STATE OF FLORIDA VOLUNTARY PREKINDERGARTEN (VPK) EDUCATION PROGRAM IMPROVEMENT PLAN: COMMMUNICATION PLAN

PROVIDER INFORMATION – Coalition must annually receive this plan no later than 30 calendar days after the most recent release of the performance metric designation.

1. Provider Name:	2. Provider ID:	3. Accountability ID:
4. Improvement Plan Type:	5. VPK Program Type:	6. Program Year:
COMMUNICATION PLAN	1	
PROVIDER must notify families of its performance must be in writing and no later than 14 calendar day later.		
PROVIDER ATTESTATION		
By signing below, PROVIDER attests that PROVII agrees that noncompliance with the requirements of removal of PROVIDER from VPK program eligibility	Rule 6M-8.700, F.A.C., may result in the terminat	tion of the PROVIDER'S current contract and
VPK Director Print Name	VPK Director Signature	Date