



EARLY LEARNING COALITION OF SOUTHWEST FLORIDA Voluntary Pre-Kindergarten (VPK) Monitoring Tool

Coalition staff/monitor: _____ Monitoring date: _____

Program year: _____ Program Type: School Year Summer Provider Type: Public School Private Provider/Non-Public School

SECTION I. PROVIDER PROGRAM INFORMATION

Provider Name:		Time In: <input type="checkbox"/> AM <input type="checkbox"/> PM	Time Out: <input type="checkbox"/> AM <input type="checkbox"/> PM
Location Address:		Phone Number:	
License/License Exempt ID	Expiration Date	Gold Seal Accreditation (current) (OEL VPK10) <input type="checkbox"/> Yes <input type="checkbox"/> No	Gold Seal Accreditation Expiration Date

SECTION II. PROBATION/PLANS

Provider on Probation? Yes No Implemented VPK child corrective actions/DEL issued Accountability section review report lists ¹ Yes No N/A

Coalition approved plan within 14 days? Yes No N/A

Provider has been on probation for two or more consecutive years and did not meet the readiness rate? Yes No N/A If Yes, has the provider received a Good Cause Exemption from DEL? Yes No Did the Coalition remove provider from delivering program? Yes No N/A

SECTION III. ASSESSMENTS & SCREENINGS

Provider has Implemented a VPK Pre-Assessment and Post Assessment in Accordance with 1002.67(3) and rule 6A-1.09433?² [AP1-AP3 Not Monitored FY 23-24](#)

AP1: Yes No AP2: Yes No AP3: Yes No

Provider has Implemented a VPK Coordinated Screening and Progress Monitoring Program?

PM1: Yes No PM2: Yes No PM3: Yes No

SECTION IIII. DIRECTOR CREDENTIAL AND BACKGROUND SCREENING

Director Name	VPK Director Credential or Certificate in Educational Leadership	Credential Expiration Date	Affidavit of Good Moral Character	Current Level 2 Background Screening on File for Director/Principal
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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SECTION V. INSTRUCTOR CREDENTIALS AND BACKGROUND SCREENINGS* ³					
Lead Instructor/Secondary/Substitute	Credentials	Yes/No	Expiration Date	Current Level 2 Background Screening	Affidavit of Good Moral Character
	Educational Credentials Current	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No Exp. Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Listed on OEL-VPK 11A <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergent Literacy Current	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Performance Standards Training Current	<input type="checkbox"/> Yes <input type="checkbox"/> No	Completion Date		
	Educational Credentials Current	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No Exp. Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Listed on OEL-VPK 11A <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergent Literacy Current	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Performance Standards Training Current	<input type="checkbox"/> Yes <input type="checkbox"/> No	Completion Date		
	Educational Credentials Current	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No Exp. Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Listed on OEL-VPK 11A <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergent Literacy Current	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Performance Standards Training Current	<input type="checkbox"/> Yes <input type="checkbox"/> No	Completion Date		

SECTION VI. CLASS SIZE REQUIREMENTS					
Class	Class Schedule (OEL VPK 11B) (am/pm hours)	Operating Within Approved Schedule	Total VPK Students	Total Other Students	Meets Instructor/Student Ratio ⁴
	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No # ____ / ____

Section VII. VPK CHILD ATTENDANCE			
Month(s) being Reviewed:		Daily/Monthly Attendance (sign in sheets or electronic tracking system) ⁵ : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child Name	Monthly attendance verification (OEL-VPK 03S or OEL-VPK 03L) completed	Completed Form DEL-VPK 02/04 on file ⁶	Attendance policy signed and dated ⁷
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Duplicate this page for each classroom reviewed. The Coalition has discretion in the number of classrooms to review.)

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SECTION VIII. CURRICULUM

Curriculum Name on OEL-VPK 11A: _____

Provider Using Curriculum of OEL VPK 11A⁸ Yes No

Evidence of Curriculum Implementation Yes No | Is the current lesson plan posted? Yes No Date of Lesson Plan: _____

VPK Schedule Posted?⁹ Yes No VPK schedule being followed? Yes No

Teacher Dialogue Notes (include evidence of character development)¹⁰:

Centers and Displays are available and VPK Children Have Access:

