



# Early Learning Coalition of the Nature Coast

Serving Citrus-Dixie-Gilchrist-Levy-Sumter Counties

## Provider Alert #65

**Date:** May 26, 2009  
**Subject:** Service Delivery System

During the Provider Retreat on April 24, 2009, Coalition staff reviewed revisions that will be implemented under the Coalition's administration of Client Services effective June 1, 2009.

The following information is provided as an overview. It is critical that all providers review this information and contact the Coalition office if further clarification is needed.

### Client Services Counselors:

The Coalition will assign each family a Client Services Counselor based on the parent's choice of child care provider. As a result of this process, providers will work with one Client Services Counselor for all children enrolled in their program. Counselor assignments are attached to this Provider Alert.

### Attendance Rolls:

Providers are required to submit their attendance rolls to the Coalition on or before the second working day of the month at or before 5:00PM. Attendance rolls submitted after the due date and time or not in accordance with the coding instructions on the attendance roll will not be processed until the following month. May 2009 attendance rolls are due to the Coalition on or before June 2, 2009 at 5:00PM. Attendance rolls must be completed properly and in accordance with the following:

- The provider must submit the attached ELCNC213: Request for Approval School Readiness Child Absence or ELCNC214: Request for Approval Voluntary Pre-Kindergarten Child Absence along with supporting documentation to requests payment for absences in excess of three (3) days.
- Rolls for children enrolled in the School Readiness and the Voluntary Pre-Kindergarten program will be cross-referenced.
- It is important to note that the Coalition recently identified an issue with providers reporting attendance for school age children enrolled in the School Readiness Program. Specifically, providers are completing the rolls for both the part time enrollment (intended to indicate when a child attends before and after school) and the full time enrollment (intended to indicate when a child attends full time as a result of a school holiday. Providers must only indicate one status per day. If the child attends the program before and after school the part time enrollment must be completed **ONLY**. If the child attends full time as a result of a school holiday the full time enrollment must be completed **ONLY**. Attendance rolls with **BOTH** part time and full time school age enrollments completed **WILL NOT BE PROCESSED**.

### Unexplained Absences:

The Coalition requires providers to notify the Coalition when a child is absent from the School Readiness Program for five (5) consecutive days with no contact from the parent (this does not include five consecutive absences that are explained or in accordance with the child's School Readiness schedule including school age children who attend on holidays and during the summer months only, or children who are scheduled to attend the School Readiness program one day a week, etc). The Coalition will evaluate the family's need for child care and take appropriate action. The provider must report the absences on the ELCNC211: Child Attendance Notice (Citrus and Sumter) or ELCNC222: Child Attendance Notice (Tri-County) which is attached to this Provider Alert.

### Sign In/Out Sheets:

The Coalition is required by state and federal law to properly document disbursements under the School Readiness and Voluntary Pre-Kindergarten programs. As a result, the Coalition will require all providers to submit a sign in/out sheet for each child enrolled in the School Readiness and/or Voluntary Pre-Kindergarten programs by the seventh (7<sup>th</sup>) working day of the month beginning on June 9, 2009 for May 2009 enrollment. Sign in/out sheets must include the following information for each child:

1. Child's Birth Name
2. Parent's Name
3. The date the child attends the program including:
  - a. The time the child arrives including the parent and/or guardian's signature

b. The time the child leaves including the parent and/or guardian's signature

A sample Sign In/Out Sheet is attached to this Provider Alert.

**Provider Payment:**

**May 2009:** The Coalition will be transferring the EFS system from Childhood Development Services to the Coalition during the first week in June 2009. As a result, the system will not be available to enter attendance records and prepare reimbursements for May 2009. To ensure timely payments to providers, the Coalition will be disbursing payment for May 2009 on June 1, 2009. The amount of the payment will be equal to the payment providers received for April 2009 services. After the EFS system is fully transferred, the Coalition will enter May 2009 attendance records, determine actual payment for May 2009 and reconcile the actual payment and the June 1, 2009 payment. Overpayments will be deducted from the provider's next reimbursement; underpayments will be paid immediately to the provider.

VPK payments will be based on enrollment and reconciled using the same process.

**Standard Payment:** The Coalition will disburse payments to providers on a regular basis on the seventh (7<sup>th</sup>) working day of the month. It is important to note that electronic payments are released to the bank on the seventh (7<sup>th</sup>) working day of the month; however the bank may release the funds on another day based on the institution's policies and procedures.

Following electronic payment, the Coalition will submit a reimbursement report to each provider along with forms ELCNC206: School Readiness Reimbursement Changes and/or ELCNC207: VPK Reimbursement Changes if appropriate. Forms ELCNC206 and ELCNC207 are designed to notify providers of changes in payment caused by an error or unallowable day claimed by the provider on the attendance roll.

If, after review of the payment, the provider wishes to dispute the payment the provider must complete the attached ELCNC248: Improper Payment Dispute and submit it to the Coalition within sixty (60) days of the payment. Disputes submitted after sixty (60) days will not be processed.

