



VPK Program Certification Checklist

Program Year: School Year (540) Summer (300) Both

Center Name: _____

Director Name: _____

Curriculum Type: _____

_____ License and/ or Program Accreditation and

_____ Gold Seal Certificate

_____ Insurance Certificate of Liability (Must name the ELC as an additional insured)

_____ Director Credential or Directors Transcript

_____ VPK Director Endorsement (Required if Director’s Credential was received after Dec. 31, 2006)

_____ Director’s Level II Screening/Clearinghouse (July 1, 2016 to present)

_____ Director’s DCF Screening (July 1, 2016 to present)

_____ Director’s Affidavit of Good Moral Character (Form year 2012 or 2014)

_____ Completed Form 10 (Please sign and date)

_____ Completed Form 11A (Please sign and date)

_____ Completed Form 11B (Please sign and date)

For Coalition Use

Application Review Status:	Pre-Approved	Complete	Pending
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NOTES:
 CH LII _____
 DCF LII _____
 GMC _____
 EDUC. _____
 DIR Lic. _____
 CENTER Lic: _____

2017-2018