

# VPK Program Monitoring

**Date:**  
Time Begin:

**Monitor:**  
Time End:

<b>Facility Name:</b>	<b>Program Type:</b>	<input type="checkbox"/> School Year	<input type="checkbox"/> Summer
Address :	City:		
Director:	Phone:		
Contact Email:	Director on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
License #:	Accrediting Agency:		
License Expiration Date:	Director's Credential:	<input type="checkbox"/> Endorsed	<input type="checkbox"/> Exempt
VPK Hours: to	Low Performing Provider:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provider Transports: <input type="checkbox"/> Yes <input type="checkbox"/> No	Auto Insurance Dates: to		
Work Comp. Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Comp. Ins. Dates: to		

<b>Classroom Identifier:</b> A	<b>Room Capacity:</b>
<b>Lead Teacher:</b>	Same lead teacher listed on OEL-VPK 11? <input type="checkbox"/> Yes <input type="checkbox"/> No
Substitute? <input type="checkbox"/> Yes <input type="checkbox"/> No	If sub, is substitute on Approved list? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sub Tracking Form used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total # of sub hours tracked:
Listed curriculum trained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Secondary Teacher:</b>	Same secondary teacher listed on VPK-11? <input type="checkbox"/> Yes <input type="checkbox"/> No
Substitute? <input type="checkbox"/> Yes <input type="checkbox"/> No	If sub, is substitute on Approved list? <input type="checkbox"/> Yes <input type="checkbox"/> No
Listed curriculum trained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of children enrolled:	Curriculums being used:
Number of children present:	Same Curriculum listed on VPK-10? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ratio:	Written Lesson Plans posted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Compliant with size requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Written VPK schedule posted? <input type="checkbox"/> Yes <input type="checkbox"/> No

## VPK ASSESSMENTS:

Provider has completed a VPK Assessment for all enrolled children:	<input type="checkbox"/> AP1 <input type="checkbox"/> AP2 <input type="checkbox"/> AP3
Provider has entered VPK Assessment data into the Bright Beginnings online reporting system:	<input type="checkbox"/> AP1 <input type="checkbox"/> AP2 <input type="checkbox"/> AP3
Staff is using information learned from VPK Assessment to guide instruction (evident in lesson plans):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

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**LEARNING CENTERS AVAILABLE:**  Yes  No

<input type="checkbox"/> Dramatic Play	<input type="checkbox"/> Manipulative Math	<input type="checkbox"/> Literacy
<input type="checkbox"/> Blocks	<input type="checkbox"/> Listening Area	<input type="checkbox"/> Music and Movement
<input type="checkbox"/> Writing Area	<input type="checkbox"/> Outdoor	<input type="checkbox"/> Discovery/Science/Sensory
<input type="checkbox"/> Art	<input type="checkbox"/> Computer	<input type="checkbox"/> Other:

Comments:

**DEVELOPMENTALLY APPROPRIATE PRACTICE:**

<input type="checkbox"/> Dittos or workbooks are NOT used	<input type="checkbox"/> Lesson plan indicates performance standards
<input type="checkbox"/> Adequate materials for child use	<input type="checkbox"/> Lesson plan written to reflect the day's schedule
<input type="checkbox"/> Materials in good repair	<input type="checkbox"/> Written schedule is posted and accurate
<input type="checkbox"/> Materials accessible to children	<input type="checkbox"/> Teachers responsive and involved with children
<input type="checkbox"/> Peer interaction occurs	<input type="checkbox"/> Center materials are rotated based on lesson plan

Comments:

**DISPLAYS:**

<input type="checkbox"/> Attendance	<input type="checkbox"/> Calendar	<input type="checkbox"/> Shapes
<input type="checkbox"/> Colors	<input type="checkbox"/> Alphabet	<input type="checkbox"/> Numbers
<input type="checkbox"/> Children's Work Posted	<input type="checkbox"/> Daily Schedule for Children <i>(with words and pictures)</i>	<input type="checkbox"/> Daily Schedule for Parents
<input type="checkbox"/> Need More	<input type="checkbox"/> Displays are rotated based on lesson plan	
<input type="checkbox"/> Other:		

