



## Instructions for Forms OEL-VPK 10, OEL-VPK 11A, and OEL-VPK 11B

### Who must complete Form OEL-VPK 10 and Form OEL-VPK 11A & B?

Each Voluntary Prekindergarten Education (VPK) Program applicant (private providers and public schools) wishing to deliver the VPK Program must complete Form OEL-VPK 10 (04/30/2010) for each VPK site and submit the completed form to its early learning coalition (coalition). The private provider or school must notify the coalition of changes of information in writing. If information submitted to the coalition is inaccurate or untrue, the private provider or school will be subject to dismissal from eligibility to offer the VPK program and may be required to return overpayments. Each applicant must complete both portions (A & B) of Form OEL-VPK 11 (04/30/2010) each program year for each VPK site. You may complete as many copies of each portion of Form OEL-VPK 11 as needed for each VPK site to provide all the information for the site.

### Completing the Form OEL-VPK 10 and Form OEL-VPK 11.

Forms OEL-VPK 10 and 11 (the forms) are available electronically at [www.floridaearlylearning.com](http://www.floridaearlylearning.com). You may edit the form fields on a computer for submission to your coalition. You may also contact your coalition for hard copies of the forms which you may complete by using a typewriter or by printing clearly in black or blue ink.

### Submitting Form OEL-VPK 10 and Form OEL-VPK 11.

Submit the completed forms to your coalition (based on the county in which your VPK site is located). A list of the coalitions, their addresses, and the counties they serve may be found at [www.floridaearlylearning.com](http://www.floridaearlylearning.com)

### Notification of completion of Form OEL-VPK 10 and Form OEL-VPK 11.

Once you have submitted all of the required information and supporting documents, the early learning coalition will inform you if you are eligible to deliver the VPK program. *Submission of completed forms does not guarantee eligibility to deliver the VPK program.* If you are eligible, your coalition will request that you sign a copy of the Statewide Provider Agreement (Form OEL-VPK 20) and submit it to your coalition. You must receive a copy of the Statewide Provider Agreement signed by your coalition **before** receiving payment or beginning VPK classes.

### Common errors

Providing incomplete forms will cause processing delays. To avoid delays, be sure to: complete all required items; type or print clearly using black or blue ink; attach all required supporting documents; submit to your county's early learning coalition; keep a copy of the application for your records. *Forms are not considered to be complete unless all required attachments are submitted with the forms.*

If you discover an error after submitting the forms, please contact your coalition by telephone or email.

## OEL-VPK 10

### I. PRIVATE PROVIDER / PUBLIC SCHOOL INFORMATION

At the top of the Form OEL-VPK 10, insert the program year into the available space. Mark an X indicating whether the information provided is entirely new, updated, or the same (no change) as information provided on a previously submitted OEL-VPK 10. If the information is updated, write the date in the available space.

**Item 1. Provider Name.**— If you are a licensed facility, enter the name of your business as it appears on your license as issued by the Florida Department of Children and Family Services (DCF). If you are a non-licensed facility, enter the name of your business as it appears on your accreditation certificate. If you are a public school, enter the name of the school where the VPK classes will be held.

**Item 2. Employer identification number.**— Enter the employer identification number (EIN) of the organization (e.g., provider, owner's business, school district) that will receive payments for the VPK program. This nine-digit number is assigned to a business by the Internal Revenue Service. If you do not have an EIN (e.g., family day care home), enter the director's/operator's social security number (SSN). If you do not provide either an EIN or an SSN, the form is incomplete and processing may be delayed.

#### PRIVACY ACT STATEMENT

Your employer identification number (EIN) or social security number (SSN) is requested in accordance with ss. 119.071(5)(a)2. and 119.092, F.S., for use in the records and data systems of the Office of Early Learning (OEL) and early learning coalitions. Submission of your EIN or SSN on this form is mandatory. Your EIN or SSN will be used for processing payments to you as a VPK provider or school, for reporting those payments for federal tax purposes, and for routine identification of your provider or school.

**Item 3. DCF identification number or exemption number.**— If you are licensed by DCF or a local licensing agency, enter your DCF license number. If you are a provider that claims exemption from licensure, enter your DCF assigned identification number which begins with "X."

