

SCHOOL READINESS PROVIDER MONITORING TOOL – Tier 2

Attachment A

EARLY LEARNING COALITION OF _____

Coalition Staff/Monitor: _____ Monitoring Date: _____ Program Year: _____

I. PARTIES AND TERMS OF THE CONTRACT

Provider Name (I-1): _____

Location Address (I-1): _____

Provider EIN (I-1): _____ Dates of Contract (I-3): _____

1. Not transferred/assigned contract

Assessment activity - Does the ownership information match who is listed on the contract? If they match, then they are in compliance.

Yes No Did the provider obtain written approval of the coalition if it transferred or assigned its contract to another entity, corporation, or owner?

(I-6)

N/A

Notes: _____

II. PROVIDER ELIGIBILITY

1. Provider type and services (informational)

(check all that apply) (II-7 and III-18)

- | | | |
|--|--|--|
| <input type="checkbox"/> Child care facility | <input type="checkbox"/> Faith-based child care provider | <input type="checkbox"/> Full-time |
| <input type="checkbox"/> Family day care home | <input type="checkbox"/> Informal child care provider | <input type="checkbox"/> Part-time |
| <input type="checkbox"/> Large family child care home | <input type="checkbox"/> Before-school | <input type="checkbox"/> Extended-day |
| <input type="checkbox"/> Public school or nonpublic school | <input type="checkbox"/> After-school | <input type="checkbox"/> Extended-year |

2. Licensed or legally operating

Assessment activity -

1. Review DCF Master Facilities and Homes List or local licensing agency documentation (if applicable).
2. If the reviewer cannot validate a provider's legally operating status on the DCF Master Facilities and Homes List, access the DCF Child Care Information System (CCIS) website and conduct a provider search for the provider in question.
3. To determine if a private after school program or private summer camp, exempt from licensing, is legally operating, review level two background screenings for all center personnel. Review the provider's contract for the operating status and review the provider's final reimbursement report to verify that only children who are 5 years of age on or before September 1 and older are receiving service.

Attachment A

EARLY LEARNING COALITION OF _____

Coalition Staff/Monitor: _____ Monitoring Date: _____ Program Year: _____

- 4. Review the Division of Public Assistance Fraud (DPAF) Dispositions Report available on the OEL coalition zone to verify that the provider, or an owner, officer, or board director thereof, has not been convicted of, found guilty of, or pled guilty or nolo contendere to, regardless of adjudication, public assistance fraud pursuant to s. 414.39, F.S., within the last five (5) years and is not acting as the beneficial owner for someone who has been convicted of, found guilty of, or pled guilty or nolo contendere to, regardless of adjudication, public assistance fraud pursuant to s. 414.39, F.S., within the last five (5) years.
- 5. Verify that the provider is not on the United States Department of Agriculture National Disqualified List nor does the provider share an officer or board director with a provider that is on the United States Department of Agriculture National Disqualified List.
- 6. Verify that informal providers meet state and federal requirements to be an eligible provider.

Yes No Is the provider licensed or legally operating? (Verification needed) (II-7)

License /Licensed Exempt ID: _____ Expiration Date: _____

If no, explain: _____

Notes: _____

III. PROVIDER RESPONSIBILITIES

1. Child care

Assessment activity -

- 1. Does written address match physical address? If yes, provider is in compliance. If not, provider is not in compliance.
- 2. Has mail been returned by the carrier indicating wrong address? If it has then not in compliance. If it has not, then in compliance.

Yes No Did the provider enroll SR children in accordance with the services established by the coalition on the child care (payment) certificate indicating authorized hours of care and are the sampled children at the physical location identified on the enrollment/attendance certification form? (III-8, 9) For sampled files, if the error rate is 10% or higher, this will constitute a finding for this criterion that will count toward the high risk assessment identified in section D above. All non-compliance observations will still require corrections, regardless of the error rate percentage.

