



**Voluntary Prekindergarten Education Program
Addendum to the Statewide Provider Agreement**

I. PARTIES

1. THIS ADDENDUM to the Statewide Provider Agreement for the Voluntary Prekindergarten Education Program is made and entered into this _____ day of _____, 20____, by and between the Early Learning Coalition of Putnam and St. John’s counties, with its principal offices located at 200 Reid St. Palatka, FL 32177 (hereinafter referred to as “COALITION”) and _____, with its principal offices located at _____ (hereinafter referred to as “PROVIDER”).

II. TERM OF ADDENDUM

2. This is an Addendum to the Statewide Provider Agreement executed by the COALITION and the PROVIDER on _____ day of _____, 20____. This Addendum applies to the 20____-20____ program year.

III. VPK CHILD REGISTRATION PILOT PROJECT

3. This Addendum allows the PROVIDER to participate in the VPK Child Registration Pilot Project authorized under rule 60BB-8.201(4)(a), Florida Administrative Code, and authorized for continuation under variance acceptance by AWI/OEL.

4. This Addendum does not replace, but supplements, the terms and conditions of the Statewide Provider Agreement and allows the PROVIDER to perform the following duties of the COALITION for a child who the PROVIDER admits in the VPK program:
 - a. Registering the child for the VPK program;
 - b. Accepting the child application (Form AWI-VPK 01P) and supporting documentation from the child's parent; and
 - c. Conducting a face-to-face parent orientation session or exhibiting a parent-orientation video for the child's parent.

IV. PROVIDER ELIGIBILITY

5. The PROVIDER's VPK site is located in one of the following counties: Putnam or St. John's.
6. The PROVIDER certifies that it has delivered instruction for the VPK program for at least 2 program years.
7. The PROVIDER certifies that, for each month that the PROVIDER participated in the VPK program or school readiness program during the 24 months before this Addendum is executed, the PROVIDER submitted accurate and timely monthly attendance rosters for the VPK program, if applicable, the school readiness program. If, during this period the COALITION or the COALITION's qualified contractor requested repayment of an overpayment, the PROVIDER certifies that it repaid the overpayment by the required repayment date.
8. The PROVIDER certifies that, if the PROVIDER is licensed by the Department of Children and Family Services (DCF) or a local licensing agency, under Sections 402.301-402.319, Florida Statutes, and the PROVIDER's license is not recorded in DCF's Child Care Information System as "Revocation Action Pending," "Suspension Action Pending/Suspended," or "Closed."
9. The PROVIDER certifies that it records daily child attendance using:
 - a. A paper sign-in or sign-out log that records the date, child's name, and signature of the parent or other person dropping off or picking up the child to or from the VPK site; or
 - b. Electronic attendance tracking system that records the date, child's name, and electronic signature, card swipe, entry of a personal identification number, or similar daily action by the parent or other person dropping off or picking up the child to or from the VPK site.

10. The PROVIDER and the COALITION certify that _____
(name of the PROVIDER's prekindergarten director or designee) attended a training session conducted by the COALITION or the COALITION's contractor on the _____ day of _____, 20_____, which instructed the PROVIDER on the required procedures for registering a child for the VPK program, accepting a child application (Form AWI-VPK 01P) and supporting documentation on behalf of the coalition, and conducting a parent-orientation session. The PROVIDER agrees to comply with these procedures.

V. CHILD REGISTRATION PROCEDURES

11. The PROVIDER acknowledges that it must comply with the child registration procedures in Rule 60BB-82015, Florida Administrative Code.
12. The PROVIDER agrees that it may only register a child for the VPK program, accept a child application (AWI-VPK 01P) and supporting documentation from a child's parent, or conduct a parent-orientation session for a child's parent if the PROVIDER admits the child in the PROVIDER's VPK program.
13. The PROVIDER agrees to conduct a face-to-face parent-orientation session or exhibit a parent-orientation video in accordance with Rule 60BB-8.201, Florida Administrative Code, for a parent registering his or her child for the VPK program.
14. The PROVIDER agrees to review a child's Form AWI-VPK 01P (Child Application and Provider Admission) to confirm that the child application is complete, signed by the child's parent, and submitted with the required supporting documentation.
15. If the PROVIDER predetermines that a child is eligible for the VPK program, the PROVIDER agrees to submit the child's Form AWI-VPK 01P and supporting documentation to the COALITION within 5 working days after a child's parent registers the child.
16. If the PROVIDER predetermines that a child is not eligible, the PROVIDER agrees to return the child's Form AWI-VPK 01P and supporting documentation to the child's parent within 5 working days after a child's parent registers the child, and, on the blank spaces included on Form AWI-VPK 01P, notify the parent in writing of the following:
- a. The PROVIDER has predetermined that the child is not eligible for the VPK program;
 - b. The reason that the child is not eligible and an explanation that the PROVIDER's predetermination is not the COALITION's official determination;
 - c. If the parent believes that his or her child is eligible, the parent may register the child for the VPK program with the COALITION; and
 - d. The following telephone number of the COALITION: (800) 238-3463.

17. The COALITION agrees to allow the PROVIDER to register children for the VPK program, accept child applications (Form AWI-VPK 01P) and supporting documentation, and conduct parent-orientation sessions on behalf of the COALITION.
18. The PROVIDER acknowledges that performing these duties on behalf of the COALITION provides greater convenience for the parents of children that the PROVIDER admits in its VPK program and is therefore a valuable privilege for the PROVIDER.
19. The PROVIDER agrees to participate in the VPK Child Registration Pilot Project and perform these duties without compensation.

VII. TERMINATION

20. The PROVIDER understands that the COALITION may remove the PROVIDER from the VPK Child Registration Pilot Project and terminate this Addendum at any time, with or without prior notice, if the PROVIDER does not continue to meet the eligibility requirements for the pilot project, or comply with the child registration procedures, in Rule 60BB-8.2015, Florida Administrative Code. Termination of this Addendum does not terminate the Statewide Provider Agreement.

VIII. INDEMNIFICATION

21. The PROVIDER is fully liable for the actions of its agents, employees, partners, contractors, and subcontractors and shall fully indemnify, defend, and hold harmless the COALITION, the Agency for Workforce Innovation, and their officers, agents, employees, contractors from suits, actions, damages, and costs of every name and description, including attorneys' fees, arising from or relating to personal injury and damage to real or personal tangible property alleged to be caused in whole or in part by the PROVIDER, its agents, employees, partners, contractors, or subcontractors. If the PROVIDER is a public school or school district, this paragraph is limited to the extent required by section 768.28, Florida Statutes.

IX. Execution of Addendum

The PROVIDER has caused this Addendum to be executed as of the date set forth in Paragraph 1.

**Signature of Director/Operator/Principal
or Authorized Representative**

Print Name

Title

Date

OPTIONAL

STATE OF FLORIDA
COUNTY OF _____

The **FOREGOING** was acknowledged before me this _____ day of _____ as identification, and who did not take an oath.

WITNESS my hand and official seal in the County and State set forth above.

NOTARY PUBLIC

The COALITION has caused this Addendum to be executed as of the date set form in Paragraph 1.

**Signature of Coalition Executive Director
or Authorized Representative**

Print Name

Title

Date

OPTIONAL

STATE OF FLORIDA
COUNTY OF _____

The **FOREGOING** was acknowledged before me this _____ day of _____ as identification, and who did not take an oath.

WITNESS my hand and official seal in the County and State set forth above.

NOTARY PUBLIC