**Items 4-7. Address of VPK program site.**—Enter the physical street address of the program site where the VPK program is delivered. Include the city, county, and five-digit zip code (ZIP+4 if available).

**Items 8-10. Contact Information.**—Enter your business telephone number with area code (item 8). Enter your business fax number with area code (item 9). Enter your business email address, if available (item 10).

**Items 11-14. Mailing address.**—If your mailing address is different from the address of your VPK program site as entered in items 4-7, enter a street address or post office box, city, county, state, and five-digit postal zip code. If the mailing address is the same as the provider's VPK program site, mark an X indicating "same as VPK site."

**Items 15-17. Owner / school district information.**—If you are a private provider, enter the owner's name, the legal name of the owner's business, and a daytime telephone number, with area code, for the owner. If you are a public school, enter the name and daytime telephone number, with area code, of the district staff who is coordinating the VPK program for your school district.

### II. TYPE OF SETTING AND LICENSING INFORMATION

**Item 18. Type of setting.**—To offer the VPK program, you must be one of the listed types of settings. Mark an X indicating the type of setting which describes you. If you are a private provider and are not licensed, you must be accredited by an agency that is a member of an organization listed in item 22. *(If you are a licensed private provider, attach a copy of your DCF issued license. If you are a license-exempt provider or non-public school, attach a copy of your DCF or DOE issued*

license-exemption documentation and accreditation certificate.)

**Item 19. Specialized program type.**— A provider may also be one or both of the specialized program types listed. Mark an X for all that apply. If neither apply, leave the item blank.

**Item 20. District and school number.**— If you are a public school, enter the district and school number.

**Item 21. Total child capacity.**—Enter the total number of children you are able to serve at a given time. The total number should include all children, not only children in the VPK program. If you are licensed, do not provide a total number greater than your licensed capacity.

### **III. ACCREDITATION INFORMATION**

*If you are a non-licensed private provider, you must complete this section; licensed private providers and public schools are requested to complete this section as applicable.*

**Item 22. Accrediting agency member organization.** — If you are a non-licensed private provider, mark an X next to the organization of which your accrediting agency is a member. If you are a non-licensed private provider and are not accredited by an accrediting agency that is a member of the listed organizations, attach a copy of your Gold Seal Quality Care Designation certificate to the form.

**Items 23-24. Name of accrediting agency; expiration date.** — Enter the name of the accrediting agency by which you are fully accredited (*item 23*) and the expiration date of the accreditation certificate (*item 24*). If you are not fully accredited by an accrediting agency which is a member of an umbrella organization, enter “Florida DCF” as your accrediting agency and the expiration date of your Gold Seal Quality Care Designation certificate.

### **IV. DIRECTOR OR PRINCIPAL INFORMATION**

**Item 25. Name of director or principal.**—Enter the full name of your director or school principal.

**Items 26-27. Daytime telephone, email.**—Enter your director’s or principal’s daytime telephone number with area code (*item 26*). Enter your director’s or principal’s email address, if available (*item 27*).

**Items 28-31. Director credential type, certificate number, issue date, expiration date.**— If you are a private provider, mark an X indicating which type of director credential was completed by your director (*item 28*). Enter the credential certificate issue date (*item 29*), the credential certificate number (*item 30*), and expiration date (*item 31*). Attach documentation of the director credential held by your director.

**Items 32-35. Signature, date, print name, daytime telephone.**— An authorized representative must sign, date, and print his or her name on each form (for private providers, the owner, director, or operator; for public schools, the principal or designated school district staff member). Enter a daytime telephone number in item 35 which may be used to contact the individual signing the form. By signing the document you are certifying the statement above items 32-35 as true.

#### **REQUIRED SUPPORTING DOCUMENTATION FORM OEL-VPK 10**

- DCF issued license for licensed private providers.
- Accreditation certificate for accredited providers.
- Gold Seal Quality Care Designation certificate for Gold Seal accredited providers.
- Director’s credential for private providers.

### **OEL-VPK 11**

At the top of each Form OEL-VPK 11A and 11B, enter the name and employer identification number entered in items 1 and 2 of the OEL-VPK

10. Enter the Program Year. Mark a box to indicate if the application is new, updated, or unchanged from a previous application.

