



## VPK SCHOOL YEAR CHECKLIST

- Child Care License
- General Liability Insurance  
*(listing ELC as additional insured)*
- Automobile Liability Insurance  
*(listing ELC as additional insured)*
- Workers Compensation Insurance (if applicable)
- Notarized E-Verify Affidavit
- Provider's Attendance Policy (requiring parents to verify monthly attendance on OEL VPK Long or Short form)
- Accreditation Certificate & Gold Seal Certificate (if applicable)
- W-9 form
- Electronic Funds Transfer Form (EFT) and Voided Check
- Director's Credential Certificate or DCF transcript
- Lead Instructor – DCF Transcripts
- VPK Director, Instructor, Aide, and/or Substitute- DCF Background Screening Results Letter and Affidavit of Good Moral Character

### ***VPK Director and Instructor Requirements:***

<b>Director</b>	<p><b>DIRECTOR'S CREDENTIAL CERTIFICATE</b></p> <p><b>Exempt</b> <i>(if completed by 12/31/2006)</i></p> <ul style="list-style-type: none"> <li>○ Director Credential certificate or DCF Transcript</li> </ul> <p style="text-align: center;"><b><u>OR</u></b></p> <p><b>VPK Endorsed Credential</b></p> <ul style="list-style-type: none"> <li>○ Director Credential certificate or DCF Transcript showing endorsement</li> <li>○ Implementing the Florida standards in Preschool Classroom: 3 years old to Kindergarten</li> <li>○ VPK Director Credential</li> <li>○ Emergent Literacy for VPK Instructors</li> <li>○ Mathematical Thinking for Early Learners</li> <li>○ Language and Vocabulary in the VPK Classroom</li> </ul> <p><b>BACKGROUND SCREENING</b></p> <ul style="list-style-type: none"> <li>○ Clearinghouse Screening Results letter (expires 5 years from Results Date)</li> <li>○ Affidavit of Good Moral Character (Version dated May 2018 or later)</li> </ul>
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<p><b>Lead Instructors</b></p>	<p><b>CREDENTIAL</b> (DCF Transcript, Staff Credential or certificate)</p> <ul style="list-style-type: none"> <li>○ FCCP ( Active Birth Through Five Child Care Credential) <b><i>or</i></b></li> <li>○ NECC (National Early Childhood Certificate) <b><i>or</i></b></li> <li>○ ECPC (Early Childhood Professional Credential) <b><i>or</i></b></li> </ul> <p><b><i>*All of the above credentials are required TO ALSO COMPLETE THESE ONLINE DCF COURSES:</i></b></p> <ul style="list-style-type: none"> <li>○ Emergent Literacy for VPK Instructors <b>AND</b></li> <li>○ Standards for 4-year olds <b><i>or</i></b> Implementing the Florida Standards in Preschool Classroom: 3 years old to Kindergarten</li> </ul> <ul style="list-style-type: none"> <li>○ AA – Associates Degree (<i>Formal Education on DCF Transcript</i>) <b><i>or</i></b></li> <li>○ BA Degree, MA Degree, or PHD (<i>Formal Education on DCF Transcript</i>)</li> </ul> <p><b><i>*see <a href="#">School Year VPK Instructor Credential Qualifications: Public and Private Providers</a></i></b></p> <p><b>BACKGROUND SCREENING</b> (<i>required for all Instructors, Aides and Substitutes listed on VPK Application</i>)</p> <ul style="list-style-type: none"> <li>○ <b>Clearinghouse Screening Result letter</b> (<i>expires 5 years from Results Date</i>)</li> <li>○ <b>Affidavit of Good Moral Character</b> (Version dated May 2018 or later)</li> </ul>
<p><b>Aides</b></p>	<p><b>CREDENTIAL</b></p> <ul style="list-style-type: none"> <li>○ <b>**No credential required**</b> (<i>if staff doesn't have a credential enter STNR as the Credential on VPK Instructors tab</i>)</li> <li>○ If AIDE has a credential, enter level of credential on VPK Instructor tab and submit a copy of the DCF credential or certificate with application.</li> </ul> <p><b>BACKGROUND SCREENING</b></p> <ul style="list-style-type: none"> <li>○ <b>Clearinghouse Screening Result letter</b> (<i>expires 5 years from Results Date</i>)</li> <li>○ <b>Affidavit of Good Moral Character</b> (Version dated May 2018 or later)</li> </ul>
<p><b>Lead Substitute</b></p>	<p><b>CREDENTIAL</b></p> <ul style="list-style-type: none"> <li>○ <b>**Minimum requirement of 40 hour DCF childcare course completion</b> (<i>Introductory Training Requirement section of DCF Transcript should indicate "Yes" for Part I and Part II</i>)</li> </ul> <p><b>BACKGROUND SCREENING</b></p> <ul style="list-style-type: none"> <li>○ <b>Clearinghouse Screening Result letter</b> (<i>expires 5 years from Results Date</i>)</li> <li>○ <b>Affidavit of Good Moral Character</b> (Version dated May 2018 or later)</li> </ul>



