

SR / VPK REIMBURSEMENT (POLICIES & GUIDANCE)



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MONTHLY PROCESS

- **When Should You Close Your Monthly Attendance?**
Attendance should be closed by (See Monthly Reminders) the 3rd work day of each month.
- **VPK Advance Payment:**
The VPK Roster (Enrollee/Dis-Enrollee Forms) must be entered/submitted on or before the 5th of each month to ensure advance payment. If the 5th falls on a Saturday or Sunday, please enter/return by close of business on the Friday before the 5th.
- **What Should be Completed and Retained at Your Facility?**
 - ✓ **VPK:** The student attendance and parental choice certificate form needs to be completed/signed by each VPK parent/guardian and kept at your facility for monitoring purposes.
 - ✓ **SR:** Daily parent/guardian sign in/out forms/logs.
- **When Should You Expect to Receive Your Monthly Direct Deposit?**
 - ✓ School Readiness (SR) by the 20th of each month.
 - ✓ Voluntary Pre-Kindergarten (VPK) by the 29th of each month.

CONTACT INFORMATION

- If you have SR or VPK provider questions or VPK class questions, call Provider Services at (904) 208-2044, option 2, then option 2.
- If you have questions concerning SR/VPK child enrollment, student attendance and/or parental choice certificates, call (904) 208-2044.
- **VPK & SR Reimbursement Staff:**
 - ✓ Marsha Sampson – Ext. 211
 - ✓ Wanda Winbush – Ext. 251
 - ✓ Tina Jenkins – Ext. 258
 - ✓ Vanessa Rodriguez – Ext. 270
 - ✓ Corinna Patane – Ext. 257
 - ✓ Kathy Osborne – Ext. 213
- **Finance Staff:**
 - ✓ Nachele Brooks – Ext. 215
 - ✓ Natasha Leonard – Ext. 210

SR & VPK REIMBURSEMENT POLICIES

1. **ATTENDANCE SUBMISSION DATES:**

- a. All required attendance must be at “closed” status on the provider portal no later than the 3rd working day of each month.

2. **REIMBURSEMENT “PAYMENT” DATES:**

- a. Direct deposits will be wired:
 - SR – 20th of the month
 - VPK – 29th of the month
- b. Attendance entered into “closed” status after the 3rd working day, but before the 10th working day (**grace period**) could/may be processed in the following month (NO EXCEPTIONS).
- c. If a center’s current month attendance is not in “closed” status by the 3rd working day of the following month, but before the 10th working day, the VPK advance payment amount for the current month will be deducted from the upcoming months pre-payment.

3. **NON-REIMBURSABLE ATTENDANCE:**

- a. **ATTENDANCE ENTERED INTO “CLOSED” STATUS AFTER THE 10TH WORKING DAY WILL BE CONSIDERED NON-REIMBURSABLE (NO EXCEPTIONS).**

4. **RECONCILING REIMBURSEMENT PAYMENTS:**

- a. It is the provider’s responsibility and very imperative that each month, you review the reimbursement summary reports provided by the ELC Finance staff.
- b. Providers that are not able to review and reconcile their reports, on a month to month basis, may wish to consider opting out of the VPK advance payment option. To obtain more information on opting out of advance payments, please call (904) 208-2044, option 2, then option 1.
- c. If providers fail to report underpayments or names of children that have been omitted from the reimbursement summary within 15 calendar days of the receipt of the reimbursement summary, the underpayment shall be considered non-reimbursable.
- d. Providers are also required to report any overpayment to ELC Finance staff.
- e. Providers are required to submit SR/VPK child enrollment documents for ELC/OEL audit requests.

5. **VPK KINDERGARTEN READINESS VERIFICATION:**

All providers who receive VPK funds must verify the annual cumulative attendance of each child enrolled in the provider’s VPK program. This process certifies the paid hours of attendance for each child enrolled during the program year. Providers are required to return the Coalition’s completed verification letter on or before the deadline before final program payment will be made/deposited.