### **OEL-VPK 11A – INSTRUCTORS**

Use the Instructors portion of the form to provide information regarding each VPK instructor and the class he or she will teach. You may enter information on up to ten instructors on each copy of the form.

**Item 1. Class ID** — Enter a unique Class ID for each classroom:

-In the first space, select a letter for each class starting with “A”.

-In the second space, select either “F” for a school-year (fall) class or “S” for a summer class.

Example: The first school-year class listed for the 2010-2011 program year would have the unique Class ID: A F

**Item 2. Legal Name** — Enter the instructor’s legal name.

**Item 3. Calendar** — Enter a letter which corresponds to a class calendar on Form OEL-VPK11B. The letter entered for the Class ID in item 1 may be different from the letter entered here.

**Item 4. Type** — Select the instructor’s position type within the class: Lead, Assistant, or Substitute instructor.

**Item 5. Credential** — Enter the credential that qualifies the instructor to fill the role listed in item 4 using the following Credential Key:

**30HR:** Family Child Care Home or Large Family Child Care Home 30 hour training course.

**40HR:** 40 Hour introductory child care training course.

**AS:** Associate of Arts (A.A.), Associate of Science (A.S.), or Associate in Applied Science (A.A.S.) in an approved field with required minimum hours and experience.

**BA:** Bachelor of Arts (B.A.) or Bachelor of Science (B.S.) in an approved field with required minimum hours and experience.

**FCCP:** Active Birth through Five Florida Child Care Professional Credential (FCCPC), DOE Early Childhood Professional Certificate (ECPC), Child Care Apprenticeship Certificate (CCAC), or Florida Child Development Associate Equivalency Credential (CDAE).

**MA:** Master of Arts (M.A.) or Master of Science (M.S.) in an approved field with required minimum hours and experience.

**NECC:** National Early Childhood Certificate. Recognition is determined by DCF. See <http://www.myflfamilies.com/service-programs/child-care/necc> for a list of recognized certificates.

**PHD:** Doctorate in an approved field with required minimum hours and experience.

**SDS:** Substitute teacher for local school district.

**STNR:** Assistant (second) teacher, credential not required.

**Item 6. Curriculum** — Select the name of the curriculum used in the classroom using the following key:

If the curriculum used in the classroom is not listed by name below, type the name of the curriculum in the available space.

**ABEK:** A-BEKA

**BCCT:** Beyond Centers & Circle Time

**BCR:** Beyond Cribs & Rattles

**CREA:** Creative Curriculum

**HR:** High Reach

**HS:** High Scope

**MONT:** Montessori

**WAL:** Waldorf

**WEE:** Wee Learn

**Item 7. SSN.** — Enter the instructor’s Social Security Number.

### **PRIVACY ACT STATEMENT**

The social security number (SSN) of each VPK instructor is requested under s.

119.071(5)(a)2., F.S., for use in the records and data systems of the OEL, DCF, DOE, and early learning coalitions. If you submit an instructor's SSN, it will be used to confirm the instructor's background screening clearances and validate the instructor's educational credentials in accordance with ss. 1002.55, 1002.61, and 1002.63, F.S. Submission of each instructor's SSN on this form is voluntary and, if DCF or DOE has assigned the instructor an identification number in lieu of a SSN, you are instead requested to submit the identification number.

**Item 8. Cert** — If the instructor listed is a certified teacher, select "Yes." If the instructor listed is not a certified teacher, select "No."

**Item 9. Degree** — Enter the instructor's highest degree using the following Degree Key:

**LTHD:** Less Than High School.

**GED:** Passed a General Education Development test.

**HS:** Completed High School.

**TECH:** Received a Technical Certificate, including NECC, FCCPC, ECPC, CCAC, CDAE.

**AA:** Received an Associate of Arts Degree

**AS:** Received an Associate of Science or A.A.S. Degree.

**BA:** Received a B.S. or a B.A.

**MA:** Received an M.A. or an M.S.

**PHD:** Received a doctoral degree of any kind.

**Item 10. Start Date.** — Enter the date the instructor listed will begin instructing the VPK class.

**Items 11-14.** — The provider's authorized representative (the owner, director, or operator for private providers or the principal or designated school district staff for public schools) must sign (item 11), date (item 12), and print (item 13) his or her name on the form. Enter a daytime telephone number (item 14), which may be used to contact the individual signing each form. By signing the document, you are certifying that all information provided is true and correct and attesting that the statement immediately above items 11-14 is true.

