

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>
- 2) The Provider Document Upload eForm shown below will display



VIRGINIA DEPARTMENT OF
EDUCATION

Office of Child Care Health and Safety
(OCCHS)

Document Upload

OCCHS License\Exemption # (optional)	Provider Type	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Facility Name		
<input style="width: 95%;" type="text"/>		
Facility Street Address 1	Facility Street Address 2 (optional)	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Facility City	Facility State	Facility Zip Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value="VA"/>	<input style="width: 95%;" type="text"/>
Submitted By	Submitter Phone #: (###-###-####)	
<input style="width: 95%;" type="text" value="Enter your name"/>	<input style="width: 95%;" type="text" value="Enter your phone number"/>	
Interaction Purpose	Submitter Email Address	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

- 3) Complete the Following fields
 - ❖ OCCHS License \ Exemption #: This field is not required but can be entered if you know this number
 - ❖ 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

Note: You can only add 30 documents per form submission

Document Type	File Name	
Search/Select..	Browse 	Delete
		Add
		Validate

- ❖ 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. If you have reached the maximum number of documents, select “Submit” to submit the eForm
 - ii. Start another eForm by navigating to the above URL
- ❖ Validate: Validates all fields on the eForm

Submit
Reset
Print

- 5) When complete select “Submit” to submit the eForm. The form will be submitted to the 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