



Early Learning Coalition of Pasco and Hernando Counties, Inc.
VPK Provider Monitoring Tool
Program Requirements

CLASSROOM REVIEW		
Program Type <input type="checkbox"/> School Year <input type="checkbox"/> Summer		
Name of Classroom	Class Schedule hours: Operating within Approved Schedule <input type="checkbox"/> Yes <input type="checkbox"/> No	
Instructor/Substitute Name: Instructor Listed on OEL-VPK 11A <input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary/Substitute Name: Secondary Listed on OEL-VPK 11A <input type="checkbox"/> Yes <input type="checkbox"/> No	
Educational Credentials current <input type="checkbox"/> 40 Hours <input type="checkbox"/> NECC <input type="checkbox"/> FCCPC <input type="checkbox"/> Formal Education	Educational Credentials current <input type="checkbox"/> 40 Hours <input type="checkbox"/> NECC <input type="checkbox"/> FCCPC <input type="checkbox"/> Formal Education	
Training Current <input type="checkbox"/> Emergent Literacy training <input type="checkbox"/> Performance Standards training	Training Current <input type="checkbox"/> Emergent Literacy training <input type="checkbox"/> Performance Standards training	
Level 2 Background Screening <input type="checkbox"/> Yes <input type="checkbox"/> No	Level 2 Background Screening <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:		
CLASSROOM REVIEW		
Total VPK Children	Total Non-VPK Children	Meets Teacher-Child Ratio <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:		
ENVIRONMENT		
<input type="checkbox"/> Dramatic Play	<input type="checkbox"/> Math/Manipulatives	<input type="checkbox"/> Blocks/Construction
<input type="checkbox"/> Creative Expression	<input type="checkbox"/> Discovery/Science/Sensory	<input type="checkbox"/> Music and Movement
<input type="checkbox"/> Literacy/Library	<input type="checkbox"/> Listening Center	<input type="checkbox"/> Writing Area
<input type="checkbox"/> Computer/Tablet	<input type="checkbox"/> Outdoor	<input type="checkbox"/> Woodworking (Optional)
CLASSROOM DISPLAYS		
<input type="checkbox"/> Attendance Chart	<input type="checkbox"/> Shape Display	<input type="checkbox"/> Color Display
<input type="checkbox"/> Calendar	<input type="checkbox"/> Alphabet Display	<input type="checkbox"/> Number Display
<input type="checkbox"/> Helper Chart	<input type="checkbox"/> Daily Schedule (for Children) with Words and Pictures	
<input type="checkbox"/> Children's Art at Eye Level	<input type="checkbox"/> Daily Schedule (for Parents)	
Comments:		
PLANNING/ACTIVITIES/MATERIALS		
Developmentally Appropriate Lesson Plans Written and Tied to Standards <input type="checkbox"/> Yes <input type="checkbox"/> No		
Need Technical Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No		
Developmentally Appropriate Activities Observed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Sufficient Materials in Classroom/Centers <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:		
ATTENDANCE REVIEW		
Daily Attendance Tracking Method (Select all that apply) Sign-in/Sign-out Log <input type="checkbox"/> Yes <input type="checkbox"/> No Electronic Attendance Tracking System <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly Attendance Verification <input type="checkbox"/> Yes <input type="checkbox"/> No (OEL-VPK03S or OEL-VPK03L)	Month(s) Being Reviewed: If NO, indicate names of children with missing attendance documents:	
Form OEL-VPK 02 on file for all VPK children included in the sample <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:		



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For Coalition Use
ALL REQUIREMENTS MET <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Requirements NOT Met: Corrective Action Plan Due: Corrective Action Plan Received: Approved Date: Technical Assistance Provided <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Provider Representative Printed Name and Title: _____

Provider Representative Signature: _____

Date: _____

Coalition Representative Printed Name and Title: _____

Coalition Representative Signature: _____

Date: _____