



Voluntary PreKindergarten Provider Monitoring Procedure

I. Monitoring Frequency

The Coalition will monitor 100% of Voluntary PreKindergarten (VPK) providers utilizing the VPK Monitoring Tool Program Requirements and the VPK Classroom Review Tool. VPK providers will be monitored annually, at the minimum. The following procedure will be followed:

II. Procedure

- Monitoring will consist of review of, documentation maintained within the coalition in-house and through unannounced on-site visit.
- Staff will review monitoring results with the program director and the report will be signed and dated by coalition staff and the program director.
- In the event areas of non-compliance are found, the provider will implement a Corrective Action Plan (CAP) to bring their program into compliance.
- Technical assistance will be made available to the provider as needed.
- In the event the program, after implementation of the CAP, continues to be in non-compliance, the coalition may:
 - Repeat a full program monitoring; or
 - Determine if the VPK contract should be terminated for non-compliance.

Notice of Non-Compliance

If the provider is unable to meet the VPK Program Requirements as outlined by the Statewide Voluntary Prekindergarten Provider Contract, Form OEL-VPK 20 after a CAP and technical assistance are provided, the provider will be issued a Notice of Non-Compliance and will be allowed a maximum of fourteen (14) days to come into compliance. If the provider fails to comply within the time frame identified for correction, the Coalition will issue a 10-day “Warning of Non-Compliance” if compliance is not achieved within ten (10) business days, the Coalition Executive Director may place the VPK program on probationary status OR terminate the contract for VPK services in compliance with Statewide Voluntary Prekindergarten Provider Contract, Form OEL-VPK 20, Section XI.

This decision will be based on, but not limited to, the following factors:

- History of overall compliance
- Efforts made to comply with the areas of non-compliance
- Technical assistance provided
- Any mitigating or aggravating circumstances.

The Coalition Executive Director will send the provider a written notification of a decision within five (5) business days of determining non-compliance with the VPK requirements. At the same time, the parents of the children enrolled at the site receive a letter and are offered the option for emergency transfers to another facility of their choice.

If a provider is placed on probationary status, payment will be withheld from that date forward. The provider will have the option of rearranging their calendar to make-up the dates. However, if the provider is terminated, payment will cease as of the last day of the 5-Day Warning of Non-Compliance. Reinstatement as a VPK provider, according to Statewide Voluntary Prekindergarten Provider Contract, Form OEL-VPK 20, cannot happen prior to the required five year window.



Appendix A

Early Learning Coalition of Pasco and Hernando Counties, Inc.

VPK Monitoring Tool

Program Requirements

Monitoring Date: _____ Time In: _____ Time Out: _____

PROVIDER	
Name of Provider	
Address	Telephone
Contact Person	
License <input type="checkbox"/> Yes <input type="checkbox"/> Exempt Expires:	Accreditation Current <input type="checkbox"/> Yes <input type="checkbox"/> No Accrediting Agency Expires:
Program Type <input type="checkbox"/> School Year <input type="checkbox"/> Summer Provider on Probation <input type="checkbox"/> Yes <input type="checkbox"/> No	Instructional Hours: _____ AM _____ PM Time:
DIRECTOR	
Director Name	
Credential(s) <input type="checkbox"/> NECC <input type="checkbox"/> FCCPC <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master Degree <input type="checkbox"/> Director's Credential Expires:	
Training <input type="checkbox"/> Emergent Literacy <input type="checkbox"/> VPK Standards 2005 2008 2011 <input type="checkbox"/> Other	
TEACHING STAFF	
Name of Classroom	Teacher Name
Credentials <input type="checkbox"/> NECC <input type="checkbox"/> FCCPC <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master Degree	
Background Screening <input type="checkbox"/> LiveScan <input type="checkbox"/> FBI <input type="checkbox"/> FDLE	
Training <input type="checkbox"/> Emergent Literacy <input type="checkbox"/> VPK Standards 2005 2008 2011 <input type="checkbox"/> Other	
TEACHING STAFF	
Name of Classroom	Assistant/Substitute Teacher Name
Credentials <input type="checkbox"/> 40 Hours <input type="checkbox"/> NECC <input type="checkbox"/> FCCPC <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree	
Background Screening <input type="checkbox"/> LiveScan <input type="checkbox"/> FBI <input type="checkbox"/> FDLE	
Training <input type="checkbox"/> Emergent Literacy <input type="checkbox"/> VPK Standards 2005 2008 2011 <input type="checkbox"/> Other	



Early Learning Coalition of Pasco and Hernando Counties, Inc. VPK Classroom Review

Monitoring Date: _____

PROVIDER		
Name of Provider	Name of Classroom	
Total VPK Children	Total Non-VPK Children	Meets Teacher-Child Ratio <input type="checkbox"/> Yes <input type="checkbox"/> No
CURRICULUM/STANDARDS/SCREENING/ASSESSMENT TOOLS		
Curriculum	Copy Available in Classroom <input type="checkbox"/> Yes <input type="checkbox"/> No	
VPK Standards Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy Available in Classroom <input type="checkbox"/> Yes <input type="checkbox"/> No	
Screening Tool <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Screening Tool	
Assessment Tool <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Assessment Tool	
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 Area	<input type="checkbox"/> Writing Area
<input type="checkbox"/> Computer (Optional)	<input type="checkbox"/> Outdoor	<input type="checkbox"/> Woodworking (Optional)
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
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)	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	
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		



Early Learning Coalition of Pasco and Hernando Counties, Inc. VPK Classroom Review

Monitoring Date: _____

PROVIDER	
Name of Provider	Name of Classroom

Comments/Corrective Action Plan

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	

Signature of Contact Person _____ Date _____

Signature of VPK Specialist _____ Date _____

Signature of Coalition Representative _____ Date _____