

STATE OF FLORIDA  
VOLUNTARY PREKINDERGARTEN (VPK) EDUCATION PROGRAM  
IMPROVEMENT PLAN: COMMUNICATION 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: Type Provider Name.	2. Provider ID: Type Provider ID.	3. Accountability ID: Type Accountability ID.
4. Improvement Plan Type: Select Plan Type	5. VPK Program Type: Select Session.	6. Program Year: Select Program Year

**COMMUNICATION PLAN**

PROVIDER must notify families of its performance metric designation and the requirement to implement a provider improvement plan. Notification must be in writing and no later than 14 calendar days after the coalition’s approval of the improvement plan or child’s enrollment, whichever occurs later.

**PROVIDER ATTESTATION**

By signing below, PROVIDER attests that PROVIDER has read and understood Rule 6M-8.700, Florida Administrative Code (F.A.C.). PROVIDER agrees that noncompliance with the requirements of Rule 6M-8.700, F.A.C., may result in the termination of the PROVIDER’S current contract and removal of PROVIDER from VPK program eligibility for the applicable program type, in accordance with Section 1002.68(5)(c), Florida Statutes.

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VPK Director Print Name

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VPK Director Signature

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Date