2. Healthy and safe environment (for 2.a through 2.e, select the provider type that applies)

Health and Safety requirements are specifically addressed in each provider type attachment. (III-11)

* If any violations are observed while conducting onsite visit, report observations to DCF or local licensing agency.

a. Licensed Provider Responsibilities (informational only)

Assessment activity - View a copy of their most recent DCF or local licensing agency inspection report.

Yes No Is the provider providing a healthy and safe environment pursuant to s. 402.305(5), (6), and (7), as applicable, and as verified pursuant to s. 402.311 and 402.313?

Attachment A

EARLY LEARNING COALITION OF _____

Coalition Staff/Monitor: _____ Monitoring Date: _____ Program Year: _____

Yes No Did the provider maintain the required staff to child ratio in accordance with ss. 402.305(4), 402.302(8), or 402.302(11), F.S., as verified pursuant to s. 402.311, F.S.?

Notes: _____

b. Registered Provider Responsibilities (informational only)

Assessment activity - View a copy of their most recent DCF annual report before onsite visit.

Yes No Is the provider providing a healthy and safe environment pursuant to s. 402.313, F.S.?

Yes No Did the provider maintains the required staff to child ratio in accordance with s. 402.313, F.S.?

c. Before or After-school Provider Responsibilities

Assessment activity - A program serving school-age children only is not required to be licensed if the program meets criteria in 65C-22.008(c)(2)2., FAC, and complies with the minimum background screening requirements provided in Sections 402.305 and 402.3055, F.S.

Yes No N/A Is the provider providing a healthy and safe environment pursuant to s. 402.305(1), F.S. and Rule 65C-22.008, FAC.?

Notes: _____

d. License Exempt Provider Responsibilities

Yes No N/A Did the provider complete, annually submit to the coalition and post the health and safety checklist required by s. 1002.88(1)(c), F.S., as incorporated by reference in Rule 6M-4.620, F.A.C.?

Yes No Did the provider maintain the required staff to child ratio in accordance with ss. 402.302(8) or (11), F.S., as applicable, and as verified pursuant to s. 402.311, F.S.?

Yes No Is the provider compliant with the “Pro-Children Act of 2001” 20 U.S.C. 7181-7184, in that no child care facility shall permit smoking within any indoor facility (or portion of such facility) operated by PROVIDER, to provide routine child care or early childhood development services to children. This does not apply to any portion of such facility that is used for a private residence.

Charter schools do not fall into this category.

Notes: _____

e. Informal Provider Responsibilities

Attachment A

EARLY LEARNING COALITION OF _____

Coalition Staff/Monitor: _____ Monitoring Date: _____ Program Year: _____

Yes No Did the provider complete, annually submit to the coalition and post the health and safety checklist required by s. 1002.88(1)(c), F.S., as incorporated by reference in Rule 6M-4.620, F.A.C?

Yes No Did the provider serve five (5) or less children from one family?

Yes No Is the provider compliant with the “Pro-Children Act of 2001” 20 U.S.C. 7181-7184, in that no child care facility shall permit smoking within any indoor facility (or portion of such facility) operated by PROVIDER, to provide routine child care or early childhood development services to children. This does not apply to any portion of such facility that is used for a private residence.

Notes: _____

3. Developmentally appropriate curriculum

Yes No N/A Is the provider using an approved Developmentally Appropriate Curriculum (as it specified in OEL-SR 20 and Attachment C of Form OEL-SR 20M)? (III-13)

Curriculum used: _____ Edition or date: _____

Curriculum used: _____ Edition or date: _____

Curriculum used: _____ Edition or date: _____

Character Development Program included in curriculum? Yes No N/A For school age programs only

4. A character development program

Yes No Is the provider using the character development program as it identified in OEL-SR 20? (III-14)

N/A For school age programs only

Program used: _____ Edition or date: _____

5. Prohibited forms of discipline

Assessment activity

1. Review the provider’s discipline policy to validate that it does not subject children to discipline that is severe, humiliating or frightening. The discipline must not be associated with food, rest or toileting. Spanking or any other form of physical punishment is prohibited. Children may not be denied active play as a consequence of misbehavior.

