full Time Monthly Rates or Full Time Weekly Rates, and the Part Time Weekly Rates entered in the Private Pay Rates section. The rates are also editable after calculation.

	an appear or provide a second se								
	ful Taxe Monthly Fund	1.1	14.14	1 100 100	1.111	1	A. LA	1	1
	Salamat Lana Westly Bate	1.00	4.4	1 1	1.1	8 1	1.1	1.0	1.1
	Trop in: Judy Tata O	1.1	(8)+	8.8	1	8.4	1.1	818	1.1
	Tal Tone Working Read	8.110	(ACAN)	4 44	8 25	8 1.0	1 11	1 1.m.	1 60
	Part Time Markly Rand	1.1		5.0	1.1	8.4	111	4.1	6.1
	ethe Fail Fane Meakly Ram	4 1.0	8 1400	4 1.00	1.	3.4	1.1	1.10	1.1
	effit, Part Taka Monthly Form 🔕	1.10	4.1.4.00	4 10	1.1	1.1	1.1	8. i=	1.1
	lainei Age Aflet Salaad Workly Ann Q	1.00	4.110	1.10	1 10	8.4	1.1	4.4	1.1
	Salard Age Selere School Beeting Sale	1.14	1 10	4 100	1 10	1.1	1.1	1.1	1.1
010	School Age - Bolt Ballow & After School Monthy Rails ()	1.10	1.10	4 1=	1.1=	1.1	1.1.	1.1	1.1
	Daily Rates for School Re	adiness	Program	n 	and to deduce the grad	-		Corpora da sua	a sub spr

Documentation will be uploaded based on your answers to the questions and used as reference for your contract.

Ge	neral	Facility	Services	Curriculum	Fees & Discounts	Hours of Operation	Staffing & Capacity	Private Pay Rates	Closures Calendar	Documents
Re	view	Sign & Certi	ify							$\smile$
Su	pporting	Documents								
	Certific	ate of Lice	nsure							
	Doc	cument(s)			Begin Da	te Expiration Date				

#### Review Profile for missing information

General	Facility	Services	Curriculum	Fees & Discounts	Hours of Operation	Staffing & Capacity	Private Pay Rates	Closures Calendar	Documents Review	Sign & Certify
Review -	Let's make	sure w <mark>ata</mark> n	ve all your info	rmation.					$\bigcirc$	
Click the h	eaders or the	+ to expand	and the - to co	lapse each section bek	w. Click the Button b	o navigate to that section.				
+										Business
+										General
			_							Facility
-		5								
+										Services
		M								
+		V								Curriculum
+		Y								Fees and Discounts
* Mis	sing Require	ed Data								
+										Hours of Operation
+										Staffing And Capacity
+										Private Pay Rates
* Mis	sing Require	ed Data								
+										Closures Calendar
L										
Back										Next

Review - Let's make sure we have all your information.						
Click the headers or the + to expand and the - to collapse each section below. Click the Button to navigate to that	section.					
+ Click the + tab to expand each section	Business					
-	Click on the tab to return to the page.					
1. Do you want to have your program referred to families seeking child care listings?						
2. Do you want to complete a contract to participate in the School Readiness Program?						
2.1 Have you completed the Health & Safety Inspection by Department of Children and Families?	the second se					
3. Do you want to complete a contract to participate in the Voluntary Prekindergarten (VPK) Education Program?						
4. Do you want to complete a contract to receive local funding?						
5. Are you a Gold Seal provider? 🛕						
6. Are you an accredited provider?	No. Contraction of the second s					



#### ✤ <u>ALL BOXES MUST BE COMPLETED BEFORE SUBMITTING</u>

#### General

- 1. Do you want to have your program referred to families seeking child care listings?
- 2. Do you want to complete a contract to participate in the School Readiness Program?  $\bigcirc$  Yes  $\bigcirc$  No
  - 2.1 Have you completed the Health & Safety Inspection by Department of Children and Families?  $\ensuremath{\mathbb{O}}$  Yes  $\ensuremath{\mathbb{O}}$  No
- 3. Do you want to complete a contract to participate in the Voluntary Prekindergarten (VPK) Education Program?
- 4. Do you want to complete a contract to receive local funding? ○ Yes ○ No
- 5. Are you a Gold Seal provider? () 🛆 O Yes 🕖 No
- 6. Are you an accredited provider? ▲ ○ Yes ○ No

- Sign and Certify
  - To submit the Provider Profile, the Full Name must <u>exactly match</u> (and is casesensitive) the name entered on the Manage Users page, the Provider Portal user must check the "Check box to certify by electronic signature" check box and click the Submit button.

Profile Cathlorium And Sisterital	
By signing this form I certify that: - Thee examined this application and, to the best of my knowledge a - If any of the information fished changes, I understand that I react tog - Lunderstand that my prevaler profile information will be shared with - Late understand that if Treace changes prior to the occilition appro-	ind belief, the information provided is true and pomiet. pinto my provider portal account and Optate my information within 14 days of the change. I the Department of Children and Paeulies, Office of Child Care Regulation, for technication in the CARES system wag them, I may be out of compliance with the requirements of the VPR and or SR programs.
	Authorized Electronic Signature  Full Nate:
	DEnect tion to contify by electricitic signature Submission case: #106(2017
	Submit

**CONTACTS:** 



Jennifer Macedo, Contracts & Compliance Specialist; (863) 577-2450 ext. 202 or Jennifermacedo@elcpolk.org

Brianna Maldonado, Contracts & Compliance Specialist; (863) 577-2450 ext. 212 or Briannamaldonado@elcpolk.org

Sheila Bishop, CCR&R Coordinator; (863) 577-2467 or Sheilabishop@elcpolk.org