Centers ¹¹		Displays	
Dramatic Play <input type="checkbox"/> Yes <input type="checkbox"/> No	Manipulative/Math <input type="checkbox"/> Yes <input type="checkbox"/> No	Computer <input type="checkbox"/> Yes <input type="checkbox"/> No	Alphabet <input type="checkbox"/> Yes <input type="checkbox"/> No
Blocks <input type="checkbox"/> Yes <input type="checkbox"/> No	Art <input type="checkbox"/> Yes <input type="checkbox"/> No	Shapes <input type="checkbox"/> Yes <input type="checkbox"/> No	Calendar <input type="checkbox"/> Yes <input type="checkbox"/> No
Discovery Science Sensory <input type="checkbox"/> Yes <input type="checkbox"/> No	Computer <input type="checkbox"/> Yes <input type="checkbox"/> No	Posted Children's Work <input type="checkbox"/> Yes <input type="checkbox"/> No	Helper/Job <input type="checkbox"/> Yes <input type="checkbox"/> No
Book/Cozy Area <input type="checkbox"/> Yes <input type="checkbox"/> No	Writing <input type="checkbox"/> Yes <input type="checkbox"/> No	Colors <input type="checkbox"/> Yes <input type="checkbox"/> No	
Outdoor <input type="checkbox"/> Yes <input type="checkbox"/> No	Music/Movement <input type="checkbox"/> Yes <input type="checkbox"/> No		

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SECTION VIII. OTHER PROGRAM REQUIREMENTS

Program Requirements	Yes/No/NA	Notes
Maintain records including enrollment and attendance record for children funded by the VPK program, records of each VPK Child, VPK instructor, substitute instructor or VPK director for five (5) years. ¹²	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Records are backed up on a regular basis to safeguard against loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Monitor has immediate access to facility? ¹³	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Monitor has immediate access to records? ¹⁴	<input type="checkbox"/> Yes <input type="checkbox"/> No	
VPK Classroom maintained proper staffing as required by VPK statutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do the written eligibility determination policies and procedures follow rules, statutes, and the Grant Agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were changes were submitted on DEL forms to the Coalition with notice prior to implementing? ¹⁵	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All changes to the VPK Program comply with VPK qualifications and requirements? ¹⁶	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Does the information in the provider profile match the information is the DELs statewide information system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Did the coalition implement VPK provider correction actions as indicated in the previous DEL-issued Accountability Section review report?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

SECTION X. INSURANCES

Workers Compensation Insurance ¹⁹	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Dates:
Reemployment Compensation ²⁰ <i>If provider claims 1099 employees, please sign WC/1099 Form</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Automotive Insurance ¹⁷	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
General liability (GL) insurance ¹⁷	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Dates:
Provider notified the Coalition within 10 calendar days of cancellation or changes to GL coverage? ¹⁸	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

SECTION XI. E-VERIFY AFFIDAVIT

An E-Verify affidavit was completed? Yes No

SECTION XII. COMPLIANCE OBSERVATIONS

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XII. MONITORING REVIEW ACKNOWLEDGEMENTS

Follow-up Required: Yes No

Description of follow-up required:

Technical assistance provided:

All requirements met:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of requirements not met:	
CAP Due Date:	
CAP Received Date:	
CAP Approved Date:	

COMMENTS

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

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Risk Indicator	VPK Program Risk Assessment	“X” of Non-Compliance	Comments
# 1	Implemented VPK child corrective actions that the DEL issued Accountability Section review report lists.		
# 2	Pre-assessment and post-assessment have been implemented.		
# 3	Instructors all have required credentials.		
# 4	VPK class size follows VPK statutes ***High Risk***		
# 5	Daily/Monthly attendance has been documented daily and monthly.		
# 6	OEL-VPK 02 or 04 form has been obtained and is complete with parent signature.		
# 7	Attendance Policy is signed and dated by parent at the time child is admitted into VPK program.		
# 8	Provider utilizing curriculum identified on VPK 11A form.		
# 9	VPK schedule is posted and being followed at time on monitoring.		
# 10	Evidence of curriculum implementation. Current and dated lesson plan available. ***High Risk***		
# 11	Centers available and accessible. Posters and artwork displayed. Character development dialogue documented.		
# 12	Maintaining records for five (5) years		
# 13	Access to Facility		
# 14	Access to Records		
# 15	Required forms/Notice of Change. Changes were submitted prior to being implemented. ***High Risk***		
# 16	Changes comply with VPK qualifications and requirements. ***High Risk***		
# 17	Liability insurance and automotive insurance		
# 18	Notified Coalition of change to liability insurance		
# 19	Workers Compensation		
# 20	Reemployment Insurance		
Total # of non-compliance observations			

***Indicates high risk and follow up will be required.