### **OEL-VPK 11B – CALENDARS**

Use the Calendars portion of the form to provide information regarding each unique class calendar which will be offered at the VPK site. If classes are offered at identical times on identical dates, they utilize the same class calendar (e.g., all classes are scheduled from 8:00am to 11:00am, Monday through Friday, starting on January 11). If classes are *not* offered at identical times on identical dates, they utilize unique class calendars which must be identified separately on this form.

**Class Calendar.** — Select a letter, beginning with "A", for each unique class calendar. This letter will be entered into item 3 of the OEL-VPK 11A to show which calendar each instructor will follow.

**Program Type.** — Mark a box to identify whether the class calendar is for a school-year (540 hour) or a summer (300 hour) program type.

**Start Date and End Date.** — Enter the first day VPK instruction will be delivered for the class and the final day VPK instruction will be delivered for the class with the indicated calendar.

**VPK days per week.** — Check the box by the days of the week that VPK instruction will be delivered.

**Times of VPK instruction.** — Enter the times of VPK instruction for the days of the week that VPK instruction will be delivered.

**Non-instructional dates between class start and end dates.** — Enter the dates between the start date and end date which have been designated as VPK days per week on which VPK instruction will *not* be delivered, such as vacations and holidays.

**Signature, Date, Printed Name, and Daytime Telephone** — An authorized representative must sign, date, and print his or her name on each form (for private providers, the owner, director, or operator; for

public schools, the principal or designated school district staff). Enter a daytime telephone number which may be used to contact the individual signing the form. By signing the document, you are certifying the statement immediately above the signature line as true.

### **REQUIRED SUPPORTING DOCUMENTATION FORM OEL-VPK 11 A & B**

PRIVATE PROVIDERS ONLY – Submit written documentation of:

- Level 2 background screening clearances including
  - Local criminal records checks;
  - Statewide criminal records checks;
  - Statewide juvenile records checks for family child care homes, where applicable; and
  - Federal criminal records checks.
- Attestation/Affirmation of Good Moral Character.
- Credentials and emergent literacy training of lead instructors.

### **OFFICIAL USE ONLY —**

*Official Use Only sections are for use by coalition personnel only. If you are a provider, do not complete these sections.*

#### **OEL-VPK 10, OEL-VPK 11A & B**

For each OEL-VPK 10 and each OEL-VPK 11A & B, coalition personnel must follow the instructions below to complete the Official Use Only sections at the bottom of each form. When inputting updated information submitted by a provider, do not strike through, white-out, or otherwise obliterate information on form. Instead, enter the information on a new line and follow the instructions below. Revisions to the form should be evident (e.g., use a different color ink than the provider).

**Process Agent and Date** — The authorized coalition staff member who reviews the form and the associated attachments to determine accuracy of information submitted and provider eligibility must sign and date each form when he or she completes the processing of the form.

**Process Manager and Date** — The authorized coalition process manager must sign and date the form to indicate that he or she has reviewed the work of the process agent and has determined that the form has been processed properly.

#### **OEL VPK 11A**

**Screening, Credential, Lit Training, GMC.** — Mark the boxes to indicate that the instructor has been properly screened using Level 2 background screening within the last five (5) years and that the coalition has received proof that the federal level ("FS"), state level ("SS"), and local level ("LS") screenings did not reveal anything which would prohibit the individual from acting as a VPK instructor.

Mark the "C" box if the coalition has determined that the instructor currently holds a credential required to fill the role listed in item 4 and that the coalition has received proof of such credential.

Mark the "L" box if the coalition has confirmed the instructor has completed the required emergent literacy training and that the coalition has received proof of that training, if the instructor is a lead instructor.

Mark the "G" box if the coalition has received a current attestation from the instructor that the instructor is of good moral character.

**Changed by** — If a VPK provider submits written changes to the information on a form, enter the name of the coalition staff member who makes the change.

**Date changed** — If a VPK provider submits written changes to the information on a form, enter the date the change is made by a coalition staff member.

**End date** — If an instructor listed on a form is removed from a VPK class, enter the date on which the instructor last taught the VPK class and use a new line to enter information for a new instructor assigned to the VPK class.