



VOLUNTARY PREKINDERGARTEN TEMPORARY PROGRAM CLOSURE DOCUMENTATION

Program Name: _____ County: _____

Address: _____

Person Submitting Documentation: _____

VPK: 6M-8.204 (5) Closures

(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 calendar 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.

This form must be submitted to the COALITION no later than 2 business days following the resumption of VPK Instruction.

Closure Dates _____, _____, _____, _____, _____

Date VPK Program Reopened: _____

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

Explain reasons for program closure and attach required documentation.

☐ I would like to receive payment not to exceed 5 days as Emergency Circumstance.

☐ I would like to revise my VPK Program Calendar to restore instructional days lost with make-up day(s) as follows: _____

Signature: _____ Date: _____

Print Name: _____ Title: _____

*Please upload to your Coalition Document Exchange and place in the VPK Contract Folder.

Signature of Coalition Staff: _____ Date: _____

VPK File Date: _____ Title: _____

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