### Sample Background Screening Documents

AHCA BGS - Background Screening Result Page 1 of 1

 **Department of Children and Families**

Provider Name: [REDACTED]  
Printed by: [REDACTED]  
OCA Number: [REDACTED]

### Background Screening Result

This individual's eligibility status as of 9/29/2016 is provided below. The employer must retain a hard copy of this result in the individual's employee file. If we become aware of a change in an individual's eligibility status, an email notification will be sent to the most recent employer of record in the Clearinghouse or the last provider to submit a screening request through the Clearinghouse. It is recommended health care and/or service provider employers check the screening results of staff regularly as an individual's status may change based on information received. If you become aware of an event that may change the employee's eligibility please contact your specified agency, Department of Children and Families, at 888-352-2642. The employer must take the appropriate action when a change in status occurs in accordance with Section 435.06, Florida Statutes.

**Applicant Name:** [REDACTED]    **SSN:** XXX-XX-[REDACTED]    **Date of Birth:** [REDACTED]    **Race:** BLACK    **Sex:** FEMALE

Retained Prints Expiration Date: 9/26/2021  
Clearinghouse Screening Available?: Yes

#### Department of Children and Families Eligibility

Item	Status	Eligibility Determination Date
DCF General	Eligible	9/29/2016
DCF Child Care	Eligible	9/29/2016
DCF Substance Abuse - Adult Only	Eligible	9/29/2016
DCF Summer Camps	Eligible	9/29/2016
DCF Mental Health	Agency Review Required	
APD General	Agency Review Required	
APD Development Disability Centers	Agency Review Required	
APD CDC	Agency Review Required	

**Employment History** (As reported to Florida's Background Screening Clearinghouse by provider employers.)

Provider	Position	Hire Date	End Date
[REDACTED]	Employee or Staff Person	[REDACTED]	

Print Event: 161515849 Print Date: 9/29/2016

SCREENING RESULTS LETTER TO SUBMIT TO ELC FOR VPK PROGRAM

#### Person Profile

First Name: [REDACTED]    Address Line 1: [REDACTED]    Sex: FEMALE  
Middle Name: [REDACTED]    Address Line 2: [REDACTED]    Race: BLACK  
Last Name: [REDACTED]    City: LAKE WORTH    Hair Color: Brown  
Aliases: [REDACTED]    State: Florida    Eye Color: Brown  
SSN: XXX-XX-[REDACTED]    ZIP: 33499    Height: [REDACTED]  
Date of Birth: [REDACTED]    County: [REDACTED]    Weight: [REDACTED] lbs.  
Place of Birth: Haiti    Phone Number: [REDACTED]    Email Address: [REDACTED]

#### Screenings in Process

Screening	Start Date	Expiration Date	Status	Special Needs Policy
-Completed screenings				
Committed to Screening				

Retained Prints Expiration Date: 12/18/2021  
Clearinghouse Screening Available?: Yes

#### Department of Children and Families Eligibility

The Department has searched child welfare records for the State of Florida. This search was completed in Florida's Automated Child Welfare Information System (SACWIS).

There is no record of applicant being listed as the caregiver responsible for the verified finding of a substantiated or neglect of a child. The individual may need additional information pursuant to s.39.002, Florida Statutes.

Item	Status	Eligibility Determination Date
DCF General	Eligible	12/09/2016
DCF Child Care	Eligible	12/09/2016
DCF Substance Abuse - Adult Only	Eligible	12/09/2016
DCF Summer Camps	Eligible	12/09/2016
DCF Mental Health	Agency Review Required	
APD General	Agency Review Required	
APD Development Disability Centers	Agency Review Required	
APD CDC	Agency Review Required	

