# 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: _____

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 |
|---|---|---|---|
| | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ |

## 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: _____