

Early Learning Coalition of Escambia County
VOLUNTARY PREKINDERGARTEN PROVIDER MONITORING TOOL ELCEC 4401.3A

	A	B	C	D	E	F
1	I. PROGRAM INFORMATION					
2	Provider Name:		Provider ID:	Phone:		
3	Address:					
4	Director Name:			Compliance		Non- Compliance
5	Dir Credentials Expiration Date:		Credentials Current:	Y	N	
6	License current:	Y N NA	Expiration Date:	Y	N	
7	Gold Seal Current:	Y N NA	Expiration Date:	Y	N	
8	Accreditation Current:	Y N NA	Expiration Date:	Y	N	
9	Low Performing Provider:	Y N	Implementing Improvement Plan:	Y	N	
10	Curriculum listed on 11A:	Y N	Using Approved Curriculum:	Y	N	
11	Evidence of Parent receiving orientation and/or VPK Handbook:			Y	N	
12	II. CLASSROOM				Compliance	Non- Compliance
13	1a. Classroom being Monitored:		1b. Program Type:		School Year	Summer
14	1c. Class Schedule hours on file:	to	1d. Approved Schedule:		Y	N
15	1e. Lead Teacher/ Sub:		1f. Listed on VPK-11A:		Y	N
16	1g. Assistant/ Sub:		1h. Listed on VPK-11A:		Y	N
17	1i. Total VPK Students:		1j. Classroom Ratio:		Y	N
18	1k. Total Other Students:		1l. Implement Pre/Post Assessment:	Y	N	
19	NOTES:					
20	2a. Classroom being Monitored:		2b. Program Type:		School Year	Summer
21	2c. Class Schedule hours on file:	to	2d. Approved Schedule:		Y	N
22	2e. Lead Teacher/ Sub:		2f. Listed on VPK-11A:		Y	N
23	2g. Assistant/ Sub:		2h. Listed on VPK-11A:		Y	N
24	2i. Total VPK Students:		2j. Classroom Ratio:		Y	N
25	2k. Total Other Students:		2l. Implement Pre/Post Assessment:	Y	N	
26	NOTES:					
27	3a. Classroom being Monitored:		3b. Program Type:		School Year	Summer
28	3c. Class Schedule hours on file:	to	3d. Approved Schedule:		Y	N
29	3e. Lead Teacher/ Sub:		3f. Listed on VPK-11A:		Y	N
30	3g. Assistant/ Sub:		3h. Listed on VPK-11A:		Y	N
31	3i. Total VPK Students:		3j. Classroom Ratio:		Y	N
32	3k. Total Other Students:		3l. Implement Pre/Post Assessment:	Y	N	
33	NOTES:					
34	III. ATTENDANCE		Month Reviewed:		Compliance	Non- Compliance
35	a. Long/Short Forms:	Y N			Y	N
36	If Long/Short Forms is No, List Missing or Incomplete forms:					
37						
38						
39	b. COE's on file:	Y N			Y	N
40	If COE on file is No, List Missing or Incomplete form:					
41						
42	c. Sign-In/Sign-Out:	Y N			Y	N
43	If Sign-In/Sign-Out Forms is No, List Missing or Incomplete forms:					
44						
45						
46						
47	IV. SUMMARY					
48	All Requirements Met:	Y N	If no, mark number of requirements not met below and CAP due date.			
49	Number of Requirments Not Met:					
50	CAP Due Date:		CAP Received Date:		CAP Approved Date:	
51	Technical Assistance Provided:	Y N NA	Date(s):			
52	Describe TA Provided:					
53	Coalition Monitoring Staff:				PROGRAM YEAR:	
54	On Site Monitoring Date:		TIME IN:		TIME OUT:	
55	Notes:					
56						

Provider Signature
Date