

Date: _____ **Provider Name:** _____
Telephone: _____
Address: _____ **City:** _____ **Zip:** _____

Class: _____ All Classes School Year Program: Summer Program:
Date(s) in classroom: From: _____ to: _____
Previous VPK Staff Name: _____
Substitute Name: _____ *(if more than one, submit names with supporting documents)*

Verify and check below which position the staff is substituting for:

Director meets the requirements: Yes No
 Director Credentials Exempt new VPK endorsement requirements
Comments: _____

Lead Instructor meets VPK requirements: Yes No
 For School Year Program instructor must have completion of one of the following:
 Current CDA/E or higher degree Emergent Literacy
 A 40-clock-hour introductory Child Care Course approved by DCF
 A 30 or 40 clock hour introductory Course for FCCH

For Summer Program instructor must have completion of one of the following:
 Associate degree or higher in any field of study CDA Emergent Literacy

All Staff must have level 2 background screening that includes: FBI FDLE Local
 Attestation of Good Moral Character
Number of Hours substituted in class: _____ **Comments:** _____

Assistant meets VPK requirements: Yes No
 FBI FDLE Local Law Attestation of Good Moral Character
Comments: _____
Number of Hours substituted in class: _____

Director/Owner Attestation: By signing, (director/owner name) _____, I attest that the substitute in class has met the requirements set forth by the VPK Substitute policy.

Note: Not to exceed 30% of the VPK 540 school year program 162 hours or 90 hours for a summer program. If more than 30%, you must submit an application 11 to the VPK coordinator to reflect a permanent change. You are responsible for keeping track of all hours a substitute was assigned to a class. If using more than one staff member, submit form with all names and supporting documents. Staff names will be kept on file for all Early Learning Coalition of Seminole monitoring purposes.