2. Make observations while on-site to determine if the provider’s discipline practices are age-appropriate and in compliance with s. 402.305.(12), F.S.

Yes No Does the provider only implement forms of discipline that are not prohibited? (III-16)

6. Child immunization and health screenings

Assessment activity - Select immunization records of children in monitoring sample, who are less than school age, to ensure that they are present and current. Anything less than 100% does not reflect compliance.

Attachment A

EARLY LEARNING COALITION OF _____

Coalition Staff/Monitor: _____ Monitoring Date: _____ Program Year: _____

Yes No Are all child immunization and health screenings requirements met as necessary, including appropriate vision and hearing screening and examination, within 30 days after enrollment? (III-17) For sampled files, if the error rate is 10% or higher, this will constitute a finding for this criterion that will count toward the high risk assessment identified in section D above. All non-compliance observations will still require corrections, regardless of the error rate percentage.

N/A (Licensed provider)

7. Unlimited parental access

Yes No Does the provider afford parents unlimited access to their children during normal hours of provider operation when children are in the care of the provider? (III-24)

ATTENDANCE REPORTING

_____ Month(s) validated for attendance

8. Daily sign-in/sign-out sheets

Assessment activity - Review sign-in/sign-out logs for children in sample. Some non-compliance observations may not result in questioned cost but will require technical assistance.

Yes No Are the parent sign-in/sign-out daily attendance forms completed in accordance with rule (6M-4.500(1)-(4), FAC)? (III-20) For sampled files, if the error rate is 10% or higher, this will constitute a finding for this criterion that will count toward the high risk assessment identified in section D above. All non-compliance observations will still require corrections, regardless of the error rate percentage.

Yes No Did the observation result in a questioned cost? Indicate amount _____

Indicate any discrepancies found (including questioned costs): (VII-51)

SCHOOL READINESS PROVIDER MONITORING TOOL – Tier 2 DRAFT

Attachment A

EARLY LEARNING COALITION OF _____

Coalition Staff/Monitor: _____ Monitoring Date: _____ Program Year: _____

9. Enrollment/Attendance Certifications

Assessment activity - Review enrollment/attendance certifications for children in sample and compare to the sign-in/sign-out forms. Observe and record attendance in each classroom sample and then compare them to the sign in sheets to make sure the sign in sheets are accurately reflecting children present. Some non-compliance observations may not result in questioned cost but will require technical assistance.

Yes No Are the provider’s monthly enrollment/attendance certifications completed in accordance with rule (6M-4.500(1)-(4), FAC)? (III-20) For sampled files, if the error rate is 10% or higher, this will constitute a finding for this criterion that will count toward the high risk assessment identified in section D above. All non-compliance observations will still require corrections, regardless of the error rate percentage.

Yes No Did the observation result in a questioned cost? Indicate amount _____

Indicate any discrepancies found (including disallowed costs): (VII-51)

10. Reporting absences

Assessment activity - Review sign-in/sign-out log for children in sample. From the selected sample, determine which children were absent. Once a determination has been made, ask the provider for documentation that supports communication with DCF or the parent concerning absences as applicable. Determine if procedures were followed to substantiate compliance with attendance reporting.

Yes No If applicable, did the provider notify the coalition if a child was absent for five (5) consecutive days with no contact from parent by the close of the fifth (5th) day, according to rule? (III-21) For sampled files, if the error rate is 10% or higher, this will constitute a finding for this criterion that will count toward the high risk assessment identified in section D above. All non-compliance observations will still require corrections, regardless of the error rate percentage.

N/A

Yes No If no, did the observation result in a questioned cost? Indicate amount _____

Indicate any discrepancies found:

11. Rilya Wilson Act (s. 39.604, F.S.)

When an at-risk child has an unexcused absence or seven consecutive days of excused absences, the school readiness provider shall notify the Department of Children and Families or community-based lead agency and the early learning coalition.

