



# Early Learning Coalition of the Nature Coast

Serving Citrus-Dixie-Gilchrist-Levy-Sumter Counties

## Provider Alert #92

**Date:** December 8, 2010  
**Subject:** School Readiness Provider Reimbursement Rate Increase

On November 19, 2010, the Executive Committee voted to increase in-county School Readiness provider reimbursement rates, effective January 1, 2011. The increase is possible due to a surplus which has been identified in the Direct Services budget, largely due to the additional funds received from Mid-Florida Community Services in Citrus and Sumter. The Executive Committee could NOT approve an increase to the Gold Seal rates as the budget to support the Gold Seal program is currently in a deficit position. This will not have a negative financial impact on providers who are currently being reimbursed under Gold Seal rates. As a result, in many cases, the Gold Seal providers' rates will be reimbursed equal to the regular rate. The increased rates will be in line with the 2009 Market Rate Survey. The surplus identified will cover the cost of the increase for the next **six months**.

**It is important to note that these rates will likely be in effect only through the remainder of this fiscal year, unless additional funding is authorized by the Agency for Workforce Innovation/Office of Early Learning. It is likely that a rate DECREASE will occur early in FY 2011-2012.**

The Coalition staff has revised the Daily Payment Rate Schedule (attached) to more accurately reflect that Gold Seal rates are an additive to the regular rates. The chart also identifies when the Gold Seal additive is not available due to the deficit in the Gold Seal budget.

In order to implement the rate increase the Contracts Office will be reviewing all School Readiness Agreements. In the event that a provider's current private pay rate is equal to or more than the revised rates, a contract amendment will be prepared and submitted to the provider. Those providers who are currently being reimbursed at Gold Seal rates will receive the regular rate plus the appropriate additive when available. **The provider must review, sign and return the amendment to the Coalition by the date specified in the amendment cover letter otherwise the increase in reimbursement rates will be delayed.**

Providers whose private pay rates are less than the rates listed in the revised rate schedule (attached), are not subject to a rate increase as the reimbursement rate would be the greater of their Notarized Statement of Private Child Care Rate or the Coalition Daily Reimbursement Rate. If a provider chooses to increase their rates (**all clients including private pay must be charged the increased rates**) they should update their revised Notarized Statement of Private Child Care Rates. A Notarized Statement of Private Child Care Rates has been attached to this Provider Alert for your convenience.

The revised Notarized Statement of Private Child Care Rates must be received at the Coalition's Contract Office in Crystal River by **December 22, 2010** in order for the contract staff to have time to prepare an amendment from the increased rates to be effective January 1, 2011. It is important to note that a provider with **one or more** rates that are less than the revised rates may amend their Notarized Statement of Private Child Care Rates.

In addition to the reimbursement rate increase, the Committee also voted to place 100 children from the waiting list, based on the numbers as of October 31, 2010. Placements were approved by county as follows:

Citrus	Dixie	Gilchrist	Levy	Sumter
37	1	7	21	34

If you have any questions or concerns related to this Provider Alert please contact me at (352) 563-9939 x260 or [sbosanko@elc-naturecoast.org](mailto:sbosanko@elc-naturecoast.org).

Thank you,  
Sonya Bosanko  
Executive Director

**Attachment IV  
Notarized Statement of Private Child Care Rates**

CHILD CARE FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: FL ZIP CODE: \_\_\_\_\_

HOURS OF OPERATIONS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ DAYS OF OPERATIONS: \_\_\_\_\_

**RATES CHARGED FOR CHILD CARE**

Please complete the following charts for each classroom included in the School Readiness Agreement. List a classroom name or identifier for each age group under the age group heading and one rate for all classrooms in the age category under the Full Time and Part time Daily Rate columns. Please do not fill in shaded areas.	<b>Infant Classrooms (INF) &lt;12 MTH</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>

<b>Toddler Classrooms (TOD) 12&lt;24 MTH</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>	<b>Toddler Classrooms (2YR) 24&lt;36 MTH</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>

<b>Preschool Classrooms (PRE3) 36&lt;48 MTH</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>	<b>Preschool Classrooms (PRE4) 48&lt;60 MTH</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>

<b>Preschool Classrooms (PRE5) 60&lt;72 MTH</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>	<b>School Age Classrooms (SCH) In School</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>
<b>Special Needs Rate</b>	<b>Full Time Daily Rate</b>	<b>Part Time Daily Rate</b>			
<b>All Age Groups</b>					

\_\_\_\_\_  
PRINT NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

PERSONALLY APPEARED BEFORE ME, the undersigned authority, \_\_\_\_\_ who, after being sworn by me, produced identification or is personally known by me, affixed his/her signature in the space provided above on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
[Notary Public Signature]

My commission expires: \_\_\_\_\_