**Initial Eligibility:**

The Coalition will notify providers of children eligible for the School Readiness Program. Notifications will be sent by phone, mail, and/or fax and will be documented on the attached ELCNC237: Child Care Certificate or the Child Care Certificate generated by the EFS system which provides the same information. Providers are required to sign, date, and return the Child Care Certificate in order to receive reimbursement. It is important to note that reimbursement rate shown **includes** the parent fee. Only DAILY Rates are shown on the Child Care Certificate, not weekly rates.

**Mail in Re-Determinations:**

The Coalition will offer parents the opportunity to re-determine their eligibility for services through the mail. All re-determinations for non-mandatory children (children not receiving child care referrals as a result of Protective Services or public assistance) will occur on the last day of the month. The Coalition will mail or deliver providers a notice of children subject to re-determination on the eleventh (11<sup>th</sup>) working day of the month prior to the re-determination due date. The notice will be documented on the attached ELCNC209: School Readiness Re-Determination Notice (Citrus County). ELCNC25: School Readiness Re-Determination Notice (Tri-County) or ELCNC283: School Readiness Re-Determination Notice (Sumter County). The parent is required to submit the re-determination required forms on the eleventh (11<sup>th</sup>) working day of the following month. For example, if a child's re-determination is due June 30, 2009 the Coalition will mail parent and provider notices of the re-determination on the eleventh (11<sup>th</sup>) working day of May 2009. The parents must submit the required re-determination documents to the Coalition by the eleventh (11<sup>th</sup>) working day in June 2009.

It is important to note the difference between the re-determination date (the date parents must submit required documents) and the service end date (the actual date services will end).

Children receiving services as a result of a referral (protective services and public assistance) will be required to re-determine their eligibility based on the referral end date. If the parent requires a new referral it is the responsibility of the parent to obtain the referral. If the parent fails to obtain a new referral in a timely manner (causing a break in the days covered by the referral) services will not be authorized for the days not included in the referral. The Coalition will assist parents in obtaining a new referral upon request.

The Coalition will mail or deliver providers a notice of the outcome for each re-determination which is documented on the ELCNC237 Child Care Certificate on the thirteenth (13<sup>th</sup>) working day of the month. To the greatest extent possible, changes in parent fees will be effective the first day of the following month unless the parent fee is reduced which will be effective immediately. For example, if the re-determination was due on June 30, 2009, regardless of the date Coalition staff processed the re-determination the effective date of services, including an increase in parent fee, termination, etc. where possible would be effective July 1, 2009.

It is important to note that children age three - school entry enrolled under Protective Services are subject to the Rilya Wilson reporting rules. These enrollments will be clearly marked RILYA WILSON on the Child Care Certificate. In an effort to ensure the protection of all children, the Coalition strongly encourages providers to report absences for ALL children enrolled under Protective Services. ELCNC205: Rilya Wilson Act Absence Reporting Form (Citrus and Sumter Counties) or ELCNC222: Rilya Wilson Act Absence Reporting Form (Tri-County) are attached to this Provider Alert.

**Provider/Coalition Communication:**

It is the goal of the Coalition to keep providers informed of the enrollment status for each child enrolled in the School Readiness and Voluntary Pre-Kindergarten programs. To ensure proper receipt of communications delivered through fax, the Coalition will fax the cover sheet of all communications received from providers back to the provider to confirm receipt. If the provider does not receive confirmation the provider MUST assume that the fax was not received by the Coalition. The Coalition respectfully requests providers to follow the same process when receiving faxes generated by the Coalition.

Providers should address any and all issues with regard to provider/Coalition communication directly with the Client Services Manager for their area.

Citrus County Client Services Manager	Tri-County Client Services Manager	Sumter County Client Services Manager
Tom Scheffey 1564 North Meadowcrest Blvd. Crystal River, FL 34429 352-563-9939 352-563-5933 Fax	Tonya Hiers 212 North Main Street Chiefland, FL 32626 352-490-8847 352-490-6762 Fax	Sandra Woodard 114 N. Jumper Drive Suite A1 Bushnell, FL 33513 352-793-5630 352-793-6230 Fax

**Provider Meetings:**

The Coalition has changed the monthly provider meeting schedule to a bi-monthly schedule beginning in June 2009. The Coalition will communicate with providers through the Provider Alert System between meetings. The bi-monthly provider meeting schedule was developed in consideration of standard provider duties such as preparing attendance rolls and sign in/out sheets for submission as well as other hectic times of the month. The FY2009-2010 Provider Meeting Schedule is as follows:

Citrus County	Ti-County	Sumter County
June 23, 2009	June 25, 2009	June 23, 2009
August 25, 2009	August 20, 2009	August 25, 2009
October 6, 2009	October 8, 2009	October 6, 2009
December 8, 2009	December 10, 2009	December 8, 2009
February 23, 2009	February 18, 2009	February 23, 2009
April 6, 2009	April 8, 2009	April 6, 2009
Provider Retreat	Provider Retreat	Provider Retreat
June 24, 2009	June 24, 2009	June 24, 2009

The Citrus County Provider Meetings will be located at the Coalition's office at 1560 North Meadowcrest Blvd. Crystal River, FL 34429. The meetings will begin at 10:00AM.

