



## Early Learning Coalition of Brevard County, Inc. Voluntary Prekindergarten Program Monitoring Tool



Program Year:	Program Type:	School Year	Summer
Date:	Arrival Time:	Departure Time:	
Provider Name:	Provider ID:		
Location address:	Phone number:		
Director: Director on site:      Yes      No	Reason if Director is not on site:		
Director Credential Expiration Date: Certificate in Education Leadership:      Yes      No      N/A	Director Background Expiration Date:		
Gold Seal:      Yes      No	Gold Seal/Accreditation Expiration Date:		
Accreditation:      Yes      No	Accrediting Agency:		
License Exempt:      Yes      No	E-Verification affidavit completed:		Yes      No
License Number:	License Expiration Date:	License Capacity:	
Provider on Probation:      Yes      No	Implementation of Improvement Plan:      Yes      No      N/A		<i>If yes, see additional notes/comments section for reason</i>

### I. CURRICULUM REVIEW

Objective	Source	Compliance			Comments
		Yes	No	NA	
<b>1.</b> Is the curriculum being utilized and implemented in the classroom the same as listed on OEL-VPK-11A? Describe as needed.	Curriculum named on OEL-VPK-11A _____ Observations Lesson plans Schedules Staff Interviews				
<b>2.</b> Do the lesson plans reflect all eight domains according to the Florida Early Learning and Developmental Standards (2017)? <input type="checkbox"/> I. Physical Development <input type="checkbox"/> II. Approaches to Learning <input type="checkbox"/> III. Social & Emotional Development <input type="checkbox"/> IV. Language & Literacy <input type="checkbox"/> V. Mathematical Thinking <input type="checkbox"/> VI. Scientific Inquiry <input type="checkbox"/> VII. Social Studies <input type="checkbox"/> VIII. Creative Expression Through the Arts	DEL-VPK-20 6M-8.602 The Florida Early Learning and Developmental Standards (2017) Lesson Plans Calendars/Schedules Interviews Observations				

## II. CLASSROOM REVIEW

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CLASS ID: _____		Total VPK students present: _____			Total other students present: _____
Objective	Source	Compliance			Comments
		Yes	No	NA	
1. Are the class schedule/instructional hours consistent with information provided on OEL-VPK-11B?	Class schedule (days & time) as approved on OEL-VPK 11B: _____ Observations				
2. Is the class size consistent with the requirements and Coalition records?	DEL-VPK-20 6M-8.400 Class size approved on OEL-VPK-11B: _____ Observations				
3. Is the instructor/student ratio with requirements?	DEL-VPK-20 6M-8.400 65C-22.003(7), F.A.C. SY-1:11 or 2:20; Summer 1:12 Ratio observed: _____				
4. Lead: _____  Listed on OEL-VPK-11A	OEL-VPK-11A Observations				
5. Is the Lead Instructor's Educational Credentials current?	Credential: _____ Expiration Date: _____				
6. Is the Lead Instructor's Emergent Literacy training current?	Emergent Literacy Training Expiration Date: _____				
7. Is the Lead Instructor's Performance Standards training current?	Implementing the FL Standards in Preschool Classroom (3yrs- K) Training completed?				
8. Is the Lead Instructor's Level 2 Background Screening current?	Expiration Date: _____				

## II. CLASSROOM REVIEW

Objective	Source	Compliance			Comments
		Yes	No	N/A	
<b>9.</b> Assistant: _____ Listed on OEL-VPK-11A	OEL-VPK-11A Observations				
<b>10.</b> Is the Assistant Instructor's Credentials current?	Credential: _____ Expiration Date: _____				
<b>11.</b> Is Assistant Instructor's Level 2 Background Screening current?	Expiration Date: _____				
<i>If Lead/Assistant teacher was absent during monitoring, please list Substitute.</i>  <b>12.</b> Substitute: _____ Listed on OEL-VPK-11A	OEL-VPK-11A Observations				
<b>13.</b> Is the Substitute Instructor's Credentials current?	Credentials: _____ Expiration Date: _____				
<b>14.</b> Is Substitute Instructor's Level 2 Background Screening current?	Expiration Date: _____				
<b>15.</b> Is the Substitute Instructor assignment and time limitation consistent with requirements? <i>(if applicable)</i>	DEL-VPK-20 VPK Substitute Tracking Document				
<b>16.</b> Has the coordinated screening and progress monitoring been implemented as required?  <b>PM1:</b> Yes    No <b>PM2:</b> Yes    No    N/A <b>PM3:</b> Yes    No    N/A	DEL-VPK-20 FAST using Star Early Literacy Tracking spreadsheet				