SR & VPK PROVIDER ATTENDANCE CODES & REMINDERS

- **SR Coalition Approved Holidays:** If you are open on a Coalition approved holiday, you must enter an “X” instead of the pre-populated “H.”
 - ✓ **Children with a Full Day Only Schedule, Example:** If you are open on 11/11/17 (Veterans Day) and the child attends, you will be paid the school day authorized unit of care (PT, PTBA, PTL or authorized unit of care).
 - ✓ **Children with a Full Day Only Schedule, Example:** If you are open 11/11/17 (Veterans Day) and the child attends, you will be paid FT (or the authorized non-school day unit of care). If you are closed on 11/11/17, then you will not be paid FT unless the child attends another DCPS/Private non-school day that month.
- **SR – Attendance Codes:**
 - ✓ Please mark an X for present
 - ✓ E/A for absent
 - ✓ N for non-scheduled/non-school day(s)
 - ✓ Enter a T (Terminate) after the child’s last day of attendance
 - ✓ **Example:** 9/30/18 was a child’s last day of attendance. You would enter a T on 10/01/18 in the 2018 October School Readiness attendance report
- **SR Disaster:** D is used for “Disaster” and the provider must notify the ELC Provider Services Department to approve each provider’s disaster closure at (904) 208-2044, option 2, then option 2.
- **SR Private Schools:** If you are a private school and do not follow the Duval public school calendar, you should submit your school calendar/schedule ASAP to ensure that you are paid correctly. You can fax your school schedule/calendar to (904) 394-1235.
- **SR Child/Children Not Listed on your Attendance:** Do you have a parent/child SR certificate? If yes, call (904) 208-2044, option 2, then option 1.
- **VPK – Attendance Codes:**
 - ✓ Enter an X for present or an A for absent (for every VPK instructional day)
 - ✓ N for non-instructional day
 - ✓ Enter a T (Terminate) after the child’s last day of attendance
 - ✓ **Example:** 9/30/18 was a child’s last day of attendance. You would enter a T on 10/01/18 in the 2018 October VPK attendance report
- **VPK Disaster:** D is used for “Disaster” and the provider must notify the ELC Provider Services Department to approve each provider’s disaster closure. Call (904) 208-2044, option 2, then option 2.
- **VPK Certificates/Enrollment:** On the day a child enrolls in your VPK program, you must enter the VPK certificate information on the Provider Portal roster. (Not doing so, will delay payment to a future enrollment start date if a VPK transfer certificate is needed).
- **VPK (A Child or Children Not Listed on Your Attendance):** Do you have a parent/child VPK certificate? Did you enter the VPK certificate information in to the Provider Portal Roster? If yes, call (904) 208-2044, option 2, then option 1.

SR HOLIDAYS, ABSENCES & VPK ABSENCES/ NON-INSTRUCTIONAL DAYS

- **SR Holidays:** See your SR Provider Agreement for the 12 Coalition approved holidays.
- **SR Absences:** Three (3) absences are allowed each month and seven (7) additional absences (10 absences total per month) can be paid with a doctor/hospital note. Providers must submit the doctor/hospital note with the attendance and must upload the note to the Provider Portal Reimbursement document library.
- **VPK Absences:** The VPK 80/20 monthly attendance applies and a doctor/hospital note is not required.
- **VPK Non-Instructional Days:** See your VPK Provider Agreement for your scheduled non-instructional calendar days.
- **Questions?** Call (904) 208-2044, option 2, then option 1.

VPK CERTIFICATE

Please be advised that when a child is enrolling in your VPK program, a VPK certificate is required for each child. If a child leaves your VPK program **DO NOT** give the VPK certificate back to the parent.

If a parent left another VPK program to enroll in your program, then a VPK transfer certificate is required and should be obtained before the child enrolls in your VPK program.

- **Certificates/Enrollment:** On the day a child enrolls in your VPK program, you must enter the VPK certificate information on the Provider Portal roster. (Not doing so, will delay payment to a future enrollment start date if a VPK transfer certificate is needed).
- The VPK certificate issue date is the first day payment can begin.
- The VPK certificate issue dates cannot be “back” dated.
- **Questions?** Call (904) 208-2044, option 2, then option 1.

SR & VPK DAILY/MONTHLY PROCEDURES

VPK - Certificate Option – Short or Long:

1. **Short Form:** If the provider retains a daily sign in and sign out form for each VPK student then the parent/guardian is required, monthly, to complete/update the short form of the student attendance and parental choice certificate. The provider may use an electronic system to record this attendance documentation in lieu of a paper sign in and out form. The system, however, must record an electronic signature, card swipe, entry of a personal identification number (PIN), or similar daily.
2. **Long Form:** If the provider uses a method other than a daily sign in and sign out form for VPK students then parents are required, monthly, to complete a long form of the student attendance and parental choice certificate. Before the parent signs this long form, the provider must either enter the student’s attendance on the form or attach documentation to the form which includes the student’s attendance for the month.

SCHOOL READINESS (SR)

The rules require the parent, legal guardian or authorized person (18 or older) to sign each child in and out from the child care facility using a valid signature, date and time for each day present.

VPK CLASS ENROLLMENT POLICY

A VPK (Provider Portal) **Roster** or VPK Class **Enrollee** form is required for each child to be enrolled in your VPK Class/Program.

- 1. Provider Portal:** Enter each child on a roster in the correct VPK class
- 2. VPK Class Enrollee Form:** Complete and fax the form to the ELC of Duval

Provider Portal Attendance: If children are not listed on your VPK attendance, you must complete either 1 or 2 above for them to be enrolled.



STATE OF FLORIDA
 VOLUNTARY PREKINDERGARTEN
 EDUCATION PROGRAM

**Child Attendance and
 Parental Choice Certificate**
(SHORT FORM)

1. Child's first name	Middle name	Last name	Jr./III	2. Child's date of birth
3. Name of private provider or public school				4. VPK class

PARENTAL CERTIFICATION

I swear (or affirm) that my child (*whose name appears above in item 1*) attended the Voluntary Prekindergarten Education Program during the months listed below. I certify that my child's daily attendance in the program was recorded by the private provider or public school and that I or my representative signed the attendance record each day that my child attended the program. I further certify that I continue to choose the private provider or public school (*whose name appears above in item 3*) to deliver the program for my child and direct that program funds be paid to the provider or school for my child.