The Tri-County Provider Meetings will be located at the Coalition's office at 212 North Main Street Chiefland, FL 32626. The meetings will begin at 10:00AM.

The Sumter County Provider Meetings will be located at the Wildwood Country Resort, at 5604 Heritage Blvd, Wildwood, FL. The meetings will begin at 6:30PM.

### Hours of Operation

Client Services will be available during 8:00AM - 5:00PM, Monday – Friday except on the following Holidays. Special accommodations and appointment times outside of the Coalition's normal business hours will be available to parents upon request.

- New Year's Day
- Martin Luther King's Birthday
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day

### Upcoming Training:

It is the desire of the Coalition to fully serve parents the **first** time they present for services as opposed to turning the parents away to secure additional necessary documentation. As a result, the Coalition will host an eligibility and enrollment training for providers that is designed to assist providers in assisting parents to prepare for the eligibility and/or re-determination process. The training will provide a detailed description on the requirements of the School Readiness and Voluntary Pre-kindergarten eligibility requirements including a review of all required documentation. Participants will receive Provider Eligibility Manual. The training dates and times will be released in the near future. Providers should arrange for their administrative staff that is responsible for assisting parents with School Readiness and Voluntary Pre-Kindergarten enrollment to attend the training.

Please note that in the near future the Coalition will release a Provider Alert that will provide specific contact information including phone extensions for all employees.

If you have any questions or concerns related to this Provider Alert please contact your Client Services Manager.

Thank you,

Sonya Bosanko  
Executive Director

**NOTE:** All of the attached forms will be available on the Coalition's website at [www.elc-naturecoast.org](http://www.elc-naturecoast.org) by June 1, 2009. They will be in numerical order on the ELPOP Documents page, which can be accessed from the Downloads page of the website. The most updated version of all Coalition forms can be found on the website.

### CITRUS COUNTY Counselor Assignments

Counselor	Provider	Counselor	Provider
<b>Sheri Ellis</b>	America's Angels, Inc.	<b>Cindy Prodey</b>	Citrus Springs Elementary
	Ark Angels Christian Preschool, Inc.		Crystal River Primary
	Boys & Girls Club of Citrus County, Inc		DeVaughn Family Day Care Home
	Bright Beginnings		Inverness Elementary
	Citrus Preschool Academy		Little Friends Learning Center, Inc
	Countryside Preschool, Inc		Noah's Ark School Readiness Center
	Fae's Playhouse Family Daycare		Noah's Christian Academy
	Guardian Angel Preschool		North Oak Christian Preschool
	Kids Lodge Preschool and Day Camp, Inc		Playcare Daycare Preschool, Inc
	Lecanto Primary		Precious Cargo Preschool, Inc.
	St Paul's Lutheran/Precious Lambs		<b>Sheryl Wiesgarber</b>
All About Kids Preschool	Forest Ridge Elementary		
Building Blocks of Ocala North, Inc.	Koala-Tee Academy Inc.		
Central Ridge Elementary	Pleasant Grove Elementary		
Crystal River Preschool & Head Start	Tadpoles Early Learning Center		
Floral City Elementary	Teddy Bear of Citrus County, Inc		
Hernando Elementary	Tiny Treasures Childcare Center & Preschool (3)		
Homosassa Elementary	Today's Child		
Kids Stuff Preschool	Vineyard Learning Center & Little Vines Daycare		
Ready Set Go Learning Center	Wee Care Day Care, Inc		
Rock Crusher Elementary			
Withlacoochee Tech (WTI PlayTyme)			
YMCA of the Sun Coast			

### DGL COUNTIES Counselor Assignments

Counselor	Provider	Counselor	Provider
<b>Mylonia Viaggio</b>	Kids World Pre-School Learning Center, Inc	<b>Maureen Wiley</b>	Crayola Moments Preschool, LLC
	Dockery Family Day Care		Fun 4 Kids 2
	Mary's Little Lambs Inc.		Fun 4 Kids
	Kids N Company of Williston, Inc.		Imagination Station, Inc
	Kathy's All Things		Levy County Schools
	Koala-T Childcare		Little Friends Daycare Center, Inc
	Dixie County Schools		Lindsey Family Day Care Home
	Ark Angels Christian Preschool, Inc.		Citrus Preschool Academy
	Crystal River Preschool		Countryside Preschool, Inc
	Wee Care Day Care, Inc		
<b>Judy Benton</b>	Clyatt House Learning Center 2, LLC		
	Nanna's Place Academy		
	Joann Fleming FDCH		
	Gilchrist County Schools		
	Two by Two Preschool, Inc.		
	NC Florida YMCA		
	Noah's Christian Academy		
	Kidds Korner Daycare/Learning Center		
	Ready Set Go Learning Center		
	White Rose Nursery, Inc		

