

Common Tasks

Manage Sites

[Manage All Sites](#)

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](#)

Manage SR Contracts

[Statewide SR Provider Contract](#)

[SR Contract Amendment](#)

Surveys/Grant Applications

• ARPA

[ARPA Round 1 Application](#)

[ARPA Round 1 Installment 2](#)

[ARPA Round 1 Installment 3](#)

Broadcast Messages

No messages to display.

Coalition Messages

No notifications or alerts to display.

Provider Site Summary

Business name:

Doing business as:

Provider ID:

License number:

SSN / Federal ID number:

Frequently-Used Links

[Bright Beginnings](#)

[Core Competencies \(Coming Soon\)](#)

[DCF Provider Training](#)

[Provider Portal User Guide](#)

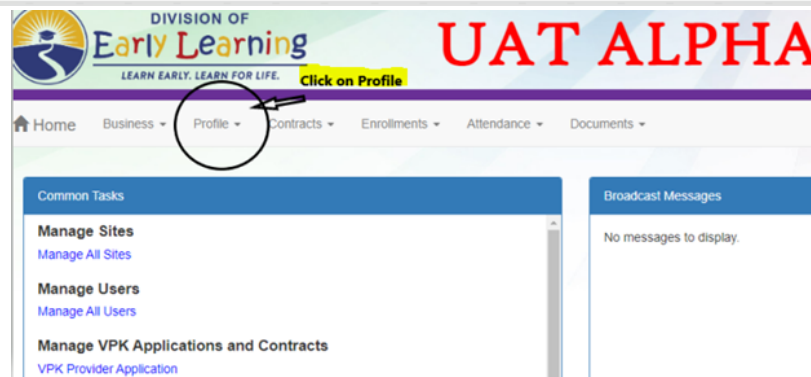
[Quality Performance System \(QPS\)](#)

[VPK Provider Readiness Rate Website](#)

Please contact your early learning coalition for immediate assistance.

This site is best viewed with Microsoft Edge. Download the latest version of Microsoft Edge.

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



Provider Services Portal

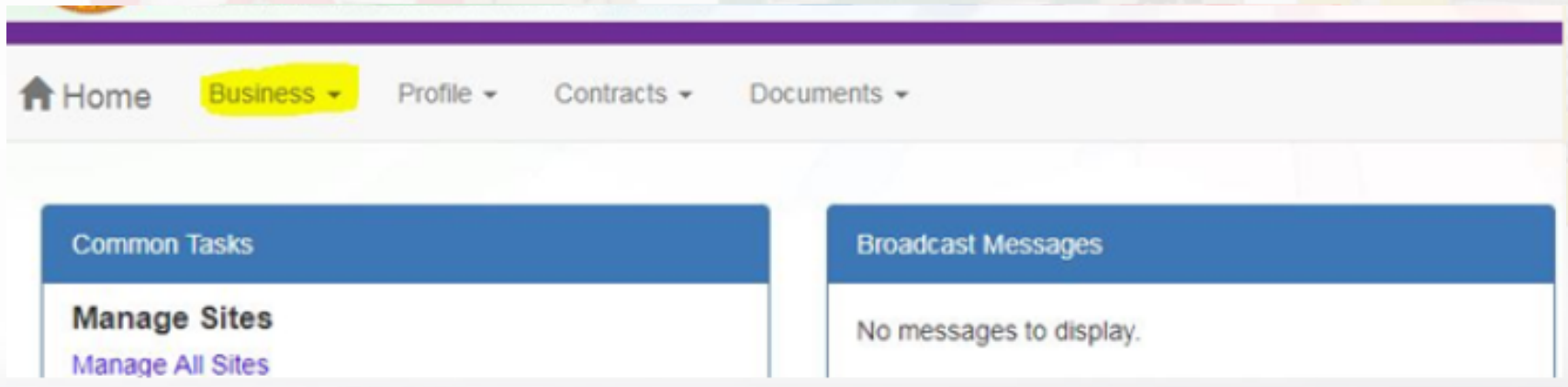
Main Login Dashboard



Provider Services Portal

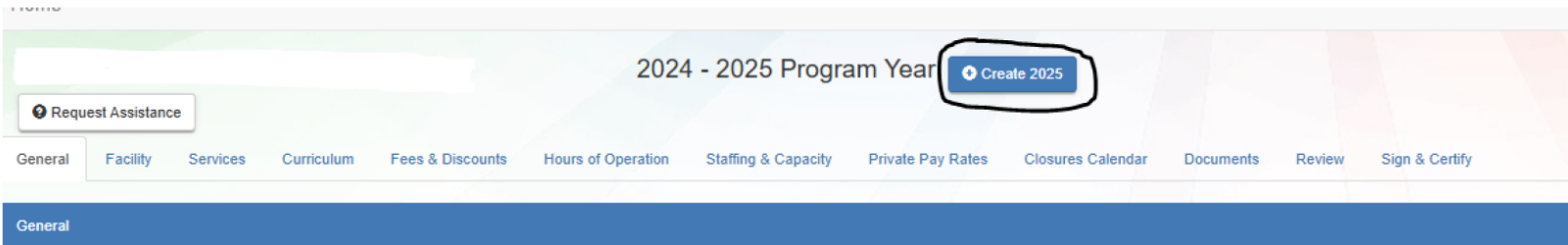
- ❖ The Business Information page collects business information about the provider, including business name and address information, and it is shared among additional sites (if any). Only a Business Administrator may edit the information on this page.
- ❖ **NOTE:** The Business Information Tab must be 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](#).



