



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 Form
- Provider's Attendance Policy (requiring parents to verify monthly attendance on OEL VPK Long or Short form. See sample.)
- 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 or College Transcripts
- **VPK Director, Instructor, Aide, and/or Substitute-** Background Screening Results Letter and Affidavit of Good Moral Character

Program Details

Class size: *minimum of 4 students*
Program length: *540 instructional hours*

Ratios: *1 teacher to 11 students*
1 teacher & 1 aide- 20 students

Start & End Date: *Can start as early the start of public school and must end by June 30th*

Eligible enrollments: *Students must have turned 4 by September 1st and not attending kindergarten. Parents need to apply for a VPK certificate in the OEL Family Portal.*

VPK Director and Instructor Requirements

DIRECTOR	<p>VPK ENDORSED DIRECTORS CREDENTIAL DCF Transcript showing VPK Director's Credential with Endorsement</p> <p>Required Courses for VPK Endorsement</p> <hr/> <ul style="list-style-type: none"> ○ <i>Implementing the Florida standards in Preschool Classroom: 3 years old to kindergarten</i> ○ <i>VPK Director Credential</i> ○ <i>Emergent Literacy for VPK Instructors</i> ○ <i>Mathematical Thinking for Early Learners</i> ○ <i>Language and Vocabulary in the VPK Classroom</i> <p>BACKGROUND SCREENING</p> <ul style="list-style-type: none"> ○ <i>Clearinghouse Screening Results letter (expires 5 years from Results Date)</i> ○ <i>Affidavit of Good Moral Character (Version dated May 2018 or later)</i>
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<p>Lead Instructors</p>	<p>CREDENTIAL (Most recent DCF Transcript and/or College Transcripts)</p> <ul style="list-style-type: none"> ○ FCCP (Active Birth Through Five Child Care Credential) <i>or</i> ○ NECC (National Early Childhood Certificate) <i>or</i> ○ ECPC (Early Childhood Professional Credential) <i>or</i> ○ AA – Associates Degree (<i>Formal Education on DCF Transcript</i>) <i>or</i> ○ BA Degree, MA Degree, or PHD (<i>Formal Education on DCF Transcript</i>) <p style="text-align: center;"><u>and</u></p> <ul style="list-style-type: none"> ○ <i>Implementing the Florida Standards in Preschool Classroom: 3 years old to kindergarten</i> <p style="text-align: center;"><u>and</u></p> <ul style="list-style-type: none"> ○ 15 hours of Literacy Training 3 Options available to meet requirement <ul style="list-style-type: none"> ○ 3 - 5 hour DEL approved Emergent Literacy Courses ○ 1 - 20 hour Flamingo Early Learning Florida Literacy Course ○ Reading Endorsement – Competency 1: Foundations of Reading Instruction <p style="text-align: center;">*DCF Transcripts must show VPK Emergent Literacy Requirement met: YES</p> <p>BACKGROUND SCREENING (<i>Required for all Instructors, Aides and Substitutes listed on VPK Application</i>)</p> <ul style="list-style-type: none"> ○ Clearinghouse Screening Result letter (<i>expires 5 years from Results Date</i>) ○ Affidavit of Good Moral Character (Version dated May 2018 or later)
<p>Aides</p>	<p>CREDENTIAL</p> <ul style="list-style-type: none"> ○ **No credential required** (<i>if staff doesn't have a credential enter STNR as the Credential on VPK Instructors tab</i>) ○ If AIDE has a credential, enter level of credential on VPK Instructor tab and submit a copy of the DCF transcript with application. <p>BACKGROUND SCREENING</p> <ul style="list-style-type: none"> ○ Clearinghouse Screening Result letter (<i>expires 5 years from Results Date</i>) ○ Affidavit of Good Moral Character (Version dated May 2018 or later)



Sample Background Screening Documents

AHCA BGS - Background Screening Result Page 1 of 1



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:	SSN:	Date of Birth:	Race:	Sex:
[REDACTED]	XXX-XX-[REDACTED]	[REDACTED]	BLACK	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 BE SUBMITTED 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:	State: Florida	Eye Color: Brown
SSN: XXX-XX-[REDACTED]	ZIP: 33499	Height: [REDACTED] lbs.
Date of Birth: [REDACTED]	County:	Weight: [REDACTED] lbs.
Place of Birth: Haiti	Phone Number:	
	Email Address:	

Screenings in Process

Screening	Start Date	Expiration Date	Status	Special Needs/Notes
-Corrected screenings				
Committed to Screening				
Agency Review				
Initial Registration				

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 Developmental Disability Centers	Agency Review Required	
APD CDC	Agency Review Required	

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

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



SAMPLE ATTESTATION OF GOOD MORAL CHARACTER

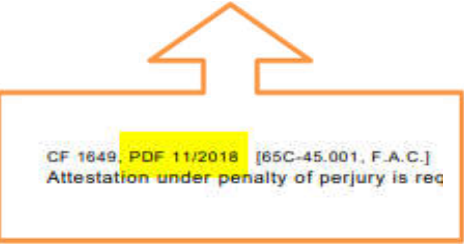
AFFIDAVIT OF GOOD MORAL CHARACTER. State of Florida, County of... Before me this day personally appeared... who, being duly sworn, deposes and says: As an applicant for employment with an employee of a volunteer for, or an applicant to volunteer with... I affirm and attest under penalty of perjury that 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, Section 394.4593, Section 415.111, Section 741.28, Section 777.04, Section 782.04, Section 782.07, Section 782.071, Section 782.09, Chapter 784, Section 784.011, Section 784.03, Section 787.01, Section 787.02, Section 787.025, Section 787.04(2), Section 787.04(3), Section 790.115(1), Section 790.115(2)(b), Section 794.011, Former Section 794.041, Section 794.05, Chapter 796, Section 796.02, Chapter 800, Section 806.01, Section 810.02, Section 810.14, Section 810.145, Chapter 812, Section 817.503, Section 825.102, Section 825.1025, Section 825.103, Section 826.04, Section 827.03, Section 827.04, Former Section 827.05

Section 827.071, Section 843.01, Section 843.025, Section 843.12, Chapter 847, Section 843.13, Chapter 847, Section 874.05(1), Chapter 893, Section 816.1075, Section 944.35(3), Section 944.40, Section 944.46, Section 944.47, Section 965.701, Section 965.711

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, Section 408.806(3), Section 409.500, Section 409.501, Section 777.04, Section 817.034, Section 817.234, Section 817.481, Section 817.50, Section 817.505, Section 817.568, Section 817.60, Section 817.61, Section 831.01, Section 831.02, Section 831.07, Section 831.09, Section 831.30, Section 831.31, Section 855.03, Section 856.101

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. 775.261, 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. 943.04354, 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 condition of employment, 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



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.



SAMPLE ATTENDANCE POLICY

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