Attachment A

EARLY LEARNING COALITION OF _____

Coalition Staff/Monitor: _____ Monitoring Date: _____ Program Year: _____

Assessment activity - Review sign-in/sign-out log for at-risk children in sample. From the selected sample, determine which children were absent. Once a determination has been made, ask the provider for documentation that supports communication with DCF or the parent concerning absences as applicable. Determine if procedures were followed to substantiate compliance with attendance reporting.

Yes No *If applicable, did the provider abide by the provisions of the Rilya Wilson Act for each at-risk child under the age of school entry by documenting any notification contact made with the DCF or community-based agencies' case manager? (III-22) For sampled files, if the error rate is 10% or higher, this will constitute a finding for this criterion that will count toward the high risk assessment identified in section D above. All non-compliance observations will still require corrections, regardless of the error rate percentage.*

N/A

Indicate any discrepancies found:

Notes: _____

IV. ACCESS

1. Access to facility

Yes No *Does the provider allow coalition staff (contractor or sub-contractor) or OEL staff immediate access to facility per contract? (V-34)*

Immediate is defined in the context of what someone would see as reasonable time

to grant access to the site. Monitoring staff should take into consideration eating time and staff available (without disrupting normal operations and teacher/student ratios), etc.

2. Access to records

Yes No *Does the provider allow coalition staff (contractor or sub-contractor) or OEL staff immediate access to records per contract? (V-35)*

Immediate is defined in the context of what someone would see as reasonable time to grant access to the site. Monitoring staff should take into consideration eating time and staff available (without disrupting normal operations and teacher/student ratios), etc.

Notes: _____

V. MAINTENANCE OF RECORDS, DATA AND CONFIDENTIALITY

1. Family data and confidentiality agreements

Assessment activity - Review confidentiality agreements signed by provider staff.

SCHOOL READINESS PROVIDER MONITORING TOOL – Tier 2 DRAFT

Attachment A

EARLY LEARNING COALITION OF _____

Coalition Staff/Monitor: _____ Monitoring Date: _____ Program Year: _____

Yes No Does provider protect child & family data and have staff complete confidentiality agreements in accordance with provider contract? (VI-36)
The monitor should select a sample of staff to review during on-site visits.

2. Attendance record maintenance

Yes No Does the provider maintain records of sampled children, including sign in and sign out documentation, enrollment and attendance certifications, documentation to support excused absences and proof of parent co-payments for children funded by the SR program per contract? (VI-37) For sampled files, if the error rate is 10% or higher, this will constitute a finding for this criterion that will count toward the high risk assessment identified in section D above. All non-compliance observations will still require corrections, regardless of the error rate percentage.

3. Maintain records for five years

Assessment activity - Review sample of 5 child records (including payment certificates, sign in and sign out documentation, enrollment and attendance certifications, documentation to support excused absences and proof of parent co-payments) to include children who were terminated or who were enrolled and paid for 5 years prior to the date of the onsite visit

Yes No N/A Does the provider maintain the above mentioned records for audit purposes for a period of five (5) years from the date of the last reimbursement request for that fiscal year or until the resolution of any audit findings or any litigation related to this Contract, whichever occurs last? (VI-37)

Notes: _____

VI. COMPENSATION AND FUNDING

1. Private pay rate

Assessment activity - Review most recent provider CCR&R update or other provider communication regarding private pay to the coalition and compare to what the provider currently reports as its private pay rate.

Yes No Did the provider report changes to the coalition to its private pay rate no later than the close of business on the day of the change? (VII-43)

Yes No Is the provider's rates for SR services equal to or less than the provider's private pay rate?

2. Rates and Fees for Parents

Assessment activity - Review private pay information that the provider gives to parents. Verify that a list of fees is available to parents and if applicable the type of written notice given if there is a different between the private pay rate and the SR rate. Parents of children in the sample may also be interviewed.

