



Voluntary Pre-Kindergarten Temporary Provider Program Closure Documentation

Provider Name:
Street Address:
City: Zip Code: County:
Authorized Personnel Submitting Documentation:

6M-8.204

(5) Closures.

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(a) Temporary Closures Caused by Emergency Circumstances.

1. A student is considered to have attended all VPK program hours offered during a temporary closure caused by emergency circumstances for a combined total of five (5) instructional days for each VPK class if the private provider or school district submits notification in writing to the coalition the dates which the provider was closed.

a. A closure is temporary if the provider resumes instruction following the closure.

b. A closure is caused by emergency circumstances when a state of emergency is declared by federal, state or local officials for the area in which the provider is located.

2. A temporary closure caused by emergency circumstances is not payable for any student who does not attend a VPK instructional day following the closure.

3. A private provider or school district shall revise its class schedule to restore VPK instructional days which are lost due to temporary closures caused by emergency circumstances in excess of a total of five (5) instructional days for a VPK class.

4. A private provider or school district may revise its class schedule to restore the instructional days lost as a result of a temporary closure caused by emergency circumstances instead of accepting payment for a temporary closure.

(b) Temporary Closures Caused by Other Circumstances. *A temporary closure is not payable unless it is caused by emergency circumstances. A private provider or school district shall revise its VPK class schedule and receive payment for days it restores in accordance with subsection (4), following a closure.*

Documentation of Closure must be submitted to the Coalition within three (3) business days of closure.

VPK Closure Date: _____

VPK Program Re-Opened Date: _____

I certify that the VPK program named above was temporarily closed due to the following reason(s):

(Explain reason for program closure and attach required documentation)

Please choose one of the following. You cannot choose both.

I would like to receive payment for this closure for Emergency Circumstances. I certify this request does not exceed a total of five (5) days this fiscal year/school year.

I would like to revise my VPK Program Calendar to restore the following instructional days lost. (Update and submit VPK 11-B and VPK Calendar Worksheet).

Signature: _____ Date: _____

Print Name: _____ Title: _____

Coalition Use Only:

Approved: Denied: Reason Denied: _____

Processed by (Coalition Staff Signature): _____ Date: _____