**SUMTER COUNTY Counselor Assignments**

Counselor	Provider	Counselor	Provider
<b>Lynette Hipp</b>	Brian's Academy For Children	<b>Sheila White</b>	Bullfrogs and Butterflies
	Child Care 2000, Inc.#2		Bushnell Elementary
	Earlene Muse Family Home Daycare		Campbell Family Day Care Home
	Eden Christian School		First Baptist Weekday School
	G Lil Angel Day Care		Lake Panasoffkee Elementary
	Galaxy of Learning Oxford, Inc.		Leaps & Bounds Learning Center
	Greene Family Day Care Home		Little Miracles Childcare
	Guardian Angels Childcare Center, Inc		Little Saints Learning Center, Inc.
	Hammond Family Daycare Home		Luv N Hugs Family Day Care Home
	Harvest Christian Academy of Oxford, Inc		McMiller Family Day Care Home
	Jones Family Day Care		Mid Florida Community Services Head Start
	Keith Rawlings Family Day Care		North Sumter Elementary
	Little Friends Learning Center, Inc		Rainbow Child Care Center of Webster, Inc
	Merry Go Round Daycare & Preschool, Inc		Ram in the Bush, Inc
	Ridge Manor Christian Daycare		Sam's Dream Day Care
The Villages Early Childhood Center	Sumter Christian School Preschool		
	The Hobby Horse		
	The Next Generation Learning Center, Inc		
	Tiffany Davis FDCH		
	Uptown Family Child Care Center, Inc		
	Uptown Preschool & Early Learning Center		
	Webster Elementary		



**Early Learning Coalition of the Nature Coast**  
 Serving Citrus-Dixie-Gilchrist-Levy-Sumter Counties  
**Request for Approval: School Readiness Child Absence**

This form must accompany attendance sheet for current month to be CONSIDERED for payment. This form is to be used when a child exceeds the allotted three (3) days per calendar month. Seven (7) additional days are available for reimbursement with this form as indicated in OEL Rule 60BB-4.500 #2.

**ONE CHILD PER FORM**

Provider: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Childs Name	Date(s) of absences that exceed the first three (3) allowed	Documentation attached (Yes or No)

**Important Note:** Payment is *not* guaranteed and will be jeopardized if there is no documentation included. If denied, it is the parent's responsibility to reimburse provider for days not reimbursed by the ELCNC School Readiness Program.

Extraordinary circumstances include the following:

1. Hospitalization of child or parent with appropriate documentation
2. Illness requiring home-stay as documented
3. Death in the immediate family with appropriate documentation (i.e. obituary, death certificate)
4. Court order visitation with appropriate documentation (i.e. court order)
5. Unforeseen documented military deployment or exercise of the parents

If extraordinary circumstances are other than the above, please explain and include documentation. Reimbursement will be considered, but is not guaranteed. If payment is denied, the provider will be notified.

Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For ELCNC Office Use Only**

Requested within required time lines:  Yes  No Date Submitted: \_\_\_\_\_

Documentation Included:  Yes  No Reason consistent with policy:  Yes  No

Approved:  Yes  No

Signature of ELCNC Client Service Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Chiefland Office  
 212 N. Main Street  
 Chiefland, FL 32626  
 Phone: 352-490-5855  
 Fax: 352-490-6762  
 Toll-Free: 877-840-5437  
 ELCNC 213 6/1/09

Crystal River Office  
 1564 N. Meadowcrest Blvd.  
 Crystal River, FL 34429  
 Phone: 352-563-9939  
 Fax: 352-563-5933  
 Toll-Free: 877-336-5437  
 www.elc-naturecoast.org

Sumter Office  
 114 N. Jumper Drive  
 Bushnell, FL 33513  
 Phone: 352-793-5430  
 Fax: 352-793-6230



Early Learning Coalition of the Nature Coast  
Serving Citrus-Dixie-Gilchrist-Levy-Suwannee Counties  
**Request for Approval: VPK Child Absence**

Use this form when a child exceeds three (3) **unexcused absences** per calendar month; seven (7) additional days may be available for reimbursement. This form must accompany attendance sheet for current month to be **CONSIDERED** for payment. **IMPORTANT NOTE:** Payment is *not* guaranteed and may be jeopardized if there is no documentation included. If denied, the provider may not be reimbursed for days requested on this form.

