



## VPK PROVIDER MONITORING TOOL – Program Requirements

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

<b>Name of Provider:</b>	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
Provider on Probation: <input type="checkbox"/> Yes <input type="checkbox"/> No Score: _____ <input type="checkbox"/> Staff Dev. Plan <input type="checkbox"/> Curriculum	Time: _____

### DIRECTOR CREDENTIAL

<b>Name:</b> _____
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"/> PhD <input type="checkbox"/> VPK Endorsed/Directors Credential Expiration Date: _____
Background screenings as required: FBI FDLE <input type="checkbox"/> Yes <input type="checkbox"/> No Affidavit of Good Moral Character <input type="checkbox"/> Yes <input type="checkbox"/> No
Trainings: <input type="checkbox"/> Emergent Literacy <input type="checkbox"/> Four-Year-Old Education Standards <input type="checkbox"/> How to Administer the VPK Assess. <input type="checkbox"/> Lang. and Vocabulary <input type="checkbox"/> Assessment-Instructional Implication <input type="checkbox"/> Phonological Awareness

### TEACHER/S CREDENTIAL

Name of Class: _____
<b>Teacher/Substitute Teacher Name:</b> _____
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 Affidavit of Good Moral Character <input type="checkbox"/> Yes <input type="checkbox"/> No
Trainings: <input type="checkbox"/> Emergent Literacy <input type="checkbox"/> Four-Year-Old Education Standards <input type="checkbox"/> How to Administer the VPK Assess. <input type="checkbox"/> Lang. and Vocabulary <input type="checkbox"/> Assessment-Instructional Implication <input type="checkbox"/> Phonological Awareness

### 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 <input type="checkbox"/> Master Degree
Background screenings as required: FBI FDLE <input type="checkbox"/> Yes <input type="checkbox"/> No Affidavit of Good Moral Character <input type="checkbox"/> Yes <input type="checkbox"/> No
Trainings: <input type="checkbox"/> Emergent Literacy <input type="checkbox"/> Four-Year-Old Education Standards <input type="checkbox"/> How to Administer the VPK Assess. <input type="checkbox"/> Lang. and Vocabulary <input type="checkbox"/> Assessment-Instructional Implication <input type="checkbox"/> Phonological Awareness

### ATTENDANCE REVIEW

Month(s) being reviewed: _____ Daily Attendance (sign in/out available) <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: Yes ☐ No ☐ Outdoor Area: 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 ☐



**ASSESSMENT DATA/SUBSTITUTE HOURS/COMMENTS**

Monitoring Date: \_\_\_\_\_

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

**VPK Assessment**

Have you completed:    **AP1** \_\_\_Online ☐Yes ☐ No                      **AP2** \_\_\_Online ☐Yes ☐ No

**AP3**\_\_\_Online ☐Yes ☐ No

**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Verify Substitute Hours:** Name of Substitute: \_\_\_\_\_

Hours used: \_\_\_\_\_

**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 \_\_\_\_\_