Yes No Did the provider provide the parent with a list of any fees it charges and, if applicable, written notice of the difference between the private pay rate and SR reimbursement, prior to the parent enrolling his/her child? (VII-44)

3. Military Subsidies

Assessment activity - Review sampled children for military affiliation.

Yes No N/A Did the provider notify the coalition if it received military subsidy payments through or from the Child Care Aware of America[®] (formally NACCRRRA) or any legal successor organizations, on behalf of any child enrolled in the provider's SR program? (VII-45)

SCHOOL READINESS PROVIDER MONITORING TOOL – Tier 2 DRAFT

Attachment A

EARLY LEARNING COALITION OF _____

Coalition Staff/Monitor: _____ Monitoring Date: _____ Program Year: _____

4. Parent copayment collection

Assessment activity - Review documentation that validates parent copayment collection by provider for children in sample.

Yes No Does the provider have a method for documenting and collecting the required copayment and issuing receipts to parents? (VII-46) For sampled files, if the error rate is 10% or higher, this will constitute a finding for this criterion that will count toward the high risk assessment identified in section D above. All non-compliance observations will still require corrections, regardless of the error rate percentage.

5. Head Start Agencies

Assessment activity - Review sampled children sign in/sign out log for evidence that children attended above and beyond the scheduled Head Start program hours.

Yes No N/A If applicable, is the provider's Head Start program in addition to and not in substitution for its school readiness program? (VII-52)

6. Title 20 Schools

Assessment activity - Review sampled children sign in/sign out log for evidence that children attended above and beyond the scheduled public school program hours.

Yes No N/A If applicable, is the provider's public school program in addition to and not in substitution for its school readiness program? (VII-53)

Notes: _____

VII. NONDISCRIMINATION

1. Discrimination

Yes No Has the coalition received any formal complaints regarding this provider related to discrimination against children on the basis of race, national origin, ethnic background, sex, religious affiliation, or disability or regarding discrimination against staff persons on the basis of religion? (IX-55)

VIII. NOTIFICATION

1. Timely unusual incident reporting

Yes No Did the coalition verify that the provider reported unusual incidents on file during the visit to the coalition by no later than the close of business on the day of the incident? An unusual incident is defined in Form OEL-SR 20 (August 2014) at number 69 as incorporated by reference in Rule 6M-4.610, FAC. (XI-68)

N/A

2. Written notification of incident

Yes No Did the provider submit a written report of the incident on file during the visit to the coalition within three business days? (XI-68)

Attachment A

EARLY LEARNING COALITION OF _____

Coalition Staff/Monitor: _____ Monitoring Date: _____ Program Year: _____

N/A

Notes: _____

IX. Insurance

1. Worker’s compensation insurance

Yes No N/A Waiver (if applicable, obtain a copy of the waiver)

Does the provider have Workers’ Compensation insurance that covers the term of the contract? (III-19)

2. Unemployment compensation insurance

Yes No N/A

Does the provider have Unemployment Compensation insurance that covers the term of the contract? (III-19)

3. General liability insurance

Yes No *Did the coalition verify that the provider maintained general liability insurance (including transportation insurance if applicable) and provided the coalition with written evidence of coverage? (OEL-SR20 L, FFN, LE)*

N/A

4. Homeowner’s liability insurance or homeowner’s insurance policy (for informal providers)

No *Did the coalition verify that the provider maintained home owner’s insurance and provided the coalition with written evidence of coverage? (OEL-SR20 FFN)*

N/A

5. Insurance changes

Assessment activity - Verify proof of insurance. If provider demonstrates current insurance information then they are compliant.

Yes No *Did the provider submit advance written notice of cancellation or changes to insurance coverage a minimum of ten (10) calendar days to the coalition? (OEL-SR20 L, FFN, LE)*

N/A

Notes: _____

SCHOOL READINESS PROVIDER MONITORING TOOL – Tier 2 DRAFT

Attachment A

EARLY LEARNING COALITION OF _____

Coalition Staff/Monitor: _____ Monitoring Date: _____ Program Year: _____

X. MONITORING REVIEW ACKNOWLEDGEMENTS

Follow-up required? Yes No Date Due: _____

Description of follow-up required: (if additional space is needed, use Overall Compliance Observations section)

Acknowledged by: _____
Printed Name and Title of Coalition Representative Signature of Coalition Representative Date

Acknowledged by: _____
Printed Name and Title of SR Program Provider Representative Signature of SR Program Representative Date

The results of this tool are DRAFT only and are subject to change.

