

EXHIBIT III

VOLUNTARY PREKINDERGARTEN PROVIDER MONITORING TOOL

Coalition staff/monitor: _____ **Monitoring date:** _____

Program year: _____

PROVIDER PROGRAM INFORMATION

Time in: _____ **Time out:** _____

Provider name: _____ Provider ID: _____

Location address: _____

Phone #: _____

Director: _____ Director credential current: **Yes** **No**

Indicate expiration date: _____

Current level two background screening clearance on file for director(s): **Yes** **No**

Low performing provider: **Yes** **No**

Implementing Improvement Plan, if applicable: **Yes** **No**

AP2 Completed: **Yes** **No** **N/A**

Curriculum name on OEL-VPK 11A: _____

Using curriculum indicated on OEL-VPK 11A: **Yes** **No**

License/Gold Seal/Accreditation current (OEL-VPK 10): **Yes** **No**

Indicate expiration date: _____

Files compliant with VPK Provider Contract record maintenance requirements

The provider maintains the following records for audit purposes for a period of five (5) years from the date of the last payment for that fiscal year or until the resolution of any audit findings or any litigation related to this Contract, whichever occurs last:

VPK instructor, substitute instructor, and VPK director records: **Yes** **No**

VPK attendance records: **Yes** **No**

Records are backed up on a regular basis to safeguard against loss: **Yes** **No**

VPK child records: **Yes** **No**

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Coalition staff/monitor: _____ **Monitoring date:** _____

Program year: _____

VPK CLASS REVIEW
(Duplicate this page for each class reviewed)

Program type: **School year** **Summer**

Class being monitored: _____

Class schedule/a.m.-p.m. hours (as on OEL-VPK 11B): _____ to _____

Operating within approved schedule: **Yes** **No**

Instructor/substitute name: _____

Instructor listed on OEL-VPK 11A: **Yes** **No** Credentials current: **Yes** **No**

Current level two background screening clearance on file for lead instructor(s): **Yes** **No**

Secondary/substitute name: _____

Secondary/substitute listed on OEL-VPK 11A: **Yes** **No**

Secondary/substitute credentials current: **Yes** **No**

Current level two background screening clearance on file for secondary/substitute instructor(s):
Yes **No**

Total VPK students: _____

Total other students: _____

Meets instructor/student ratio: **Yes** **No**

Form OEL-VPK 02 on file for all VPK children included in the sample: **Yes** **No**

Implementation of pre- and post-assessment as required (review Bright Beginnings System and child assessment booklets): **AP1: Yes** **No** **AP3: Yes** **No**

Comment: _____

EXHIBIT III

ATTENDANCE REVIEW

Month(s) being reviewed: _____

Daily attendance (evidence of daily record of VPK children’s attendance in the program: sign-in or sign-out log or electronic attendance-tracking system): **Yes** **No**

Monthly attendance verification (OEL-VPK 03S or OEL-VPK 03L): **Yes** **No**

If No, indicate names of children with missing forms:

INSURANCE VALIDATION

Worker’s Compensation Insurance

Does the private provider have Worker’s Compensation Insurance in accordance with paragraph 8 of Form OEL-VPK 20PP (October 2016) that covers the term of the contract?

Yes **No** **N/A**

Reemployment Compensation Assistance

Does the private provider have Reemployment Compensation Assistance or Unemployment Compensation as required in accordance with paragraph 8 of Form OEL-VPK 20PP (October 2016) that covers the term of the contract?

Yes **No** **N/A**

General Liability Insurance

Does the private provider have proof that it maintained general liability insurance (including transportation coverage if applicable) in accordance with paragraphs 6 and 7 of Form OEL-VPK 20PP (October 2016) that covers the term of the contract? **Yes** **No**

If no for any of the above that apply, please determine and document the dates of lapsed coverage:

EXHIBIT IV

MINIMUM ANNUAL SAMPLE SIZE

Number of Providers	Minimum Sample Size
<20	all
30	25
35	28
40	31
45	34
50	37
55	38
60	39
65	40
70	42
75	44
80	47
85	50
90	53
95	56
100	58
110	62
120	65
130	68
140	70
150	72
160	74
170	76
180	78
190	80
200	81
210	82
220	83
230	84
240	85
250	86
260	87
270	88
280	89
290	90
300	91
325	93
350	95
375	98
400	100
425	102
450	103

Number of Providers	Minimum Sample Size
475	106
500	108
525	109
550	110
575	111
600	112
625	113
650	114
675	115
700	116
725	116
750	117
775	117
800	118
900	119
1000	121
1500	122
2000	123
2500	124
3000	125
3500	126
4000	127
4500	128
5000	129
5500	130
6000	131
6500	132
7000	133
7500	134
8000	135
8500	136
9000	137
9500	138
10000	139
11750	140
12500	141
13750	142
15000	144
16750	145
17500	146
18750	148
>20000	150