#### Employment/Contract History

Employer or Staff Person	Hire Date	End Date
[REDACTED]	9/29/2016	



SAMPLE AFFIDAVIT OF GOOD MORAL CHARACTER

AFFIDAVIT OF GOOD MORAL CHARACTER
State of Florida County of
Before me this day personally appeared who, being duly sworn, deposes and says:
As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:
I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:
Section 360.135 Relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
Section 394.4593 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
Section 415.111 sexual abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
Section 741.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section 777.04 attempt, solicitation, and conspiracy to commit an offense listed in this subsection
Section 782.04 murder
Section 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
Section 782.071 vehicular homicide
Section 782.09 killing an unborn child by injury to the mother
Chapter 784 assault, battery, and culpable negligence, if the offense was a felony
Section 784.011 assault, if the victim of offense was a minor
Section 784.03 battery, if the victim of offense was a minor
Section 787.01 kidnapping
Section 787.02 false imprisonment
Section 787.025 luring or enticing a child
Section 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
Section 787.04(3) carrying a child beyond the state limits with criminal intent to avoid pending a child at a custody hearing or delivering the child to the designated person
Section 794.011 exhibiting firearms or weapons within 1,000 feet of a school
Section 794.012 possessing an electric weapon or device, destructive device, or other weapon on school property
Section 794.013 sexual battery
Former Section 794.041 prohibited acts of persons in familial or custodial authority
Section 794.05 unlawful sexual activity with certain minors
Chapter 796 prostitution
Section 796.02 lewd and lascivious behavior
Chapter 800 lewdness and indecent exposure
Section 806.01 arson
Section 815.02 burglary
Section 810.14 voyeurism, if the offense is a felony
Section 810.145 theft and/or robbery and related crimes, if a felony offense
Chapter 812 fraudulent sale of controlled substances, if the offense was a felony
Section 817.503 abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section 825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section 825.103 exploitation of disabled adults or elderly persons, if the offense was a felony
Section 826.04 incest
Section 827.03 child abuse, aggravated child abuse, or neglect of a child
Section 827.04 contributing to the delinquency or dependency of a child
Former Section 827.05 negligent treatment of children
CONTINUED ON NEXT PAGE Page 1 of 3
CF 1649, PDF 11/2018 [85C-45.001, F.A.C.]
Attestation under penalty of perjury is required by s. 435.05, F.S.

- Section 827.071 sexual performance by a child
Section 843.01 resisting arrest with violence
Section 843.025 deserting a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12 aiding in an escape
Section 843.13 aiding in the escape of juvenile inmates in correctional institution
Chapter 847 encouraging or recruiting another to join a criminal gang
Section 874.05(1) drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075 sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3) inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.46 escape
Section 944.46 harboring, concealing, or aiding an escaped prisoner
Section 944.47 introduction of contraband into a correctional facility
Section 965.701 sexual misconduct in juvenile justice programs
Section 965.711 contraband introduced into detention facilities

THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR MENTAL HEALTH POSITIONS
In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for "Mental Health Personnel" screened pursuant to section 394.4572, F.S., defined as "program directors, professional clinicians, staff members, or volunteers working in a public or private mental health program or facility who have direct contact with individuals held for examination or admitted for mental health treatment." The additional offenses apply only to "Mental Health Personnel" as determined pursuant to Section 408.809, F.S. as listed below:

- Chapter 408 Relating to Many offenses contained in Chapter 408
Section 408.806(3) offers service or skilled service without valid license when license is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.500 Medicaid provider fraud
Section 409.5001 Medicaid fraud
Section 777.04 attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 817.034 fraudulent acts through mail, wire, radio, electronic, photographic, or photocopied systems
Section 817.234 false and fraudulent insurance claims
Section 817.481 obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony
Section 817.50 fraudulently obtaining goods or services from a health care provider
Section 817.505 patient tracking
Section 817.568 criminal use of personal identification information
Section 817.60 obtaining a credit card through fraudulent means
Section 817.61 fraudulent use of credit card, if the offense was a felony
Section 831.01 forgery
Section 831.02 offering forged instruments
Section 831.07 forging bank bills, checks, drafts or promissory notes
Section 831.09 offering forged bank bills, checks, drafts, or promissory notes
Section 831.30 fraud in obtaining medicinal drugs
Section 831.31 the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony
Section 865.03 racketeering and collection of unlawful debts
Section 866.101 the Florida Money Laundering Act

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21, F.S.; a career offender pursuant to s. 775.201, F.S.; or a sexual offender pursuant to s. 943.0435, F.S., unless the requirement to register as a sexual offender has been removed pursuant to s. 943.0434, F.S.
I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at [redacted] in any position that requires background screening as a sexual offender, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar [redacted] Page 2 of 3

CONTINUED ON NEXT PAGE

statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.
I attest that I have read the above carefully and state that my attestation here is true and correct that my record does not contain any of the above listed offenses. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.
SIGNATURE OF AFFIANT: \_\_\_\_\_

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record. (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: \_\_\_\_\_
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA
(Print, Type, or Stamp Commissioned Name of Notary Public)
(Check one)
[ ] Affiant personally known to notary
OR
[ ] Affiant produced identification
Type of identification produced: \_\_\_\_\_

The Affidavit of Good Moral Character is 3 pages long, must be notarized, and is the same document required by local licensing each year for license renewal.



