Completing Provider Profiles in the OEL Provider Portal

STEP-BY-STEP GUIDANCE

Log into the OEL Provider Portal

https://providerservices.floridaearlylearning.com/Account/Login

General Tab:

Item 1. Do you want to have your program referred to families seeking child care listings?

Item 2. If participating in the School Readiness (SR) Program this will be marked ‘Yes’

Item 2.1 In order to have a SR Contract, the Health & Safety Inspection must be completed and should be marked ‘Yes’.

Item 3. If participating in the VPK Program this will be marked ‘Yes’.

Item 3.1 ‘Yes’ is marked only if the provider wishes to receive advanced payment for VPK.

Item 4 Should be marked ‘No’

Item 5. Mark ‘Yes’, if Gold Seal or ‘No’ if not.

Item 5.1 Gold Seal ages served (this is on the GS Certificate) and will correspond to one of the following: Gold Seal for ages Birth to 5, Gold Seal for School-Age or Gold Seal for All Ages of Children.

Item 6 If Gold Seal accredited, this will be marked ‘Yes’.
**Facility Tab:**

If the staff person is an Authorized Contract Representative or VPK Authorized contract Representative, the checkbox below each section of Item 4 and Item 5 should be marked (checked).

- **Item 1** This cannot be changed (if for any reason you need to correct errors, please contact your Contract Specialist)
- **Item 2** Contact telephone number must be a “Land Line”.
- **Item 3** “Physical Address at Facility” this needs to match the Hillsborough County Child Care License address.
- **Item 4** List the current site Director’s name, email and telephone number. Mark if the director is an Authorized Contract Representative.
- **Item 5** List the current VPK Director’s name, email and telephone number. Mark if the VPK director is an Authorized Contract Representative.
- **Item 6** Enter your legal status (Licensed/Licensed-Exempt/Registered)
- **Item 7** List your license information, such as number, expiration date, and type

![License Details](image)

**Item 8** List provider type (Center, FCCH, Private School, etc)

Add any additional facility contacts by clicking add new contact and filling in their information.

**Services Tab:**

- **Item 1** Enter minimum age and maximum age, must reflect what is listed on your License. A Provider cannot accept children younger than the minimum age on the License.
- **Item 2** Click all programs offered (you can pick multiple programs)
- **Item 3** Click all that apply to your site (SR Providers must have “On-site screenings” listed)

![Services Tab](image)

**Item 4** Select all languages spoken by staff at site.
- **Item 5** Enter any languages spoken that were not listed in Item 4.
- **Item 6** Enter your legal status (Licensed/Licensed-Exempt/Registered).
- **Item 7** List your license information, such as number, expiration date, and type.
- **Item 8** Click any/all transportation services that apply to your site.
- **Item 8.1** Enter schools you transport to (if applicable).
- **Item 8.2** Enter all schools you may walk children to (if applicable).
Item 9  Select ‘Yes’ if you are an SR provider
Item 9.1 Input Character Development Plan the ‘Curriculum’
Item 10 Check ‘Yes’ or ‘No’
Item 10.1 Enter all training/experience your site has for children with special needs (if applicable)
Item 11 Select if your site is wheelchair accessible
Item 12 Select if you offer therapeutic services for children in your program
Item 13 Select if you participate in a Quality Rating System
Item 14 Select ‘Yes’ if you are a For Profit entity or select ‘No’ if you are a Not For Profit entity
Item 15 Military Child Care (should only be selected ‘Yes’ if you are located on a military base

**Curriculum Tab:**
Select any and all curricula utilized at your site.

**Fees & Discount Tab:**
Item 1 List any and all fees your program charges. If you charge a registration fee it must be listed on your Private Pay rate sheet (SR providers only) If you do not charge a fee for any of the items please list 0.00.
Item 2 Select any discounts that you offer families. If you do not provide discounts, please select NONE.
Item 3 Enter any discount type you offer if discount type was not listed in Item 2.

**Hours of Operations Tab:**
Item 1 Select any of the schedules that apply to your program.
Item 2 Click all days your site is open and then fill in the hours your programs are open.

**Staffing & Capacity Tab:**
Item 1 Enter the number of teachers and children in your program for each age group. Then enter your Group Size for your entire program.
Item 2 Add all staff qualifications.
Item 3 Enter total number of staff who work in your program.
Item 4 Enter your licensed capacity.
Item 5 Enter your infant licensed capacity (if you are a center, this will be a 0, FCCH/LFCCH will be a 4).
Item 6 Enter the maximum number of children you choose to have in your care.
Item 7 Enter the number of private pay (Non-SR and/or Non-VPK) children that are in your program.

**Private Pay Rates Tab:**
Item 1 Enter in your private pay rates .
Item 2 Select ‘Yes’ or ‘No’ if you require the parents to pay the differential between the Approved Reimbursement Rate and the Private Pay Rate.
Item 3  Click the $ SR Daily Rate Helper and enter your rates (this must be done so that rates feed into the contract).

Closures Calendar Tab:
Select all dates that your program is closed (If you did not list that your program was open on Saturdays and Sundays in the Hours of Operation tab do not click that you are closed on those days). If you have an SR contract, you will be able to pick up to 10 days from this calendar for your reimbursable days.

Documents Tab:
Following is the list of all possible Documents (this corresponds to what was checked in the Profile).

All Documents must be current and not expired.

- Gold Seal Certificate
- Accreditation Certificate
- Hillsborough County Child Care License or Letter of Confirmation (Exemption). This is obtained from Hillsborough County Child Care Licensing, and should include Expiration date, the Licensed capacity and DCF ID Number
- Private Pay Rate Sheet (Name, address, telephone number, License number and Registration Fee)
- W9 (Current October 2018)
- Proof of Liability Insurance with the coalition listed as Additional Insured or Certificate Holder
- Proof of Unemployment Insurance (Form 941 Employer’s Federal Tax Return)
- Proof of Workers’ Compensation Insurance or Exemption letter from Worker’s Compensation (This is for Centers, FCCH do not normally have 3 or more employees)
- Proof of Automobile Insurance Binder or Certificate of Insurance not the Insurance Card
- Sunbiz Documentation
- Direct Deposit Forms (Document Library- Banking and Finance)