**ONE CHILD PER FORM**

Provider: \_\_\_\_\_ Month: \_\_\_\_\_ Year: 20\_\_

Child's Name	Child's Class	Date(s) of absences that exceed 3 unexcused absences	Documentation attached (Y or N)

A child's absence is excused if the child does not attend the VPK program on the instructional day due to one of the following reasons (*60BB-8.204 Uniform Attendance Policy for Funding the VPK Program*):

- Illness or injury of the child or the child's family member which requires hospitalization or bed rest
  - Physician or dentist appointment
  - Infectious disease or parasitic infections
- Funeral service, memorial service, or bereavement upon the death of a child's family member
  - Life-threatening illness or injury of the child's family member
  - Compliance with a court order (e.g., visitation, subpoena)
- Special education or related services as defined in 20 U.S.C. § 1401 (2004) for the child's disability
- Observance of a religious holiday or service, or because the child's or parent's religion forbids secular activity on the instructional day
  - Family vacation, not to exceed five excused absences per program year
  - Extraordinary circumstances beyond the control of the child or child's parent  
*(written documentation must be included)*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

Chiefland Office  
212 N. Main Street  
Chiefland, FL 32626  
Phone: 352-490-5855  
Fax: 352-490-6762  
Toll-Free: 877-840-5437  
ELCNC 213 6/1/09

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1564 N. Meadowcrest Blvd.  
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114 N. Jumper Drive  
Bushnell, FL 33513  
Phone: 352-793-5430  
Fax: 352-793-6230



### Child Attendance Notice

- Termination of Child Care Services for Past Due School Readiness Parent Fees
- Non-Attendance – No Contact 5 Days
- Child(ren) terminated by the provider for other reason: (please provide a brief explanation)

\_\_\_\_\_  
\_\_\_\_\_

Child Care Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Child(ren):

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

- Parents only responsible for one month of past due School Readiness parent fees.
- ELCNC must receive this form prior to parent’s request to transfer.

Reinstate Child Care Services For Past Due Fees

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

ELCNC use only:  
Copy:  Client File  Parent/Guardian  Finance  Education  
ELCNC-211 6/1/09





**Early Learning Coalition of the Nature Coast**  
 Serving Citrus-Dixie-Gilchrist-Levy-Sumter Counties  
**School Readiness Reimbursement Changes**

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Re: \_\_\_\_\_

This form is to inform you of School Readiness reimbursement changes for the month (s) of: \_\_\_\_\_

The following apply:

The attendance sheet(s) were not fully or partially processed for the following reasons:

- School Readiness Attendance sheet was received after the due date.
- School Readiness Attendance sheet was not signed or filled out correctly by the provider.
- Excessive absences were not approved for: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- No or lack of appropriate documentation to approve payment for child (ren): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Incorrect enrollment dates for child (ren):
 

Child Name	Enrollment Date

- No payment can be made after termination date for the child (ren):
 

Child Name	Termination Date

- The following date (s) can not be paid, as the provider selected as "non-reimbursable" day. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Sign in/out sheets not submitted for: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please contact your Client Services Counselor \_\_\_\_\_ at the numbers below if you would like to discuss the changes.

**ELCNC-206 6/1/09**

Chiefland Office  
 212 N. Main Street  
 Chiefland, FL 32626  
 Phone: 352-490-5855  
 Fax: 352-490-6762  
 Toll-Free: 877-840-5437

Crystal River Office  
 1564 N. Meadowcrest Blvd.  
 Crystal River, FL 34429  
 Phone: 352-563-9939  
 Fax: 352-563-5933  
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**Early Learning Coalition of the Nature Coast**  
 Serving Citrus-Dixie-Gilchrist-Levy-Suwannee Counties  
**VPK Reimbursement Changes**

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Re: \_\_\_\_\_

This form is to inform you of VPK reimbursement changes for the month (s) of: \_\_\_\_\_

The following apply:

The attendance sheet(s) were not fully or partially processed for the following reasons:

- VPK Attendance sheet was received after the due date.
- VPK Attendance sheet was not signed or filled out correctly by the provider.
- Excessive absences were not approved for: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- No or lack of appropriate documentation to approve payment for child (ren): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Incorrect enrollment dates for child (ren):
 

Child Name	Enrollment Date

- No payment can be made after termination date for the child (ren):
 

Child Name	Termination Date

- The following date (s) can not be paid, as the provider selected as "non-reimbursable" day.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Sign in/out sheets not submitted for: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please contact your Client Services Counselor \_\_\_\_\_ at the numbers below if you would like to discuss the changes.

**ELCNC-207 6/1/09**

Chiefland Office  
 212 N. Main Street  
 Chiefland, FL 32626  
 Phone: 352-490-5855  
 Fax: 352-490-6762  
 Toll-Free: 877-840-5437

Crystal River Office  
 1564 N. Meadowcrest Blvd.  
 Crystal River, FL 34429  
 Phone: 352-563-9939  
 Fax: 352-563-5933  
 Toll-Free: 877-336-5437

Sumter Office  
 114 N. Jumper Drive  
 Bushnell, FL 33513  
 Phone: 352-793-5430  
 Fax: 352-793-6230



IMPROPER PAYMENT DISPUTE

TO: \_\_\_\_\_ - CLIENT SERVICES DEPARTMENT

FROM: \_\_\_\_\_

SUBJECT: PAYMENT DISPUTE

DATE: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Month/Year Disputed: \_\_\_\_\_

