

Sample Attendance and Payment Verification Report

Kindergarten Readiness Rate Child Detail Report | Provider ID: 0 Ext: 0

Child Name	DOB	Sex	SSN Last Four	Month	Hours		Dollars Paid	Total Hours Absent		Unpaid Hours Absent		Paid Hours Absent	
					Hours Paid	Hours Paid		Hours Absent	Hours Absent	Hours Absent	Hours Absent		
Child's Name	30-OCT-03	M	1350	01-AUG-08	27.00	\$135.00	6.00	0.00	6.00	0.00	6.00	21.00	
				01-SEP-08	63.00	\$315.00	9.00	0.00	9.00	0.00	9.00	54.00	
				01-OCT-08	69.00	\$345.00	0.00	0.00	0.00	0.00	0.00	69.00	
				01-NOV-08	15.00	\$75.00	9.00	0.00	9.00	0.00	9.00	6.00	
					174.00	\$870.00	24.00	0.00	24.00	0.00	24.00	150.00	
Child's Name	25-MAY-04	F	2771	01-AUG-08	27.00	\$135.00	6.00	0.00	6.00	0.00	6.00	21.00	
				01-SEP-08	63.00	\$315.00	3.00	0.00	3.00	0.00	3.00	60.00	
				01-OCT-08	69.00	\$345.00	0.00	0.00	0.00	0.00	0.00	69.00	
				01-NOV-08	51.00	\$255.00	3.00	0.00	3.00	0.00	3.00	48.00	
				01-DEC-08	63.00	\$315.00	3.00	0.00	3.00	0.00	3.00	60.00	
				01-JAN-09	57.00	\$285.00	0.00	0.00	0.00	0.00	0.00	57.00	
				01-FEB-09	60.00	\$294.00	6.00	0.00	6.00	0.00	6.00	54.00	
				01-MAR-09	66.00	\$323.40	0.00	0.00	0.00	0.00	0.00	66.00	
				01-APR-09	63.00	\$308.70	6.00	0.00	6.00	0.00	6.00	57.00	
					519.00	\$2576.10	27.00	0.00	27.00	0.00	27.00	492.00	
Child's Name	22-SEP-03	F	4229	01-SEP-08	57.00	\$285.00	3.00	0.00	3.00	0.00	3.00	54.00	
				01-OCT-08	66.00	\$330.00	12.00	3.00	12.00	3.00	9.00	57.00	
				01-NOV-08	51.00	\$255.00	0.00	0.00	0.00	0.00	0.00	51.00	
				01-DEC-08	60.00	\$300.00	12.00	3.00	12.00	3.00	9.00	51.00	
				01-JAN-09	57.00	\$285.00	0.00	0.00	0.00	0.00	0.00	57.00	
				01-FEB-09	60.00	\$294.00	3.00	0.00	3.00	0.00	3.00	57.00	
				01-MAR-09	66.00	\$323.40	12.00	0.00	12.00	0.00	12.00	54.00	
				01-APR-09	63.00	\$308.70	3.00	0.00	3.00	0.00	3.00	60.00	
					480.00	\$2381.10	45.00	6.00	45.00	6.00	39.00	441.00	
Child's Name	02-NOV-03	F	4559	01-FEB-09	24.00	\$117.60	0.00	0.00	0.00	0.00	0.00	24.00	
				01-MAR-09	66.00	\$323.40	0.00	0.00	0.00	0.00	0.00	66.00	
				01-APR-09	63.00	\$308.70	0.00	0.00	0.00	0.00	0.00	63.00	
					153.00	\$749.70	0.00	0.00	0.00	0.00	0.00	153.00	

Exhibit C

Attachment 2



Exhibit C

Attachment 1

Providers Name
Provider's address
City, FL Zip code

RE: VPK Attendance and Payment Verification

Dear VPK Provider:

Section 60BB-8.305 of the Florida Administrative Code (F.A.C.) requires all providers who receive VPK funds to verify the annual cumulative attendance of each child enrolled in the providers' VPK program. This process certifies the paid hours of attendance for each child enrolled during the School Year/Summer VPK program year.

We have enclosed The VPK Provider Payment Verification Report detailing the children you served, the amount you were prepaid, and your actual payment amount based on the monthly attendance you submitted to the District for payment.

Please review the report and compare the information to your records. If you disagree with any information on the report (i.e., the child's name, the hours of attendance, the amount paid, or the provider's name), mark the corrections on the VPK Provider Payment Verification Report and return it the VPK/Provider Support Liaison, with supporting documentation. Supporting documentation must include:

- Child Attendance and Parental Choice Certificate (Form AWI-VPK03S or Form AWI-VPK03L)
- Copy of the attendance sheet in question
- Certificate of Eligibility
- Absence documentation if applicable
- Daily attendance log if applicable

We will research each item under dispute and make a determination regarding the resolution of the dispute.

If you have any discrepancies, you must turn in all supporting documentation no later than (DATE) to Family Central, Inc., 840 SW 81st Avenue, North Lauderdale, FL 33068, Attention: VPK Provider Support Liaison.

If you agree with the Provider Verification Report, please certify that this information is true and accurate by signing below and returning to Joseph Jean at the address listed above no later than (DATE).

Failure to comply with this process will result in the withholding of your next payment per State requirements.

If you have any question, please contact Name VPK/Provider Support Liaison at 954-724-XXXX. Please keep a copy of this letter and the Provider Verification Report for your records. At a later date, the Department of Education will send you a letter with your username and password requesting you to verify the VPK Readiness Rate Website.

Director/Owner Name (Print): _____

Date: _____

Director/Owner Signature: _____

VPK Office use only	
Corrections required:	
Yes	No
Corrections completed:	
Yes	No

Enclosures



