



Early Learning Coalition of the Big Bend Region, Inc.

Voluntary Pre-Kindergarten Monitoring Tool

PROGRAM NAME _____

MONITOR	
DATE	
PROVIDER REPRESENTATIVE	
PROVIDER EMAIL ADDRESS	

DOCUMENTATION	FILE REVIEW	SITE VISIT								
OEL-VPK FORM 10 DCF LICENSE	PRESENT IN FILE? <input type="checkbox"/> YES EXP.DATE _____ <input type="checkbox"/> NO	LICENSE POSTED? <input type="checkbox"/> YES <input type="checkbox"/> NO								
OEL-VPK FORM 10 ACCREDITATION	IS PROVIDER LICENSE EXEMPT? <input type="checkbox"/> YES <input type="checkbox"/> NO ACCREDITED BY _____ EXPIRATION DATE _____ GOLD SEAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCREDITATION CERTIFICATE POSTED OR AVAILABLE FOR REVIEW? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A								
OEL-VPK FORM 10 DIRECTOR INFORMATION	DIRECTOR NAME _____ CREDENTIAL TYPE: <input type="checkbox"/> EXEMPT <input type="checkbox"/> ENDORSED <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%; text-align: center;">CREDENTIAL</td> <td style="width: 20%; text-align: center;">FBI</td> <td style="width: 20%; text-align: center;">FDLE</td> </tr> <tr> <td style="text-align: center;">EXPIRATION</td> <td></td> <td></td> <td></td> </tr> </table> DATE AGMC COMPLETED _____		CREDENTIAL	FBI	FDLE	EXPIRATION				DIRECTOR REPORTED ON OEL-VPK FORM 10 IS CURRENT VPK DIRECTOR <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, NAME OF VPK DIRECTOR ON SITE _____
	CREDENTIAL	FBI	FDLE							
EXPIRATION										



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<p>OEL-VPK FORM 11B</p> <p>CALENDAR & SCHEDULE INFORMATION</p>	<p>PROGRAM HOURS & NON-INSTRUCTIONAL DAYS LISTED <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>DOES PROGRAM EXCEED 540/300 HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, ARE THERE CONTROLS IN PLACE TO ENSURE PAYMENT DOES NOT EXCEED ALLOWABLE ALLOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>VPK HOURS ARE VISIBLY POSTED EITHER IN A MAIN AREA (I.E. BULLETIN BOARD) OR IN CLASSROOM(S)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>OEL-VPK 20</p> <p>STATEWIDE PROVIDER AGREEMENT</p>	<p>PAYMENT TYPE</p> <p><input type="checkbox"/> PREPAY <input type="checkbox"/> REIMBURSEMENT</p> <p>INSURANCE</p> <p><input type="checkbox"/> CURRENT LIABILITY INSURANCE EXPIRES: _____ <input type="checkbox"/> WORKER'S COMPENSATION INSURANCE EXPIRES: _____ <input type="checkbox"/> EVIDENCE OF REEMPLOYMENT INSURANCE</p>	<p>CHILD ATTENDANCE & PARENTAL CHOICE FORMS ARE ON SITE & COMPLETED MONTHLY BY PARENTS/GUARDIANS</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> FORM OEL-VPK03 SHORT <input type="checkbox"/> FORM OEL-VPK03 LONG</p>
<p>OEL-VPK 20</p> <p>VPK ASSESSMENT</p>	<p>PROVIDER IS IN COMPLIANCE WITH VPK ASSESSMENT ADMINISTRATION AND REPORTING REQUIREMENTS</p> <p><input type="checkbox"/> AP1 booklets dated in administration timeframe <input type="checkbox"/> AP1 results entered in Bright Beginnings in required timeframe <input type="checkbox"/> AP3 booklets dated in administration timeframe <input type="checkbox"/> AP3 results entered in Bright Beginnings in required timeframe</p>	<p><input type="checkbox"/> TA AND REMINDER GIVEN REGARDING ASSESSMENT DUE DATES AND COMPLIANCE DURING MONITORING VISIT</p>



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Classroom ID _____ Capacity _____ Number of VPK Students Present _____

DOCUMENTATION	FILE REVIEW	SITE VISIT								
<p>LEAD INSTRUCTOR INFORMATION</p>	<p>NAME _____</p> <p>CREDENTIAL TYPE _____</p> <table border="1" data-bbox="590 678 1388 760"> <tr> <td></td> <td>CREDENTIAL</td> <td>FBI</td> <td>FDLE</td> </tr> <tr> <td>EXPIRATION</td> <td></td> <td></td> <td></td> </tr> </table> <p>DATE AGMC COMPLETED _____</p>		CREDENTIAL	FBI	FDLE	EXPIRATION				<p>INSTRUCTOR IN CLASSROOM MATCHES INSTRUCTOR ON FORM 11A</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	CREDENTIAL	FBI	FDLE							
EXPIRATION										
<p>AIDE INFORMATION</p>	<p>NAME _____</p> <table border="1" data-bbox="590 995 1356 1076"> <tr> <td></td> <td>FBI</td> <td>FDLE</td> </tr> <tr> <td>EXPIRATION</td> <td></td> <td></td> </tr> </table> <p>DATE AGMC COMPLETED _____</p>		FBI	FDLE	EXPIRATION			<p>AIDE IN CLASSROOM MATCHES AIDE ON FORM 11A</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
	FBI	FDLE								
EXPIRATION										
<p>CURRICULUM REPORTED</p>		<p>REPORTED CURRICULUM BEING USED IN CLASSROOM</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>								



