



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(s): 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/GS/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**

Emergent literacy training current: **Yes** **No**

Performance standards training current: **Yes** **No**

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**

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: Non Participation _____

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:

PM1: Yes No PM2: Yes No N/A PM3: Yes No

All children enrolled during the progress monitoring window were assessed or recorded with a non-participation status? Yes No

If no, list names of children who were not assessed (NA) or lacked a non-participation status (NP) with the appropriate code in parentheses:

All test administrators have completed annual training and signed the Test Administration and Security Agreement and Test Administrator Prohibited Activities Agreement? Yes No

If no, list names of all test administrators who **do not** meet the requirements (those who have not completed annual training and/or signed Test Administration and Security Agreement and Test Administrator Prohibited Activities Agreement):

Test Administrator Name	Training Incomplete	Security Agreement Unsigned	Prohibited Activities Agreement Unsigned
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VPK CHILDREN’S DAILY AND MONTHLY ATTENDANCE

Month(s) being reviewed: _____

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

Monthly attendance verification (OEL-VPK 03S, OEL-VPK 03L) is complete and accurate: **Yes** **No**

If no, list names of children with incomplete (IC), inaccurate (IA) or missing (M) forms and the appropriate code in parentheses:

_____	_____
_____	_____
_____	_____
_____	_____

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**

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**

MONITORING AND CORRECTIVE ACTION PLAN (CAP) SUMMARY

All requirements met: **Yes** **No**

If no, mark number of requirements not met 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: _____