SCHOOL READINESS PROVIDER MONITORING TOOL – Tier 2 DRAFT

Attachment A

EARLY LEARNING COALITION OF _____

Coalition Staff/Monitor: _____ Monitoring Date: _____ Program Year: _____

ATTACHMENT B – MINIMUM ANNUAL SAMPLE SIZE FOR PROVIDERS

| # of Providers | Minimum Sample Size |
|----------------|---------------------|
| <20 | 75% |
| 30 | 25 |
| 35 | 28 |
| 40 | 31 |
| 45 | 34 |
| 50 | 37 |
| 55 | 38 |
| 60 | 39 |
| 65 | 40 |
| 70 | 42 |
| 75 | 44 |
| 80 | 47 |
| 85 | 50 |
| 90 | 53 |
| 95 | 56 |
| 100 | 58 |
| 110 | 62 |
| 120 | 65 |
| 130 | 68 |
| 140 | 70 |
| 150 | 72 |
| 160 | 74 |
| 170 | 76 |
| 180 | 78 |
| 190 | 80 |
| 200 | 81 |
| 210 | 82 |
| 220 | 83 |
| 230 | 84 |
| 240 | 85 |
| 250 | 86 |
| 260 | 87 |
| 270 | 88 |
| 280 | 89 |
| 290 | 90 |
| 300 | 91 |
| 325 | 93 |
| 350 | 95 |
| 375 | 98 |
| 400 | 100 |
| 425 | 102 |
| 450 | 103 |

| # of Providers or Students | Minimum Sample Size |
|----------------------------|---------------------|
| 475 | 106 |
| 500 | 108 |
| 525 | 109 |
| 550 | 110 |
| 575 | 111 |
| 600 | 112 |
| 625 | 113 |
| 650 | 114 |
| 675 | 115 |
| 700 | 116 |
| 725 | 116 |
| 750 | 117 |
| 775 | 117 |
| 800 | 118 |
| 900 | 119 |
| 1,000 | 121 |
| 1,500 | 122 |
| 2,000 | 123 |
| 2,500 | 124 |
| 3,000 | 125 |
| 3,500 | 126 |
| 4,000 | 127 |
| 4,500 | 128 |
| 5,000 | 129 |
| 5,500 | 130 |
| 6,000 | 131 |
| 6,500 | 132 |
| 7,000 | 133 |
| 7,500 | 134 |
| 8,000 | 135 |
| 8,500 | 136 |
| 9,000 | 137 |
| 9,500 | 138 |
| 10,000 | 139 |
| 11,750 | 140 |
| 12,500 | 141 |
| 13,750 | 142 |
| 15,000 | 144 |
| 16,750 | 145 |
| 17,500 | 146 |
| 18,750 | 148 |
| >20,000 | 150 |

ATTACHMENT C – SCHOOL READINESS CURRICULUM APPROVAL PROCESS – MONITORING

Section 1002.88 (1) (f), Florida Statutes, requires school readiness providers to “*Implement one of the curricula approved by the office that meets child development standards.*” The information below is a guide for monitoring curriculum use and implementation.

