



## 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 applicable<sup>1</sup>): \_\_\_\_\_

Emergent literacy training current: **Yes**  **No**  Expiration Date<sup>2</sup>: \_\_\_\_\_

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**

\_\_\_\_\_

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

<sup>2</sup> 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 required<sup>3</sup>:

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**

\_\_\_\_\_

<sup>3</sup> 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:

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**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:

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**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: \_\_\_\_\_