



VPK Provider Monitoring Tool

Coalition staff/monitor: _____ Monitoring date: _____

Program year: _____

PROVIDER PROGRAM INFORMATION

Time in: _____ Time out: _____

Provider name: _____ Provider ID: _____

Location address: _____ District: _____

Phone #: _____ Director or Principal: _____

DIRECTOR CREDENTIAL AND BACKGROUND SCREENING

VPK Director Credential current or Certificate in Educational Leadership (as on OEL-VPK 10):

Yes No

Credential expiration date: _____

Current level 2 background screening clearance on file for director or principal: Yes No

PROVIDERS ON PROBATION AND IMPROVEMENT PLAN PROGRESS

Provider on Probation: Yes No

Implementing Improvement Plan, if applicable: Yes No

CURRICULUM COMPLIANCE

Curriculum name on OEL-VPK 11A: _____

Using curriculum indicated on OEL-VPK 11A: Yes No

PROVIDER LICENSURE OR ACCREDITATION

License/Gold Seal/Accreditation current (as on OEL-VPK 10): Yes No

License/Gold Seal/Accreditation expiration date: _____

VPK PROVIDER CONTRACT RECORDS MAINTENANCE COMPLIANCE

The provider maintains the following records for audit purposes for a period of five (5) years from the date of the last payment for that fiscal year or until the resolution of any audit findings or any litigation related to this Contract, whichever occurs last:

VPK instructor, substitute instructor, and VPK director records: **Yes** **No**

VPK attendance records: **Yes** **No**

Records are backed up on a regular basis to safeguard against loss: **Yes** **No**

VPK child records: **Yes** **No**

VPK CLASSROOM REVIEW

(Duplicate these pages for each classroom reviewed. The ELC has discretion in the number of classrooms to review.)

Program type: School year Summer

Class being monitored: _____

CLASS SCHEDULE/INSTRUCTIONAL HOURS

Class schedule/a.m.-p.m. hours (as on OEL-VPK 11B): _____ to _____

Operating within approved schedule: **Yes** **No**

INSTRUCTORS' CREDENTIALS AND BACKGROUND SCREENINGS

Instructor/Secondary/Substitute name: _____

Instructor/Secondary/Substitute listed on OEL-VPK 11A: **Yes** **No**

Educational credentials current: **Yes** **No** Expiration Date (if applicable¹): _____

Emergent literacy training current: **Yes** **No** Expiration Date²: _____

Performance standards training current: **Yes** **No** Completion Date: _____

Current level 2 background screening clearance on file for lead instructor(s): **Yes** **No**

Secondary/Substitute name: _____

Secondary/Substitute listed on OEL-VPK 11A: **Yes** **No**

¹ Formal education qualifications do not expire. Staff Credentials must be renewed every 5 years.

² VPK instructors must complete three 5-hour (15 hours) emergent literacy courses to meet lead VPK instructor credential requirements. Additionally, VPK instructors must complete one emergent literacy course every five years after initially completing the three emergent literacy training courses to maintain VPK instructor eligibility.

Secondary/Substitute credentials current: **Yes** **No**

Current level 2 background screening clearance on file for secondary/substitute: **Yes** **No**

INSTRUCTOR/CHILD RATIO

Total VPK students: _____ Total other students: _____

Meets instructor/student ratio: **Yes** **No**

CERTIFICATE OF ELIGIBILITY FOR ENROLLED VPK CHILDREN IN THE SAMPLE

Completed Form DEL-VPK 02 on file for all VPK children included in the sample: **Yes** **No**

COORDINATED SCREENING AND PROGRESS MONITORING PROGRAM IMPLEMENTATION

Implementation of coordinated screening and progress monitoring as required³:

PM1: **Yes** **No**

PM2: **Yes** **No**

PM3: **Yes** **No**

VPK STUDENT'S DAILY AND MONTHLY ATTENDANCE

Month(s) being reviewed: _____

Daily attendance (evidence of daily record of VPK student's attendance in the program: sign-in or sign-out log or electronic attendance-tracking system): **Yes** **No**

Monthly attendance verification (OEL-VPK 03S or OEL-VPK 03L) completed in accordance with Rule 6M-8.305, F.A.C.: **Yes** **No**

If no, indicate names of children with missing forms:

APPLICABLE INSURANCE COVERAGES

In accordance with Form DEL-VPK 20PP, does the private provider have these coverages in effect for the term of the contract:

Worker's Compensation Insurance? **Yes** **No** **N/A**

Reemployment Compensation Assistance? **Yes** **No** **N/A**

³ Areas of non-compliance may include the following: did not have a qualified test administrator, did not have internet connection to administer the assessment, assessment administered on a non-VPK testing site, provider refused to administer the assessment.

General Liability Insurance? Yes No N/A

If no for any of the above that apply, document the dates of lapsed coverage:

E-VERIFY AFFIDAVIT COMPLETION

An e-Verify affidavit was completed? Yes No

All requirements met: Yes No

If no, mark number of requirements not met below and indicate corrective action plan (CAP) due date.

Number of requirements not met: _____

CAP DUE DATE: _____

CAP RECEIVED DATE: _____

CAP APPROVED DATE: _____

TECHNICAL ASSISTANCE PROVIDED: Yes No NA DATE: _____

Comments:

REVIEW ACKNOWLEDGEMENTS

Provider Representative Printed Name: _____

Provider Representative Printed Title: _____

Provider Representative Signature: _____ Date: _____

Coalition Representative Printed Name: _____

Coalition Representative Printed Title: _____

Coalition Representative Signature: _____ Date: _____