EARLY LEARNING COALITION OF SOUTHWEST FLORIDA
RCMA VPK PROVIDER MONITORING TOOL

PROVIDER INFORMATION						
Provider Name						
Address						
Provider Phone #	**Provider ID**	**Provider Type**	**License No.**	**License Exp. Date**	**Gold Seal** ☐ YES ☐ NO	**Gold Seal Exp. Date**

MONITORING INFORMATION				
Monitoring Conducted By	**Program Year**	**Monitoring Date**	**Time In**	**Time Out**

A. DIRECTOR CREDENTIALS AND BACKGROUND SCREENING (OEL-VPK 10)		YES	NO	Expiration Date
A1. VPK Director Name				
A2. VPK Director Credential Current or Certificate in Educational Leadership				
A3. Level 2 Background Screening on File for Director(s)				

B. PROVIDER ON PROBATION & IMPROVEMENT PLAN PROGRESS	YES	NO	Clarification/Comments
B1. Provider on Probation			
B2. Implementing Improvement Plan, if applicable			

C. CURRICULUM (OEL-VPK 11A)		YES	NO
C1. Curriculum Name			
C2. Using Curriculum indicated on OEL-VPK 11A			

D. RECORDS MAINTENANCE	YES	NO
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 finings or any litigation related to this Contract, whichever occurs last:		
D1. VPK Instructor, substitute instructor, and VPK director records		
D2. VPK attendance records		
D3. Records are backed up on a regular basis to safeguard against loss		
D4. VPK child records		

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E. VPK CLASSROOM REVIEW Duplicate these pages for each classroom review

	School Year	Summer
E1. Program Type		
E2. Class being monitored		
E3. Class schedule listed on OEL-VPK 11B	☐ A.M. ☐ P.M.	☐ A.M. ☐ P.M.
E4. Operating within approved schedule	☐ YES ☐ NO	

Total VPK students		Total Other students		E5. Meet instructor/student ratio	☐ YES ☐ NO ____/____

F. INSTRUCTOR CREDENTIALS AND BACKGROUND SCREENING (OEL-VPK 11A)

	YES	NO	Expiration Date
F1. Instructor/Secondary/Substitute Name			███
F2. Instructor/Secondary/Substitute listed on OEL-VPK 11A			███
F3. Educational credentials current			
F4. Emergent literacy training current			
F5. Performance standards training current			
F6. Current level 2 background clearance on file for lead instructor(s)			
F7. Secondary/Substitute Name			
F8. Secondary/Substitute listed on OEL-VPK 11A			███
F9. Secondary/Substitute credentials current			
F10. Current level 2 background clearance on file for secondary/substitute instructor(s)			

G. VPK CHILD ATTENDANCE

	YES	NO
G1. Month(s) being reviewed	███	
G2. Daily/Monthly attendance (sign in sheets or electronic tracking system)		

Child Name	G3. Monthly attendance verification (OEL-VPK 03S/03L) complete and accurate (complete, incomplete, inaccurate or missing)	G4. Completed Form DEL VPK 02/04 on file		G5. Attendance policy signed and dated	
		YES	NO	YES	NO
G3-1.	☐ Complete ☐ Incomplete ☐ Inaccurate ☐ Missing				
G3-2.	☐ Complete ☐ Incomplete ☐ Inaccurate ☐ Missing				
G3-3.	☐ Complete ☐ Incomplete ☐ Inaccurate ☐ Missing				
G3-4.	☐ Complete ☐ Incomplete ☐ Inaccurate ☐ Missing				
G3-5.	☐ Complete ☐ Incomplete ☐ Inaccurate ☐ Missing				

H. SCREENINGS AND PROGRESS MONITORING IMPLEMENTATION	YES	NO	NA
H1. **PM1**			
H2. **PM2**			
H3. **PM3**			
H4. All children enrolled during the progress monitoring window were assessed or recorded with a non-participation status			███

If **no**, list the names of the children who were not assessed **(NA)** or lacked a non-participation status **(NP)** with appropriate code:

Child Name	NA	NP
H4_1.		
H4_2.		
H4_3.		
H4_4.		
H4_5.		

I. TEST ADMINISTRATORS	YES	NO
I1. All test administrators have completed annual training and signed the Test Administration and Security Agreement and Test Administrator Prohibited Activities Agreement		

If no, list the names of all test administrators who **DO NOT** meet the requirements *(those who have not completed annual training and/or signed the Test Administration and Security Agreement and Test Administrator Prohibited Activities Agreement)*:

Test Administrator Name	Annual Training Incomplete	Security Agreement Unsigned	Prohibited Activities Agreement Unsigned
I1-1.	☐	☐	☐
I1-2.	☐	☐	☐
I1-3.	☐	☐	☐
I1-4.	☐	☐	☐
I1-5.	☐	☐	☐

J. APPLICABLE INSURANCE COVERAGES	YES	NO	NA	EFFECTIVE DATES
In accordance with Form DEL-VPK 20PP, does the provider have these coverages in effect for the term of the contract:				
J1. Worker's Compensation Insurance				
J2. Reemployment Compensation Assistance				
J3. General Liability Insurance				

K. EVERIFY AFFIDAVIT COMPLETION	YES	NO
K1. An E-Verify affidavit was completed		

L. MONITORING AND CORRECTIVE ACTION PLAN (CAP) SUMMARY

All Requirements Met	YES ☐ NO ☐	Number of Requirements Not Met	

CAP DUE DATE	CAP RECEIVED DATE	CAP APPROVED DATE

Technical Assistance Provided   YES ☐   NO ☐   N/A ☐   **Date:**

Comments:

Provider Representative Printed Name	Provider Representative Printed Name
Provider Representative Printed Title	Provider Representative Printed Title
Provider Representative Signature Date	Provider Representative Signature Date