



VPK PROVIDER MONITORING TOOL – Program Requirements

Monitoring Date: _____ Time In: _____ Time Out _____

Name of Provider:	Telephone:
Address:	License: <input type="checkbox"/> Yes <input type="checkbox"/> Exempt Expiration date: _____
Contact Person:	Accreditation Current: <input type="checkbox"/> Yes <input type="checkbox"/> No Accrediting Agency: _____ Exp. Date _____
Program Type: <input type="checkbox"/> School Year <input type="checkbox"/> Summer	Instructional Hours _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Low Performing Provider: <input type="checkbox"/> Yes <input type="checkbox"/> No Score _____	Time: _____

DIRECTOR CREDENTIAL

Name:
Credential/s: <input type="checkbox"/> NECC <input type="checkbox"/> FCCPC <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master Degree <input type="checkbox"/> Directors Credential Expiration Date: _____
Background screenings as required: FBI FDLE <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

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

Assistant/ Substitute Teacher Name:

Credential/s: <input type="checkbox"/> 40 hours trainings <input type="checkbox"/> NECC <input type="checkbox"/> FCCPC <input type="checkbox"/> Associate Degree <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 REVIEW

Month(s) being reviewed: _____ Daily Attendance (sign in/out sheets) <input type="checkbox"/> Yes <input type="checkbox"/> No
Signed Monthly Attendance Verification (AWI-VPK03S or AWI-VPK03L) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA _____

Signature/Position of Contact _____ Date _____

Signature of Coalition Staff/Monitor _____ Date _____



VPK CLASSROOM REVIEW

Monitoring Date: _____

Name of Provider _____

Name of Class _____ Total VPK Students _____ Total Other Students _____ Meet Instructor/Student Ratio Yes No

CURRICULUM/STANDARDS/SCREENING/ASSESSMENT TOOLS

Curriculum/s Name _____ Copy available in classroom Yes No

VPK Education Standards available in the classroom Yes No Need a copy Yes No

Screening Tool Yes No _____ Assessment Tool 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 linked to the Standards: Yes No Need T/A

Appropriate activities observed: Yes No Adequate amount of materials available in all the centers: Yes No



COMMENTS

Monitoring Date: _____

Name of Provider _____ Classroom _____

All Requirements Met: Yes No

Number of requirements **not** Met: _____ Corrective Action Plan due Date _____

Corrective Action Plan received Date: _____ Corrective Action Plan approved date: _____

Technical Assistance Provided: Yes No NA Date: _____

Signature of Contact/Director _____ Date _____

Signature of Coalition Staff/Monitor _____ Date _____