Amount Disputed: \_\_\_\_\_

Money due to the Coalition

Money due to the Provider

Dispute Explanation: \_\_\_\_\_

Supporting Documentation Attached:

- Copy of Attendance Roster for Disputed Time Period
- Copy of Sign In/Sign Out Sheet for Disputed Time Period
- Copy of Provider Reimbursement Transmittal for Disputed Time Period
- Excessive Absence Proof
- Other Documentation

Facility Name: \_\_\_\_\_

Provider Name (please print): \_\_\_\_\_

Provider Signature and Date: \_\_\_\_\_

*Please note you have sixty (60) days from the receipt of the Reimbursement Transmittal to dispute an underpayment of services. If there is a payback due to the Coalition, the amount will automatically be withheld as a result of the EFS Reimbursement Process.*

*Client Services Department Only*

Date Received: \_\_\_\_\_

Dispute Decision:

- Dispute Fully Awarded - complete ELCNC 234: Prior Period Adjustment
- Dispute Partially Awarded - Amount Awarded \$ \_\_\_\_\_ complete ELCNC 234: Prior Period Adjustment
- Dispute Denied

Explanation of award decision: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Client Services Counselor Name*

\_\_\_\_\_  
*Client Services Counselor's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Client Services Manager Name*

\_\_\_\_\_  
*Client Services Manager's Signature*

\_\_\_\_\_  
*Date*



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

**PARENT INFORMATION**

This Certificate is not valid for care arranged after: \_\_\_/\_\_\_/\_\_\_

Parent Name: \_\_\_\_\_ SS N: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Eligibility: \_\_\_\_\_ Category: \_\_\_\_\_ Care Authorization from: \_\_\_\_\_ to: \_\_\_\_\_ (No reimbursement made after this date)  
 Case Worker: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_ Provider ID#: \_\_\_\_\_

**CHILDREN REQUIRING CARE**

Child's Name	DOB	S.S.#	FT/PT	Approved Rate	G.S. Rate	Parent Fee	Schedule M T W Th F S S
							M T W Th F S S
							M T W Th F S S
							M T W Th F S S
							M T W Th F S S

Daily Total: \$ \_\_\_\_\_

\*\* Parents are responsible for daily total

(G.S. Rate = Gold Seal Rate)

I certify that by use of this certificate that I am exercising my choice of caregiver for my child. Other placement options in licensed and subcontracted facilities and homes have been explained to me. The Department and its contract provider are indemnified from all possible liability for payments to the caregiver that I select and from liability for the quality of care my child receives. I understand that I have access to my children at any time and that I may visit the provider's setting at any time during care hours.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Signature of Provider: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Signature of Client Services Counselor: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Other Fees: The School Readiness scholarship program does not pay for any registration fees, supplies, or costs of care over and above the maximum School Readiness rate that is being paid to the provider. Your provider may choose to charge you the difference between the School Readiness rate and what they normally charge (differential fee). There may also be a local match percent subtracted from the provider's School Readiness reimbursement, unless funds are donated from a local funder. The provider may choose to charge this percentage amount to you.

**Fair Disclosure Statement:** THE PROVISION OF SCHOOL READINESS SERVICES ARE SUBJECT TO THE AVAILABILITY OF FUNDING AND PLACEMENT PRIORITIES. Payment is approved as long as client remains eligible and receives services at your site.

Chiefland Office  
 212 N. Main Street  
 Chiefland, FL 32626  
 Phone: 352-490-5855  
 Fax: 352-490-6762  
 Toll-Free: 877-840-5437

Crystal River Office  
 1564 N. Meadowcrest Blvd.  
 Crystal River, FL 34429  
 Phone: 352-563-9939  
 Fax: 352-563-5933  
 Toll-Free: 877-336-5437

Sumter Office  
 114 N. Jumper Drive  
 Bushnell, FL 33513  
 Phone: 352-793-5430  
 Fax: 352-793-6230

\* Parent /Guardian: Please Note: School Readiness Services will end on the date indicated on this form.  
 Redetermination for School Readiness Services will be required PRIOR to the date shown. \_\_\_\_\_(initials)



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

To:

From: \_\_\_\_\_ Date \_\_\_\_\_  
The Early Learning Coalition of the Nature Coast  
1564 N Meadowcrest Blvd  
Crystal River, FL 34429  
Tel: (352) 563-9939 Fax: (352) 563-5933

## SCHOOL READINESS REDETERMINATION NOTICE

This Redetermination Packet must be completed and **in the Coalition office by 8:30 AM on or before:**

Failure to return the information by the above date and time will result in your School Readiness Services being **TERMINATED** without further notice. If circumstances beyond your control prevent you from meeting the above deadline please call at least 24 hours prior to discuss possible extension. Only extreme circumstances will be considered.

