VOLUNTARY PREKINDERGARTEN PROVIDER MONITORING TOOL

Coalition staff/monitor: __________________________ Monitoring date: ______________

Program year: __________________________

<table>
<thead>
<tr>
<th>PROVIDER PROGRAM INFORMATION</th>
</tr>
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<tbody>
<tr>
<td>Time in: _____________________</td>
</tr>
<tr>
<td>Provider name: __________________________</td>
</tr>
<tr>
<td>Location address: __________________________</td>
</tr>
<tr>
<td>Phone #: ______________</td>
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<tr>
<td>Director: __________________________</td>
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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-VPN 03S or OEL-VPN 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-VPN 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-VPN 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-VPN 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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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: __________