



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 Attestation of Good Moral Character

VPK Director and Instructor Requirements:

Director	<p>DIRECTOR'S CREDENTIAL CERTIFICATE Exempt <i>(if completed by 12/31/2006)</i></p> <ul style="list-style-type: none"> ○ Director Credential certificate or DCF Transcript <p style="text-align: center;"><u>OR</u></p> <p>VPK Endorsed Credential</p> <ul style="list-style-type: none"> ○ Director Credential certificate or DCF Transcript showing endorsement ○ Implementing the Florida standards in Preschool Classroom: 3 years old to Kindergarten ○ VPK Director Credential ○ Emergent Literacy for VPK Instructors ○ Mathematical Thinking for Early Learners ○ Language and Vocabulary in the VPK Classroom <p>BACKGROUND SCREENING</p> <ul style="list-style-type: none"> ○ Clearinghouse Screening Results letter (expires 5 years from Results Date) ○ Attestation of Good Moral Character (Version dated May 2019 or later)
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<p>Lead Instructors</p>	<p>CREDENTIAL (DCF Transcript, Staff Credential or certificate)</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> <p>*All of the above credentials are required TO ALSO COMPLETE THESE ONLINE DCF COURSES:</p> <ul style="list-style-type: none"> ○ Emergent Literacy for VPK Instructors AND ○ Standards for 4-year olds <i>or</i> Implementing the Florida Standards in Preschool Classroom: 3 years old to Kindergarten <ul style="list-style-type: none"> ○ 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>*see School Year VPK Instructor Credential Qualifications: Public and Private Providers</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>) ○ Attestation of Good Moral Character (Version dated May 2019 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 credential or certificate with application. <p>BACKGROUND SCREENING</p> <ul style="list-style-type: none"> ○ Clearinghouse Screening Result letter (<i>expires 5 years from Results Date</i>) ○ Attestation of Good Moral Character (Version dated May 2019 or later)
<p>Lead Substitute</p>	<p>CREDENTIAL</p> <ul style="list-style-type: none"> ○ **Minimum requirement of 40 hour DCF childcare course completion (<i>Introductory Training Requirement section of DCF Transcript should indicate "Yes" for Part I and Part II</i>) <p>BACKGROUND SCREENING</p> <ul style="list-style-type: none"> ○ Clearinghouse Screening Result letter (<i>expires 5 years from Results Date</i>) ○ Attestation of Good Moral Character (Version dated May 2019 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 888-352-2842. 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: 9/23/2016

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
Alias: [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] **Photo:** [REDACTED]
Email Address: [REDACTED]

Screenings in Process

Screening	Start Date	Determination Date	Status	Special Needs/Notes
-Corrected 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 this applicant being listed as the caregiver responsible for the verified finding of a substantiated or alleged child abuse or neglect of a child. The individual may need additional information pursuant to s.39.202, Florida Statutes.

Item	Status	Eligibility Determination Date
DCF General	Eligible	11/09/2016
DCF Child Care	Eligible	11/09/2016
DCF Substance Abuse - Adult Only	Eligible	11/09/2016
DCF Summer Camps	Eligible	
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 (As reported to Florida's Background Screening Clearinghouse by provider employers.)

Employer or Staff Person	Hire Date	End Date
[REDACTED]	11/09/2016	



SAMPLE ATTESTATION OF GOOD MORAL CHARACTER



CHILD CARE ATTESTATION OF GOOD MORAL CHARACTER

State of Florida County of _____

I, _____, who, 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 Chapter 435 Florida Statutes 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:

- Relating to**
- Section 393.135 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 adult 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 attempts, solicitation, and conspiracy
 - 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 quick child by injury to the mother
 - Chapter 784 assault, battery, and culpable negligence, if the offense was a felony
 - Section 784.01 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(5) carrying a child beyond the state limits with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
 - Section 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
 - Section 790.115(2) (b) possessing an electric weapon or device, destructive device, or other weapon on school property
 - Section 794.011 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 798.02 lewd and lascivious behavior
 - Chapter 800 lewdness and indecent exposure
 - Section 806.01 arson
 - Section 810.02 burglary
 - Section 810.14 voyeurism, if the offense is a felony
 - Section 810.145 video voyeurism, if the offense is a felony
 - Chapter 812 theft and or robbery and related crimes, if the offense was a felony
 - Section 817.563 fraudulent sale of controlled substances, if the offense was a felony
 - Section 825.102 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 racket
 - 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
 - Section 827.071 sexual performance by a child
 - Section 843.01 resisting arrest with violence
 - Section 843.025 depriving 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 obscene literature
 - Section 874.05 encouraging or recruiting another to join a criminal gang

- Chapter 893 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 944.40 escape
- Section 944.46 harboring, concealing, or aiding an escaped prisoner
- Section 944.47 introduction of contraband into a correctional facility
- Section 985.701 sexual misconduct in juvenile justice programs
- Section 985.711 contraband introduced into detention facilities

I understand that I must acknowledge the existence of any applicable criminal record relating to the above list 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 volunteered at _____ 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 attention 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 requirement 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 _____ Date _____

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 _____ Date _____

In Witness Whereof, Employee has attested to Good Moral Character on this date _____

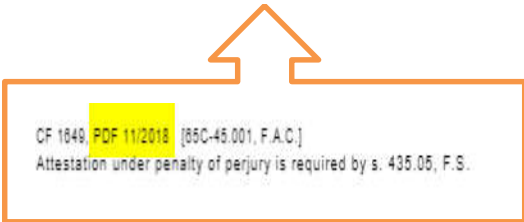
SIGNATURE of Owner/Director: _____

CF-FSP 1649A Child Care Attestation of Good Moral Character, May 2019, 85C-22.001(7)(a)

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CF-FSP 1649A Child Care Attestation of Good Moral Character, May 2019, 85C-22.001(7)(a)



The Attestation of Good Moral Character is 2 pages, 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 Lake 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. **(INSERT SCHOOL NAME)**, agrees to not amend its VPK program attendance policy for the duration of this Contract. 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