**NOTE: If you are returning this packet by U.S. Mail, we suggest you send it 5 days prior to the due date to allow time for delivery.**

### Required Forms included in the Redetermination Packet:

- ➡ Eligibility and Enrollment Form
- ➡ Income Information
- ➡ Verification of Family Status
- ➡ School Readiness Terms and Conditions

Fill out these forms completely. If an area does not apply to you mark "N/A"  
**Note: Verification of Family Status must be notarized.**  
For your convenience, notary service is available in our office.

### Additional information to be returned with the Redetermination Packet: (If applicable, for all household members included in your family size)

- ➡ Updated Referral: If the subsidized child care you are currently receiving is based on a Child Care Referral contact your caseworker as soon as possible to see if you qualify for another referral. Ask them to fax it directly to the Coalition office. If you do not qualify, call your Coalition counselor for advice.
- ➡ Documentation of *complete income* from all sources for the **LAST CONSECUTIVE 6 WEEKS**.
  - 6 most recent pay stubs to include gross income and hours worked or ELCNC-225 Verification of Employment Form (to be filled out by a management level employer only)
  - Child support check stubs or payment report from Child Support Enforcement or court order for Child Support or Alimony (submit court order only if issued within the last 6 months)
  - Award letter for benefits including but not limited to TANF, Social Security, SSI, Veterans Benefit, etc.
- ➡ Documentation of school schedule for adults participating in educational or training programs. (ELCNC-267 Verification of Education Form is available on the Coalition's website @ [www.elc-naturecoast.org](http://www.elc-naturecoast.org) (if applicable).
- ➡ Documentation of Disability, if applicable
- ➡ Documentation of household changes (i.e. marital status, family size, etc.)
- ➡ Updated Immunization (DH68 "Blue Card") if current document on file with the Coalition has expired and Physical (DH30/4 "Yellow Form") if document on file with the Coalition is more than 2 years old. (Please ensure the parent side of the physical is filled out).

**The packet cannot be processed and will be rejected if all required documentation is not submitted.**

If you have any questions, please contact your Client Services Counselor: \_\_\_\_\_ EXT \_\_\_\_\_

ELCNC-209 6/1/09 **PLEASE NOTE: ELCNC staff reserves the right to request additional written documentation**



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

To:

From: \_\_\_\_\_ Date: \_\_\_\_\_

The Early Learning Coalition of the Nature Coast  
212 N. Main Street  
Chiefland, FL 32626  
Tel: (352) 490-5855 Fax: (352) 490-6762

## SCHOOL READINESS REDETERMINATION NOTICE

This Redetermination Packet must be completed and **in the Coalition office by 8:30 AM on or before:**

Failure to return the information by the above date and time will result in your School Readiness Services being **TERMINATED** without further notice. If circumstances beyond your control prevent you from meeting the above deadline please call at least 24 hours prior to discuss possible extension. Only extreme circumstances will be considered.

**NOTE: If you are returning this packet by U.S. Mail, we suggest you send it 5 days prior to the due date to allow time for delivery.**

### Required Forms included in the Redetermination Packet:

- ➡ Eligibility and Enrollment Form
- ➡ Income Information
- ➡ **Verification of Family Status**
- ➡ School Readiness Terms and Conditions

Fill out these forms completely. If an area does not apply to you mark "N/A"  
**Note: Verification of Family Status must be notarized.**  
**For your convenience, notary service is available in our office.**

### Additional information to be returned with the Redetermination Packet: (If applicable, for all household members included in your family size)

- ➡ Updated Referral: If the subsidized child care you are currently receiving is based on a Child Care Referral contact your caseworker as soon as possible to see if you qualify for another referral. Ask them to fax it directly to the Coalition office. If you do not qualify, call your Coalition counselor for advice.
- ➡ Documentation of *complete income* from all sources for the **LAST CONSECUTIVE 6 WEEKS**.
  - 6 most recent pay stubs to include gross income and hours worked or ELCNC-225 Verification of Employment Form (to be filled out by a management level employer only)
  - Child support check stubs or payment report from Child Support Enforcement or court order for Child Support or Alimony (submit court order only if issued within the last 6 months)
  - Award letter for benefits including but not limited to TANF, Social Security, SSI, Veterans Benefit, etc.
- ➡ Documentation of school schedule for adults participating in educational or training programs. (ELCNC-267 Verification of Education Form is available on the Coalition's website @ [www.elc-naturecoast.org](http://www.elc-naturecoast.org) (if applicable).
- ➡ Documentation of Disability, if applicable
- ➡ Documentation of household changes (i.e. marital status, family size, etc.)
- ➡ Updated Immunization (DH68 "Blue Card") if current document on file with the Coalition has expired and Physical (DH30/4 "Yellow Form") if document on file with the Coalition is more than 2 years old. (Please ensure the parent side of the physical is filled out).

