

## **SCHOOL READINESS CONTRACT CHECKLISTS**

1 <sup>St</sup> Step – complete/submit the following documents on the State Provider Portal at
https://providerservices.floridaearlylearning.com
☐ Activation of Provider Profile
☐ W-9 Form
☐ Private pay rate sheet
☐ Provider Portal Signup Form
☐ Documentation of Legal Status
☐ Current License
☐ License Exempt Letter & Exempt Certificate
☐ Registration Letter
☐ Gold Seal Certificate (If applicable)
Certificate of Insurance showing ELCLC as a Certificate Holder & Additional Insured
☐ Workers Comp Insurance (If applicable)
<ul><li>□ Proof of Transportation Insurance (if applicable)</li><li>□ Current Sunbiz report identifying the office, director or authorized person (s) (If applicable)</li></ul>
2 <sup>nd</sup> Step- Upload the following documents to the State Provider Portal in the Documents link under the Contract folder
☐ Copy of Daily Lesson Plan for each age group in your program
$\square$ Copy of Daily Schedule for each age group in your program
$\Box$ Copy of the curriculum title and contents page for each book, binder or manual listed in the contract
☐ Provider Information Form – SR10
$\square$ Copy of the Character Development Curriculum title and contents page listed in the contract
☐ Direct Deposit Authorization Form
☐ Voided Check or Savings Deposit Slip
☐ Documentation of Signature Authority (If applicable)
3 <sup>rd</sup> Step- Complete following documents on the State Provider Portal
☐ School Readiness Provider Agreement (Form SR 20)
School Readiness Provider Responsibilities Form (Select One)
$\square$ SR 20L – Licensed Center/Home- Registered Home- Before/After School Program $\square$ SR 20 LE – Licensed Exempt
☐ SR 20FFN – Informal Providers

Please submit all documents on the State Provider Portal at <a href="https://providerservices.floridaearlylearning.com">https://providerservices.floridaearlylearning.com</a>

Once on the site, you will create a new account. You will enter a valid email address, password, EIN number, your DCF or exempt registration number and physical address.

PLEASE NAME THE DOCUMENTS WHEN UPLOADING THEM ON THE PROVIDER PORTAL