


## How to Complete and Submit the eForm

**Purpose:** Illustrate how to access, complete, attach documents and save the eForm

- 1) Navigate to the eForm: <https://vdoecs.hylandcloud.com/formserver/fs?form=Capture%20Form>  
(Note: If the webpage displays an error message, try reloading the page)
- 2) The Provider Document Upload eForm shown below will display



Office of Child Care Health and Safety (OCCHS)

Document Upload

OCCHS License\Exemption # (optional)	Provider Type <span style="font-size: 0.8em;">?</span>	
<input type="text"/>	<input type="text" value="Please Select"/>	
Facility Name <span style="font-size: 0.8em;">?</span>		
<input type="text" value="Enter Facility Name"/>		
Facility Street Address 1	Facility Street Address 2 (optional)	
<input type="text" value="Enter Facility Street Address"/>	<input type="text"/>	
Facility City	Facility State	Facility Zip Code
<input type="text" value="Enter Facility City"/>	<input type="text" value="VA"/>	<input type="text" value="Enter Facility Zip Code"/>
Submitted By	Submitter Phone #: (###-###-####)	
<input type="text" value="Enter your name"/>	<input type="text" value="Enter your phone number"/>	
Interaction Purpose <span style="font-size: 0.8em;">?</span>	Submitter Email Address	
<input type="text" value="Please Select"/>	<input type="text" value="Enter Your Email Address"/>	

- 3) Select the available question mark icons to display instructions related to a particular field if needed.
- 4) Complete the following fields
  - ❖ OCCHS License\Exemption #: This is an optional field that can be entered for existing child day programs and family day systems. Child day programs can obtain this number by locating your facility on the [find care webpage](#) on the child care website.
  - ❖ Provider Type: Select your Provider Type from the drop-down menu
  - ❖ Facility Name: Enter the Facility's Name
  - ❖ Facility Street Address 1: Enter the Facility's Address
  - ❖ Facility Street Address 2: Optional as needed
  - ❖ Facility City: Enter the Facility's City
  - ❖ Facility Zip Code: Enter the Facility's Zip Code

- ❖ Submitted By: Enter your Name
- ❖ Submitter Phone #: Enter your Phone Number (###-###-####)
- ❖ Interaction Purpose: Select your purpose for uploading documents from the drop-down menu
- ❖ Submitter Email Address: Enter your email address

#### 4) Attach Documents

**Attach Documents**

**Here are some brief instructions on how to use the buttons below:**

- Document Type:** Use the drop down to select the correct document type related to the document that you are uploading.
- Browse:** Used to select files from the device that you are using (e.g., computer or phone).
- Delete:** Used to remove a document when an incorrect document was uploaded.
- Add:** Used to add and upload another document needed for your submission.

**Note:** You can only add 30 documents per form submission

Document Type [Need Help?](#)

File Name

- ❖ Document Type: Select the type of document you are uploading
- ❖ File Name: Select Browse then select the file being uploaded
- ❖ Delete: If the incorrect document was uploaded, select Delete
- ❖ Add: Add another document
  - i. Select "add" to upload additional documents to the eForm; a maximum of 30 documents can be submitted per form
  - ii. If you have reached the maximum number of documents or added all of the documents that you need to submit, you are ready to submit the eForm
- ❖ Validate: Validates all fields on the eForm

- 5) When complete select "Submit" to submit the eForm. The form will be submitted to the VDOE-Office of Child Care Health and Safety
- 6) If you would like to start over select "Reset": All fields will be cleared
- 7) If you would like to save or print a copy of the eForm for your records, select "Print"
- 8) Start another eForm, if needed, by navigating to the URL on page one