



## VPK PROVIDER MONITORING TOOL – Program Requirements

Monitoring Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out \_\_\_\_\_

Name of Provider	Telephone:
Address:	Licensed: <input type="checkbox"/> Yes <input type="checkbox"/> Exempt Expiration date:
Director	Accreditation: <input type="checkbox"/> Yes <input type="checkbox"/> No Accrediting Agency
Instructional Hours <input type="checkbox"/> School Year (540hrs.) <input type="checkbox"/> Summer (300hrs.)	Hours per day <input type="checkbox"/> AM <input type="checkbox"/> PM

### DIRECTOR CREDENTIAL

Name:
Credential/s: <input type="checkbox"/> NECC <input type="checkbox"/> FCCPC <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Directors Credential
Background screenings as required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Trainings: <input type="checkbox"/> Emergent Literacy <input type="checkbox"/> VPK Education Standards <input type="checkbox"/> Other

### TEACHER/S CREDENTIAL

<b>Name of Class:</b>
Teacher:
Credential/s: <input type="checkbox"/> NECC <input type="checkbox"/> FCCPC <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master Degree
Background screenings as required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Trainings: <input type="checkbox"/> Emergent Literacy <input type="checkbox"/> VPK Education Standards <input type="checkbox"/> Other

Assistant Teacher:
Credential/s: <input type="checkbox"/> 40 hours trainings <input type="checkbox"/> NECC <input type="checkbox"/> FCCPC <input type="checkbox"/> Associate <input type="checkbox"/> Bachelors
Background screenings as required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Trainings: <input type="checkbox"/> Emergent Literacy <input type="checkbox"/> VPK Education Standards <input type="checkbox"/> Other

### ATTENDANCE RECORDS

Sign in/out Sheets complete accurate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available
Signed monthly Parent Verification form? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Available

Program Representative Signature/Position \_\_\_\_\_ Date \_\_\_\_\_

Signature of ELC Monitor/Mentor \_\_\_\_\_ Date \_\_\_\_\_



## MONITORING TOOL – VPK Classroom

Monitoring Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out \_\_\_\_\_

Name of Provider \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Class \_\_\_\_\_ Number of Children on class list \_\_\_\_\_ Children in attendance \_\_\_\_\_

### CURRICULUM/STANDARDS

Curriculum/s used \_\_\_\_\_ Copy available in classroom Yes  No   
 VPK Education Standards available in the classroom Yes  No  Need a copy Yes  No

### CENTERS

**Dramatic Play:** Yes  No       **Manipulative/Math:** Yes  No       **Blocks:** Yes  No   
**Art:** Yes  No       **Discovery/Science/Sensory:** Yes  No       **Music/Movement:** Yes  No   
**Literacy: Library Area:** Yes  No       **Listening Area:** Yes  No       **Writing Area:** Yes  No   
**Computer:** (optional) Yes  No       **Outdoor:** Yes  No       **Woodworking:** (optional) Yes  No

### DISPLAYS

**Charts: Attendance:** Yes  No       **Helper/Job:** Yes  No       **Colors:** Yes  No   
**Calendar:** Yes  No       **Alphabet:** Yes  No       **Number:** Yes  No   
**Shapes:** Yes  No       **Daily schedule with words and pictures for the children:** Yes  No   
**Daily schedule for the parents:** Yes  No       **Posted children's work:** Yes  No       **Need more**

### PLANNING/ACTIVITIES/MATERIALS

Developmentally appropriate lesson plans written and available: Yes  No  Need T/A   
 Appropriate activities observed: Yes  No  Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Sufficient materials available in all the centers: Yes  No  *If NO use the VPK Classroom Learning Environment booklet to evaluate*

Program Representative Signature/Position \_\_\_\_\_ Date \_\_\_\_\_

Signature of ELC Monitor/Mentor \_\_\_\_\_ Date \_\_\_\_\_



**COMMENTS – Classroom Centers**

Name of Provider \_\_\_\_\_ Classroom \_\_\_\_\_ Date \_\_\_\_\_

Dramatic Play \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Manipulative/Math \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Blocks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Art \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Discovery/Science/Sensory \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Literacy: Children's printed names are accessible   
\_\_\_\_\_  
\_\_\_\_\_

Computer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outdoor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_