Comments:

**ATTENDANCE VERIFICATION:**

Attendance scanned for Attendance Monitor:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitoring Record Verification Form reviewed and signed by provider representative:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does current day's attendance match sign in/out sheets:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If No, explain:</i>	

**CHILD FILE REVIEW:**

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(Five children from class roster from a previous month)

Child's Name	Certificate of Eligibility on file?	Notice of Enrollment on file?	Long/Short Attendance Form signed and complete?
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

## CORRECTIVE ACTION REQUIRED:

### 1. Non-Compliant Issue:

Corrective Action Needed:

Corrective Action Due Date:

Coalition Action:

Corrected Onsite

Director or Teacher Initials \_\_\_\_\_

Corrective Action Plan  Other

### 2. Non-Compliant Issue:

Corrective Action Needed:

Corrective Action Due Date:

Coalition Action:

Corrected Onsite

Director or Teacher Initials \_\_\_\_\_

Corrective Action Plan  Other

### 3. Non-Compliant Issue:

Corrective Action Needed:

Corrective Action Due Date:

Coalition Action:

Corrected Onsite

Director or Teacher Initials \_\_\_\_\_

Corrective Action Plan  Other

## COMMENTS:

\_\_\_\_\_  
Monitor Name

\_\_\_\_\_  
Monitor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director or Teacher Name

\_\_\_\_\_  
Director or Teacher Signature

\_\_\_\_\_  
Date

# VPK Program Monitoring

## VPK TECHNICAL ASSISTANCE REQUEST FORM

Center Name:	_____		
Director Name:	_____	Number of Teachers:	_____
Phone:	_____	Number of SR Children:	_____
Date:	_____	Email Address:	_____

### SELECT AREA(S) FOR TECHNICAL ASSISTANCE

<input type="checkbox"/>	Administrative	<input type="checkbox"/>	Observing & Coaching
<input type="checkbox"/>	ASQ	<input type="checkbox"/>	Organization
<input type="checkbox"/>	Challenging Behaviors/Positive Behavior Support	<input type="checkbox"/>	Outdoor Classroom
<input type="checkbox"/>	Child Assessment	<input type="checkbox"/>	Parent Involvement
<input type="checkbox"/>	Child Screening	<input type="checkbox"/>	Phonological Awareness
<input type="checkbox"/>	Classroom Environment	<input type="checkbox"/>	Playground
<input type="checkbox"/>	Contract Review	<input type="checkbox"/>	QRIS
<input type="checkbox"/>	Curriculum	<input type="checkbox"/>	Schedule
<input type="checkbox"/>	Developmentally Appropriate Practices	<input type="checkbox"/>	School Age
<input type="checkbox"/>	Dual Language Learners	<input type="checkbox"/>	Small Group
<input type="checkbox"/>	ERS, ITERS, ECERS, SACERS, FCCERS	<input type="checkbox"/>	Standards
<input type="checkbox"/>	Inclusion	<input type="checkbox"/>	Training
<input type="checkbox"/>	Infant/Toddler	<input type="checkbox"/>	VPK Assessments
<input type="checkbox"/>	Language Modeling/Teacher-Child Interactions	<input type="checkbox"/>	VPK Improvement Plan
<input type="checkbox"/>	Lesson Plans	<input type="checkbox"/>	CLASS Assessment
<input type="checkbox"/>	Teaching Strategies GOLD	<input type="checkbox"/>	Other: _____

**ADDITIONAL COMMENTS/ASSISTANCE REQUESTED:**

\_\_\_\_\_  
Director or Teacher Name

\_\_\_\_\_  
Director or Teacher Signature

\_\_\_\_\_  
Date

**Please fax completed form to (941) 757-2919**

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