### III. RECORDS REVIEW

Objective	Source	Compliance			Comments
		Yes	No	N/A	
1. The provider allows access to program records as stipulated in the contract.	DEL-VPK-20 DEL-VPK-20PP/PS Observations				
2. The provider protects the confidentiality of child and family information.	DEL-VPK-20 Observations				
3. The provider maintains VPK program records, including enrollment and attendance records for children funded by the VPK Program; records of each VPK student, VPK instructor, substitute instructor, and VPK director; and other fiscal records for audit purposes, for a period of five (5) years from the date of the last payment or until the resolution of any audit findings or any litigation related to their VPK contract, whichever occurs last.	DEL-VPK-20 Review historical VPK program records within the last five (5) years from the date of the visit. <input type="checkbox"/> Paper records <input type="checkbox"/> Electronic records backed up on a regular basis to safeguard against loss.  If provider not in operation 5 years ago. List first year of operation: _____				
4. Is form OEL-VPK 02 (Certificate of Eligibility) on file for all VPK children included in the sample?	DEL-VPK-20 DEL-VPK-02				

### IV. INSURANCE REVIEW

Objective	Source	Compliance			Comments
		Yes	No	N/A	
1. Is the General Liability Insurance current?	DEL-VPK-20PP Expiration Date: _____				
2. Is the Worker's Compensation Insurance current?	DEL-VPK-20PP Expiration Date: _____				
3. Is the Reemployment Compensation Assistance (Unemployment Compensation) current?	DEL-VPK-20PP				

### ADDITIONAL NOTES/COMMENTS

**CORRECTIVE ACTION**

<b>Corrective Action Plan Required?</b>	<b>Yes</b>	<b>No</b>		<b>Corrective Action Due Date:</b>	<i>Page 1 of 3</i>
Technical Assistance Provided? If yes, see page 3	Yes	No	NA	Total Non-Compliances:	
Submit to:				By Fax:	
Phone:				Email:	

**Area(s) of Non-Compliance requiring corrective action are indicated with an X below or written on the following page:**

	<b>Discrepancy</b>		<b>Corrective Action</b>
	I.2 FL Early Learning and Developmental Standards Implementation		Submit two weeks ( _____ ) of lesson plans that demonstrate the FL Early Learning and Developmental Standards Four Years old to Kindergarten and implement a balance of activities per week.
	II.13 VPK Substitute tracking		Submit a substitute tracking form, per teacher if applicable, for any dates the lead was absent.
	III.4 DEL-VPK 02 (Certificate of Eligibility) on file for all VPK children included in the sample		Fill in all missing information on the DEL-VPK 02 form for the children listed.
	IV. _____ has expired in portal.		Provider will upload current insurance to center profile in the Provider Portal, uploaded to the document tab (not document library) and submit to the Coalition for approval. Email your Compliance Specialist AND Provider Relations Coordinator once this change have been made. Contact your assigned PRC, _____ with questions regarding the portal and/or this corrective action.



**Note: Follow-up visit may be scheduled to review corrective action taken and/or provide technical assistance if needed. If corrective action is not met the Coalition has the authority to place your program on probation, withhold payment for services or terminate your participation as a VPK provider.**

**Acknowledgment**

<b>Acknowledgment</b>			
Name of Facility:			
Provider Representative (Print Name):	Title:	Signature:	Date:
Compliance Specialist:		Signature:	Date:

**Office Use Only**

CAP received date:	CAP compliance date:	
Attendance monitoring date:	Notes:	
Administrative Reviewer:	Title	Date