

STATE OF FLORIDA
VOLUNTARY PREKINDERGARTEN (VPK) EDUCATION PROGRAM
TECHNICAL ASSISTANCE PLAN FOR INCOMPLETE PROVIDERS

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. Plan Type: Select Plan Type	5. VPK Program Type: Select Session.	6. Program Year: Select Program Year

INCOMPLETE CAUSES AND STRATEGIES

7. Incomplete Causes	8. Strategies
Type cause for the incomplete designation.	Type description of a strategy to address this cause in the future.
Type cause for the incomplete designation.	Type description of a strategy to address this cause in the future.
Type cause for the incomplete designation.	Type description of a strategy to address this cause in the future.
Type cause for the incomplete designation.	Type description of a strategy to address this cause in the future.
Type cause for the incomplete designation.	Type description of a strategy to address this cause in the future.

PROVIDER CERTIFICATION

By signing below, PROVIDER certifies that PROVIDER has read and understood Rule 6M-8.700, Florida Administrative Code (F.A.C.). PROVIDER certifies that all information provided is true and correct and 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.

VPK Director Print Name

VPK Director Signature

Signature Date

COALITION APPROVAL

By signing below, COALITION certifies that COALITION has reviewed this document and confirmed it meets the requirements of Rule 6M-8.700, F.A.C.

Coalition Staff Print Name

Coalition Staff Signature

Signature Date