| Requirements | Examples of Indicators | Results |
|---|---|---------|
| Providers must select the approved version, year, or edition list on the most current Approved School Readiness Curricula List. | Selection may be verified by: <ul style="list-style-type: none"> • Written attestation from provider • Copy of purchase receipt • Visual confirmation | |
| A copy of the curriculum should remain on-site at the provider and be accessible to teachers. | <ul style="list-style-type: none"> • Visual confirmation | |
| Curriculum Implementation | Examples of Indicators | |
| Review lesson plan and/or interview for evidence of curriculum implementation to ensure alignment to the Florida Early Learning and Developmental Standards: Birth to Five. | Lesson plan review: <ul style="list-style-type: none"> • Are learning activities representative of all early learning domains? • Are activities both child guided and teacher guided? • Does the schedule allow for a variety of learning experiences including play, large group, small group, and outdoor time? • Are there opportunities for flexibility? | |
| If a lesson plan is not available for review, implementation may be verified through interview and or/observation. | Interview/observation: <ul style="list-style-type: none"> • Talk about the curriculum you use. • How does the curriculum meet the needs of children in your program? • How do you think the curriculum promotes learning for young children? • How do the children respond to the curriculum? • Tell me about the training have you received on this curriculum? • How do you involve families? | |

Additional Comments:

Follow-up Required:

| |
|--|
| ATTACHMENT D – SCHOOL READINESS PROVIDER MONITORING CHART |
|--|

| Risk Indicator | SR Program Risk Assessment | Enter x for each area of non-compliance* | Comments |
|----------------|---|--|----------|
| | | NA | |
| #1 | I. PARTIES AND TERMS OF THE CONTRACT a. Not transferred/assigned contract | | |
| | II. PROVIDER ELIGIBILITY a. Provider type and services (informational) | NA | |
| #2 | b. Licensed or legally operating | | |
| #3 | III. PROVIDER RESPONSIBILITIES a. Child care* | | |
| #4 | b. Healthy and safe environment | | |
| #5 | c. Developmentally appropriate curriculum | | |
| #6 | d. A character development program | | |
| #7 | e. Prohibited forms of discipline | | |
| #8 | f. Child immunization* and health screenings | | |
| #9 | g. Unlimited parental access | | |
| #10 | h. Daily sign-in/sign-out sheets* | | |
| #11 | i. Enrollment/Attendance Certifications* | | |
| #12 | j. Reporting absences* | | |
| #13 | k. Rilya Wilson Act* | | |
| #14 | IV. ACCESS a. Access to facility | | |
| #15 | b. Access to records | | |
| #16 | V. MAINTENANCE OF RECORDS, DATA AND CONFIDENTIALITY a. Family data and confidentiality agreements | | |
| #17 | b. Attendance record maintenance* | | |
| #18 | c. Maintain records for five years | | |

| | | | |
|-----|--|------------------|---------------------------------------|
| | VI. COMPENSATION AND FUNDING | | |
| #19 | a. Private pay rate | | |
| #20 | b. Rates and Fees for Parents | | |
| #21 | c. Military Subsidies | | |
| #22 | d. Parent copayment collection* | | |
| #23 | e. Head Start Agencies | | |
| #24 | f. Title 20 Schools | | |
| #25 | VII. NONDISCRIMINATION a. Discrimination | | |
| #26 | VIII. NOTIFICATION a. Timely unusual incident reporting | | |
| #27 | b. Written notification of incident | | |
| #28 | IX. Insurance a. Worker's compensation insurance | | |
| #29 | b. Unemployment compensation insurance | | |
| #30 | c. General liability insurance (or Homeowner's liability insurance, informal providers only) | | |
| #31 | d. Insurance changes | | |
| | X. MONITORING REVIEW ACKNOWLEDGEMENTS - TOTAL NUMBER OF OVERALL COMPLIANCE OBSERVATIONS | Total # - | Percentage of Questions Cost - |

Note:

A provider that has eight or more findings as assessed by this monitoring tool, will be considered high-risk, (.25 x 31 = ~ 8). Additionally, if 15 percent or more of the files in the selected sample result in questioned cost, that provider will be considered high-risk. . For example, if three out of 20 files result in questioned cost, that provider will be considered high-risk.

***For sampled files, if the error rate is 10% or higher, this will constitute a finding for this criterion that will count toward the high risk assessment identified in section D above. All non-compliance observations will still require corrections, regardless of the error rate percentage.**