5. Attendance month and year	6. Print name of parent or guardian	7. Signature of parent or guardian	8. Date signed

NOTICE TO PRIVATE PROVIDER OR PUBLIC SCHOOL: A private provider or public school must keep this original signed form for at least 2 years. A private provider must allow the early learning coalition, and a public school must allow the school district, to inspect this original signed form during normal business hours. If required by the early learning coalition, a signed copy of this certificate must be forwarded to the coalition or a qualified contractor acting on behalf of the coalition.



STATE OF FLORIDA
VOLUNTARY PREKINDERGARTEN
EDUCATION PROGRAM

Child Attendance and Parental Choice Certificate

(LONG FORM)

1. Child's first name	Middle name	Last name	Jr./III	2. Child's date of birth
3. Name of private provider or public school				4. VPK class
5. Attendance month <Select One>			6. Year	7. Child's attendance is: <input type="checkbox"/> Entered below <input type="checkbox"/> See attached document

SUN	MON	TUE	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

= Days attended

PARENTAL CERTIFICATION

I swear (or affirm) that my child (*whose name appears above in item 1*) attended the Voluntary Prekindergarten Education Program on the days entered above, or included in the documentation attached to this form, and certify that I continue to choose the private provider or public school (*whose name appears above in item 3*) to deliver the program for my child and direct that program funds be paid to the provider or school for my child.

8. First name of parent or guardian	Middle name	Last name	Jr./Sr./III	
9. Signature of parent or guardian				10. Date signed

NOTICE TO PRIVATE PROVIDER OR PUBLIC SCHOOL: A private provider or public school must keep this original signed form for at least 2 years. A private provider must permit the early learning coalition, and a public school must permit the school district, to inspect this original signed form during normal business hours. If required by the early learning coalition, a signed copy of this certificate must be forwarded to the coalition or a qualified contractor acting on behalf of the coalition.



SR/VPK ENROLLMENT TERMINATION NOTICE

Client Name: _____

Address: _____

If care is still needed at a new location (transfer), call (904) 208-2044 for an appointment.

Provider: _____

During our SR/VPK reimbursement process for the month of _____, your child/children's last day of care was or is _____.

Reason:

_____ SR/VPK Provider terminated care. (Written on the attendance verification roster).

_____ SR/VPK Provider lost contact with you (the client) and did not claim your child for payment on the above reimbursement month.

_____ SR/VPK Provider did not notate the child's return.

_____ VPK 540/300 hours will be completed on.

If care is still needed at a new location (transfer), call (904) 208-2044 for an appointment.

SR/VPK payment for the following children will be affected by this action:

1. _____ DOB _____

2. _____ DOB _____

3. _____ DOB _____

4. _____ DOB _____

5. _____ DOB _____

This notice was sent by SR/VPK Specialist at (904) 208-2044. Marsha Sampson, x 211_____; Vanessa Rodriguez, x 270_____; Tina Jenkins, x 258_____; Corinna Patane, x 257_____; or Wanda Winbush, x 251_____

VOLUNTARY PRE-KINDERGARTEN ADVANCE PAYMENT OPTION

This form must be completed for each program period (Fall, Winter or Summer).

Program Period:

(Please enter your VPK program start and end date)

Example: 08/15/16 – 06/02/17 – Fall Program

_____ I **DO** want an advance payment each month for my VPK class/classes.

_____ I **DO NOT** want an advance payment each month for my VPK class/classes beginning _____. I understand that my first payment for my class/classes will not be until my VPK rosters are processed for this period.

- **Example: August 2017 VPK rosters will be process in September and my first payment will be on September 29, 2017.**

I understand this payment process is for the program period (Fall, Winter or Summer).

Provider Name: _____

(Please enter your Center/FCCH Name)

Director/Owner Signature: _____

ELC Policy: If you are delinquent two (2) months turning in your monthly VPK attendance roster, you will automatically be removed from the VPK advance payment option.

PROVIDER NAME: _____

(Fax to the ELC of Duval at (904) 394-1235)

**PLEASE CIRCLE – FALL / WINTER / SUMMER
VPK ENROLLEES / CLASSROOM: _____**

Child's Name	DOB	Parent's Name	CERT	Date Enrolled (Physically Started)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

*Please **PRINT** legibly.

*Please use this form to ensure accurate enrollment and payment.

PROVIDER NAME: _____

(Fax to the ELC of Duval at (904) 394-1235)

**PLEASE CIRCLE – FALL / WINTER / SUMMER
VPK ENROLLESS / CLASSROOM: _____**

CHILD'S NAME	DOB	PARENT'S NAME	CERT	LAST DAY AT CENTER	TERMINATION REASON
1.					
2.					
3.					
4.					
5.					

*Please **PRINT** legibly.

*Please use this form to ensure accurate enrollment and payment.