



Early Learning Coalition of the Nature Coast  
Serving Citrus-Dixie-Gilchrist-Levy-Sumter Counties

**Provider Re-Activation Checklist**

Provider Name \_\_\_\_\_ County \_\_\_\_\_

Department	Checklist Item	Initials & Date	Forward To
Client Services Counselor (print name) _____	Client Services Counselor requests reinstatement of the School Readiness Provider Agreement for the provider (listed above) due to potential child enrollment.		Client Services/Program Manager
Client Services/Program Manager (print name) _____	Date of Health and Safety Inspection <u>or</u> provide date of last Health and Safety inspection (if within the past 6 months) Date _____		Education Specialist
Education Specialist (print name) _____	Date of Provider Observation <u>or</u> provide date of last Provider Observation (if within past 6 months) Date _____		CCR&R Coordinator
CCR&R Coordinator (print name) _____	Verify that max. reimbursement rates are current and correct in EFS.		Finance
Finance (print name) _____	Verify that provider payment rates are current and correct in EFS.		Contracts and Compliance Office
Contracts and Compliance Office (print name) _____	1. Review and verify max. reimbursement rates and provider payment rates are correct in EFS. 2. Verify all provider agreement documentation is current		CCR&R Coordinator
CCR&R Coordinator (print name) _____	Remove "inactive" status from EFS if all areas above are completed.		Contracts and Compliance Office
Contracts and Compliance Office (print name) _____	Generate email to all staff re: reactivation of provider.		Client Services Counselor
Client Services Counselor (print name) _____	Verify reinstatement of provider in the EFS system and proceed with enrollment.		Please return completed document to Contracts and Compliance Office