**The packet cannot be processed and will be rejected if all required documentation is not submitted.**

If you have any questions, please contact your Client Services Counselor: \_\_\_\_\_ EXT \_\_\_\_\_

ELCNC-257 6/1/09 **PLEASE NOTE: ELCNC staff reserves the right to request additional written documentation**



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

To:

From: \_\_\_\_\_ Date \_\_\_\_\_  
The Early Learning Coalition of the Nature Coast  
114 N. Jumper Drive  
Bushnell, FL 33513  
Tel: (352) 793-5430 Fax: (352) 793-6230

## SCHOOL READINESS REDETERMINATION NOTICE

This Redetermination Packet must be completed and **in the Coalition office by 8:30 AM on or before:**

Failure to return the information by the above date and time will result in your School Readiness Services being **TERMINATED** without further notice. If circumstances beyond your control prevent you from meeting the above deadline please call at least 24 hours prior to discuss possible extension. Only extreme circumstances will be considered.

**NOTE: If you are returning this packet by U.S. Mail, we suggest you send it 5 days prior to the due date to allow time for delivery.**

### Required Forms included in the Redetermination Packet:

- |   |  |
|---|--|
| ➡ Eligibility and Enrollment Form       | Fill out these forms <u>completely</u> . If an area does not apply to you mark "N/A" |
| ➡ Income Information                    |  |
| ➡ <u>Verification of Family Status</u>  | <b>Note: Verification of Family Status must be notarized.</b>                        |
| ➡ School Readiness Terms and Conditions | <b>For your convenience, notary service is available in our office.</b>              |

### Additional information to be returned with the Redetermination Packet: (If applicable, for all household members included in your family size)

- ➡ Updated Referral: If the subsidized child care you are currently receiving is based on a Child Care Referral contact your caseworker as soon as possible to see if you qualify for another referral. Ask them to fax it directly to the Coalition office. If you do not qualify, call your Coalition counselor for advice.
- ➡ Documentation of *complete income* from all sources for the LAST CONSECUTIVE 6 WEEKS.
  - 6 most recent pay stubs to include gross income and hours worked or ELCNC-225 Verification of Employment Form (to be filled out by a management level employer only)
  - Child support check stubs or payment report from Child Support Enforcement or court order for Child Support or Alimony (submit court order only if issued within the last 6 months)
  - Award letter for benefits including but not limited to TANF, Social Security, SSI, Veterans Benefit, etc.
- ➡ Documentation of school schedule for adults participating in educational or training programs. (ELCNC-267 Verification of Education Form is available on the Coalition's website @ [www.elc-naturecoast.org](http://www.elc-naturecoast.org) (if applicable).
- ➡ Documentation of Disability, if applicable
- ➡ Documentation of household changes (i.e. marital status, family size, etc.)
- ➡ Updated Immunization (DH68 "Blue Card") if current document on file with the Coalition has expired and Physical (DH30/4 "Yellow Form") if document on file with the Coalition is more than 2 years old. (Please ensure the parent side of the physical is filled out).

**The packet cannot be processed and will be rejected if all required documentation is not submitted.**

If you have any questions, please contact your Client Services Counselor: \_\_\_\_\_ EXT \_\_\_\_\_  
ELCNC-283 6/1/09 **PLEASE NOTE: ELCNC staff reserves the right to request additional written documentation**



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

## Rilya Wilson Act Child Absence Reporting Form

Name of Facility \_\_\_\_\_ City \_\_\_\_\_

Person Reporting \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Report \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Child's CBC Case Manager \_\_\_\_\_

Court-Ordered PS or Foster Care \_\_\_\_\_

Date(s) of Absences \_\_\_\_\_

Excused Absence \_\_\_\_\_ Unexcused Absence \_\_\_\_\_

Name of CBC Staff Member Notified \_\_\_\_\_

Telephone Number of CBC Staff Member Notified \_\_\_\_\_

Date of Notification \_\_\_\_\_

For Citrus and Sumter Counties, this report should be emailed or faxed to:

Ellie Foley  
CPI Supervisor/Sumter County  
Email: [Ellie\\_Foley@dcf.state.fl.us](mailto:Ellie_Foley@dcf.state.fl.us)  
Fax: (352) 330-1326

ELCNC-205 6/1/09



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

## Rilya Wilson Act Child Absence Reporting Form

Name of Facility \_\_\_\_\_ City \_\_\_\_\_

Person Reporting \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Report \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Child's Case Manager \_\_\_\_\_

Court-Ordered PS or Foster Care \_\_\_\_\_

Date(s) of Absences \_\_\_\_\_

Excused Absence \_\_\_\_\_ Unexcused Absence \_\_\_\_\_

Name of Staff Member Notified \_\_\_\_\_

Telephone Number of Staff Member Notified \_\_\_\_\_

Date of Notification \_\_\_\_\_

**For Dixie, Gilchrist, and Levy Counties, this report must be emailed or faxed to:**

Laura Blanton, Partnership for Strong Families

Email: [laura.blanton@pfsf.org](mailto:laura.blanton@pfsf.org)

Fax: (352) 463-4419

Tel: (352) 463-3110 x 301

ELCNC-222 6/1/09