Provider Services Portal

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



The screenshot displays the top section of the Provider Services Portal. At the top left, there is a "Request Assistance" button. The main header area features the text "2024 - 2025 Program Year" and a "Create 2025" button, which is circled in black. Below the header is a horizontal navigation menu with the following items: General, Facility, Services, Curriculum, Fees & Discounts, Hours of Operation, Staffing & Capacity, Private Pay Rates, Closures Calendar, Documents, Review, and Sign & Certify. The "General" item is currently selected, and its label is also present in a blue bar at the bottom of the header area.



Provider Services Portal

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

6. Are you an accredited provider?

☐ Yes ☐ No



Provider Services Portal

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

Services

1. Age of Children for which Care is Provided *

Minimum Age * 1 Months Maximum Age * 12 Years

2. Programs Offered (select all that apply)

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

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

5. Other Spoken Languages ⓘ

6. Meals (select all that apply) *

7. Do you provide transportation services? *

☐ Yes ☐ No

8. Transportation (select all that apply)

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

☐ Yes ☐ No

10. Is your program equipped to care for children with special needs? *

☐ Yes ☒ No

11. Is your facility wheelchair-accessible? *

☐ Yes ☐ No

12. Does your program/facility offer therapeutic services to children? *

☐ Yes ☐ No

13. Do you participate in a quality rating system? * ⓘ

☐ Yes ☐ No

14. Affiliation - Not for Profit *

☐ Yes ☐ No

15. Military Child Care * ⓘ

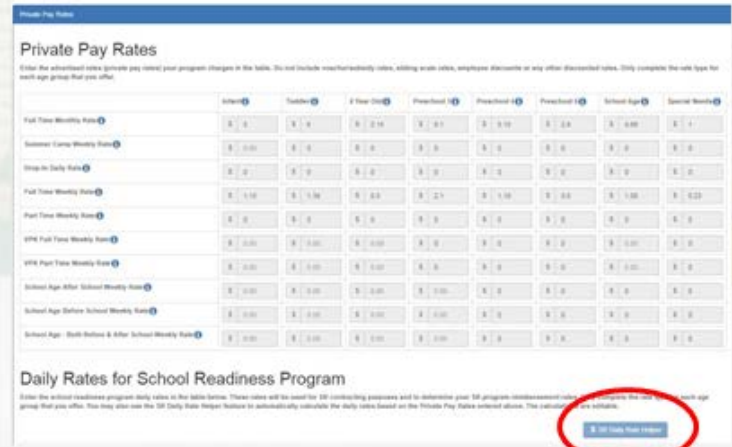

☐ Yes ☐ No



Provider Services Portal

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.



Private Pay Rates

Enter the advertised rates (private pay rates) for program charges in the table. Do not include meal/snack/drink rates, sibling rates, employee discounts or any other discounted rates. Only complete the rate type for each age group that you offer.

	School	Toddler	2 Year Old	Preschool	Preschool	Preschool	School Age	Special Needs
Full Time Monthly Rate	\$ 0	\$ 0	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Summer Camp Weekly Rate	\$ 0.00	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Drop-In Daily Rate	\$ 0	\$ 0	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Full Time Weekly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Part Time Weekly Rate	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
WFM Full Time Weekly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	\$ 0	\$ 0.00	\$ 0
WFM Part Time Weekly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	\$ 0	\$ 0.00	\$ 0
School Age After School Weekly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	\$ 0	\$ 0
School Age Before School Weekly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	\$ 0	\$ 0
School Age - Both Before & After School Weekly Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0	\$ 0	\$ 0	\$ 0

Daily Rates for School Readiness Program

Enter the school readiness program daily rates in the table below. These rates will be used for all contracting purposes and to determine your 10 program reimbursement rates. Complete the rates for each age group that you offer. You may also use the DR Daily Rate Helper button to automatically calculate the daily rates based on the Private Pay Rates entered above. The calculation will be visible.

[Daily Rate Helper](#)



Provider Services Portal

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

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

[Review](#) [Sign & Certify](#)

Supporting Documents

Certificate of Licensure

Document(s)	Begin Date	Expiration Date



Provider Services Portal

❖ 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 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.

+		Business
+		General
+		Facility
+		Services
+		Curriculum
+	Missing Required Data	Fees and Discounts
+		Hours of Operation
+		Staffing And Capacity
+	Missing Required Data	Private Pay Rates
+		Closures Calendar

Back Next



Provider Services Portal

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

General

Click on the tab to return to the page.

1. Do you want to have your program referred to families seeking child care listings?	<input type="checkbox"/>
2. Do you want to complete a contract to participate in the School Readiness Program?	<input type="checkbox"/>
2.1 Have you completed the Health & Safety Inspection by Department of Children and Families?	<input type="checkbox"/>
3. Do you want to complete a contract to participate in the Voluntary Prekindergarten (VPK) Education Program?	<input type="checkbox"/>
4. Do you want to complete a contract to receive local funding?	<input type="checkbox"/>
5. Are you a Gold Seal provider? ⚠️	<input type="checkbox"/>
6. Are you an accredited provider?	<input type="checkbox"/>



Provider Services Portal

❖ **ALL BOXES MUST BE COMPLETED BEFORE SUBMITTING**

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

6. Are you an accredited provider? ⚠

☐ Yes ☐ No



Provider Services Portal

❖ Sign and Certify

- ❖ To submit the Provider Profile, the Full Name must **exactly match** (and is case-sensitive) 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 Certification And Submittal

By signing this form I certify that:

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

Authorized Electronic Signature

Full Name:

☐ Check box to certify by electronic signature

Submission date: 8/28/2017

Submit



Provider Services Portal

CONTACTS:



EARLY LEARNING COALITION
OF POLK COUNTY

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Early Learning
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