PROGRAM NAME _____

CLASSROOM & INSTRUCTOR INFORMATION-APPROVED SUBSTITUTES

DOCUMENTATION	FILE REVIEW	SITE VISIT								
<p align="center">SUBSTITUTE INFORMATION</p>	<p>NAME _____</p> <p>CREDENTIAL TYPE _____</p> <table border="1" data-bbox="730 721 1394 805"> <tr> <td></td> <td>CREDENTIAL</td> <td>FBI</td> <td>FDLE</td> </tr> <tr> <td>EXPIRATION</td> <td></td> <td></td> <td></td> </tr> </table> <p>DATE AGMC COMPLETED _____</p>		CREDENTIAL	FBI	FDLE	EXPIRATION				<p>PRESENT IN CLASSROOM AT TIME OF SITE VISIT?</p> <p align="center"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p> <p>IF YES, PRESENT IN WHICH CLASSROOM?</p> <p>CLASSROOM ID _____</p>
	CREDENTIAL	FBI	FDLE							
EXPIRATION										
<p align="center">SUBSTITUTE INFORMATION</p>	<p>NAME _____</p> <p>CREDENTIAL TYPE _____</p> <table border="1" data-bbox="730 1188 1394 1273"> <tr> <td></td> <td>CREDENTIAL</td> <td>FBI</td> <td>FDLE</td> </tr> <tr> <td>EXPIRATION</td> <td></td> <td></td> <td></td> </tr> </table> <p>DATE AGMC COMPLETED _____</p>		CREDENTIAL	FBI	FDLE	EXPIRATION				<p>PRESENT IN CLASSROOM AT TIME OF SITE VISIT?</p> <p align="center"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p> <p>IF YES, PRESENT IN WHICH CLASSROOM?</p> <p>CLASSROOM ID _____</p>
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<p>VPK PROVIDER ON PROBATION</p>	<p>Is provider currently on probation? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, improvement plan type: <input type="checkbox"/> Curriculum <input type="checkbox"/> Staff Development</p> <p>Is provider implementing and following approved improvement plan? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>*If Improvement Plan is Staff Dev., is provider in compliance with AP2 deadlines? <input type="checkbox"/> N/A <input type="checkbox"/> AP2 booklets dated in administration timeframe <input type="checkbox"/> AP2 results entered in Bright Beginnings in required timeframe</p> <p>Observations related to implementation of improvement plan:</p>									
<p>RECORDS MAINTAINENCE</p>	<p><input type="checkbox"/> Provider has a completed COE (Child Care Certificate of Eligibility Form OEL-VPK 02) for all children enrolled in VPK classes</p> <p>List any child(ren) without a completed COE:</p> <table border="1" data-bbox="550 1227 1906 1349"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <p><input type="checkbox"/> Provider is aware of and agrees to maintain all records related to the VPK program including enrollment, instructors, assessments, and payments for a period of five (5) years</p>									



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AREA(S) OF NON-COMPLIANCE	<input type="checkbox"/> NONE-PROVIDER IN COMPLIANCE	<input type="checkbox"/> VPK ASSESSMENT
	<input type="checkbox"/> CONTACT INFORMATION	<input type="checkbox"/> SIGN IN SHEETS
	<input type="checkbox"/> LICENSE OR ACCREDITATION	<input type="checkbox"/> VPK LONG/SHORT FORMS
	<input type="checkbox"/> DIRECTOR CREDENTIAL	<input type="checkbox"/> INSURANCE
	<input type="checkbox"/> INSTRUCTOR CREDENTIAL	<input type="checkbox"/> POP IMPROVEMENT PLAN
	<input type="checkbox"/> BACKGROUND CLEARANCE	<input type="checkbox"/> CHILD CERTIFICATES OF ENROLLMENT
	<input type="checkbox"/> UNAUTHORIZED STAFF CHANGE	<input type="checkbox"/> RECORDS RETENTION
	<input type="checkbox"/> SCHEDULE/CALENDAR CHANGE	<input type="checkbox"/> OTHER

NOTES:

ELC Signature _____ Date _____

By Electronic Signature

Provider Signature _____ Date _____

By Electronic Signature