VOLUNTARY PREKINDERGARTEN PROVIDER MONITORING TOOL

Coalition staff/monitor: _____ **Monitoring date:** _____

Program year: _____

PROVIDER PROGRAM INFORMATION

Time in: _____ **Time out:** _____

Provider name: _____ Provider ID: _____

Location address: _____

Phone #: _____

Director: _____

Director credential current or Certificate in educational leadership: **Yes** ☐ **No** ☐

Credential expiration date: _____

Current level 2 background screening clearance on file for director(s): **Yes** ☐ **No** ☐

Low performing provider: **Yes** ☐ **No** ☐

Implementing Improvement Plan, if applicable: **Yes** ☐ **No** ☐

Curriculum name on OEL-VPK 11A: _____

Using curriculum indicated on OEL-VPK 11A: **Yes** ☐ **No** ☐

License/Gold Seal/Accreditation current: **Yes** ☐ **No** ☐

License/GS/Accreditation expiration date: _____

Files compliant with VPK Provider Contract record maintenance requirements:

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** ☐

EXHIBIT VII
VOLUNTARY PREKINDERGARTEN PROVIDER MONITORING TOOL

VOLUNTARY PREKINDERGARTEN PROVIDER MONITORING TOOL

Coalition staff/monitor: _____ **Monitoring date:** _____

Program year: _____

VPK CLASS REVIEW
(Duplicate this page for each class reviewed. The ELC has discretion in the number of classrooms to review.)

Program type: School year ☐ **Summer** ☐

Class being monitored: _____

Class schedule/a.m.-p.m. hours (as on OEL-VPK 11B): _____to_____

Operating within approved schedule: **Yes** ☐ **No** ☐

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 instructor(s):

Yes ☐ **No** ☐

Total VPK students: _____

Total other students: _____

Meets instructor/student ratio: **Yes** ☐ **No** ☐

Form OEL-VPK 02 on file for all VPK children included in the sample: **Yes** ☐ **No** ☐

Implementation of coordinated screening and progress monitoring as required:

PM1: Yes ☐ **No** ☐ **PM2: Yes** ☐ **No** ☐ **PM3: Yes** ☐ **No** ☐

Comment: _____

_____

EXHIBIT VII
VOLUNTARY PREKINDERGARTEN PROVIDER MONITORING TOOL

ATTENDANCE REVIEW

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 or OEL-VPK 03L): **Yes** ☐ **No** ☐

If no, indicate names of children with missing forms:

_____ _____

_____ _____

INSURANCE VALIDATION

Worker's Compensation Insurance
Does the private provider have Worker's Compensation Insurance in accordance with Form DEL-VPK 20PP that covers the term of the contract?
Yes ☐ **No** ☐ **N/A** ☐

Reemployment Compensation Assistance
Does the private provider have Reemployment Compensation Assistance or Unemployment Compensation in accordance with Form DEL-VPK 20PP that covers the term of the contract?
Yes ☐ **No** ☐ **N/A** ☐

General Liability Insurance
Does the private provider have proof that it maintained general liability insurance (including transportation coverage if applicable) in accordance with Form DEL-VPK 20PP that covers the term of the contract? **Yes** ☐ **No** ☐

If no for any of the above that apply, determine and document the dates of lapsed coverage:

_____

_____

E-Verify

An e-Verification affidavit was completed? **Yes** ☐ **No** ☐

EXHIBIT VII
VOLUNTARY PREKINDERGARTEN PROVIDER MONITORING TOOL

All requirements met: Yes ☐ No ☐
If no, mark number of requirements not met below 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:

_____

_____

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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: _____