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## SAMPLE ATTENDANCE POLICY

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# SCHOOL'S LOGO

### SAMPLE VPK ATTENDANCE/TARDINESS POLICY

(The attendance policy is between the child care provider and the parent)

(INSERT SCHOOL NAME) will be operating a Voluntary Pre-Kindergarten (VPK) class for \_\_\_\_ hours per day, \_\_\_\_ days per week for a total of \_\_\_\_ days. All enrolled families received a VPK calendar showing the scheduled days off during the year. For the (INSERT YEAR) school year the VPK class starts on \_\_\_\_/\_\_\_\_/\_\_\_\_ and the last day will be \_\_\_\_/\_\_\_\_/\_\_\_\_.

Attendance during the scheduled instructional days is of the utmost importance to remain in the VPK program. Not only is funding for (INSERT SCHOOL NAME) linked to attendance, but regular attendance will also assist with your child's success when they enter kindergarten.

You will be required to sign and comply with the following policy on Attendance and Tardiness to remain in the VPK program.

**Tardiness:** Arrival for the VPK program is between \_\_\_\_ and \_\_\_\_ a.m. VPK arrivals are to be signed in at the \_\_\_\_\_. The earliest time arrivals will be accepted in the classroom is \_\_\_\_\_ a.m. The instructional day starts at \_\_\_\_\_ a.m. and all children are expected to be in place and ready to start the day. Arrivals after \_\_\_\_\_ a.m. are disruptive to the group in progress and difficult for the arriving child as well. We understand that it is occasionally unavoidable to be "running late", but more than twice a month will not be acceptable and will be cause for termination from the VPK program.

**Late Pick Up:** The VPK program ends at \_\_\_\_\_ daily. A late fee of \$ \_\_\_\_ will be assessed if your child is not picked up by \_\_\_\_\_. An additional fee of \$ \_\_\_\_ will be assessed for each additional 15 minutes a child is still in attendance and not enrolled in the wrap around program.

**Absence:** Daily attendance in the VPK program is necessary for optimal learning, however, you will be allowed \_\_\_\_ absences per month. Any absences beyond those require a written note from the parent for one of the following reasons:

- Illness or injury of the child or the child's family member which required hospitalization or bed rest
- Physician or dentist appointment
- Infectious disease or parasitic infestation
- Funeral service, memorial service, or bereavement upon the death of the child's family member
- Compliance with a court order (visitation, subpoena)
- Special education or related services for a child's disability
- Observance for a religious holiday or service
- Family vacation, not to exceed 5 excused absences per program year



Please note: Absences of 5 consecutive instructional days will be considered a WITHDRAWAL from the VPK program at **(INSERT SCHOOL NAME)**. **(INSERT SCHOOL NAME)** will allow one documented 5-day absence during the \_\_\_\_\_ day instructional period. Documentation must be submitted in advance, explaining the reason for the 5-day absence, and be dated and signed by the child’s legal custodial adult.

**Verifying your child’s attendance and absences:** The **(INSERT SCHOOL NAME)** office staff will ask you to sign the *OEL VPK (SHORT OR LONG) VERIFICATION FORM* at the end of each month. You will be given a form to confirm your child’s attendance for the month. Your signature on this form will not only verify the attendance, but also direct the Early Learning Coalition of Palm Beach County to direct payment for the month’s VPK program for your child to **(INSERT SCHOOL NAME)**, and that you continue to choose **(INSERT SCHOOL NAME)** to provide your child’s VPK program for the upcoming month.

To participate in the VPK Program at **(INSERT SCHOOL NAME)**, I agree to comply with the terms of this Absence and Tardiness Policy. My signature below is acknowledgement of my review and acceptance of the terms of this policy.

\_\_\_\_\_  
Child’s Name

\_\_\_\_\_  
Printed name of legal custodial adult

\_\_\_\_\_  
Signature of legal custodial adult

\_\_\_\_\_  
Date