



Early Learning Coalition of Pasco and Hernando Counties, Inc.

VPK Provider Monitoring Tool

Program Requirements

Coalition Staff/Monitor:
Monitoring Date:

Time In:

Program Year:
Time Out:

PROVIDER PROGRAM INFORMATION	
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 Implementing Improvement Plan <input type="checkbox"/> Yes <input type="checkbox"/> No N/A	Instructional Hours: _____ AM _____ PM Time: Operating Within Approved Schedule <input type="checkbox"/> Yes <input type="checkbox"/> No
Comment:	
INSURANCE REQUIREMENTS	
Worker's Compensation Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Waiver (if applicable, obtain a copy of the waiver)	Reemployment Assistance or Unemployment Compensation Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:	
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 Current <input type="checkbox"/> Yes <input type="checkbox"/> No Expires:	
Training <input type="checkbox"/> Emergent Literacy <input type="checkbox"/> Standards (2011)	
Comment:	
CLASSROOM REVIEW	
Name of Classroom	Instructor/Substitute Name Instructor Listed on OEL-VPK 11A <input type="checkbox"/> Yes <input type="checkbox"/> No
Credentials <input type="checkbox"/> NECC <input type="checkbox"/> FCCPC <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master Degree	
Level 2 Background Screening FBI FDLE <input type="checkbox"/> Yes <input type="checkbox"/> No	
Training <input type="checkbox"/> Emergent Literacy <input type="checkbox"/> Standards (2011)	
Comment:	



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CLASSROOM REVIEW		
Name of Classroom	Secondary/Substitute Name Secondary Listed on OEL-VPK 11A <input type="checkbox"/> Yes <input type="checkbox"/> No	
Credentials <input type="checkbox"/> 40 Hours <input type="checkbox"/> NECC <input type="checkbox"/> FCCPC <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree		
Level 2 Background Screening FBI FDLE <input type="checkbox"/> Yes <input type="checkbox"/> No		
Training <input type="checkbox"/> Emergent Literacy <input type="checkbox"/> Standards (2011)		
Comment:		
CLASSROOM REVIEW		
Total VPK Children	Total Non-VPK Children	Meets Teacher-Child Ratio <input type="checkbox"/> Yes <input type="checkbox"/> No
Comment:		
CURRICULUM/STANDARDS/SCREENING/ASSESSMENT TOOLS		
Curriculum Name on OEL-VPK 11A	Using Curriculum Indicated on OEL-VPK 11A <input type="checkbox"/> Yes <input type="checkbox"/> No	
Standards For Four-Year-Olds 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	Implementation of Pre- and Post-assessment as required <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comment:		
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
Comment:		
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	
Comment:		



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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
Comment:	
ATTENDANCE REVIEW	
Name of Classroom	Month(s) Being Reviewed
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)	If NO, indicate names of children with missing attendance documents:

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 <input type="checkbox"/> N/A	

Signature of Contact Person _____ Date _____

Signature of Provider Specialist _____ Date _____

Signature of Coalition Representative _____ Date _____