

**PERMANENT CLOSURE OF THE PROVIDER'S VPK SITE**

The PROVIDER agrees that it shall follow all the requirements of law when notifying the COALITION of permanent closure. The PROVIDER may comply with the requirements of law by following the instructions on this form.

For best practices and to ensure your Provider file remains in compliance, it is requested that the PROVIDER provide written notification to Family Central demonstrating the permanent closure of the Provider's VPK site **prior to the close of business on the day PROVIDER ceases to offer the VPK program**. Please use this form to notify Family Central, Inc. of a permanent closure of the Provider's VPK site.

**Transfer of all VPK Records Required:**

In the event that PROVIDER permanently ceases to offer the VPK program before the conclusion of the retention period for VPK records as described in paragraph 32 of the *Provider Agreement (Form AWI-VPK 20)*, whether as a result of unilateral or mutual termination of PROVIDER's eligibility to offer the VPK program or as a result of PROVIDER ceasing to do business, PROVIDER shall transfer all VPK records required to be maintained under paragraph 32 to Family Central in a manner and form to be determined by the COALITION no later than the close of business on the day the PROVIDER ceases to offer the VPK program.

Paragraph 32 of *Provider Agreement (Form AWI-VPK 20 - April 30, 2010)*:

"PROVIDER certifies that it will maintain all VPK records, including the VPK records of each VPK student, VPK instructor, substitute instructor, or VPK director for the greater of: five (5) years after the student's last day of attendance or the employee's last day of employment as a VPK instructor, substitute instructor, or VPK director; until all investigations to which the records are pertinent have been resolved; or the time period established under the retention schedules and disposal process adopted under section 119.021(2), Florida Statutes."

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Date of Closure	Reason(s) for Closure	Date VPK Records Given to Family Central

Please fax this form **PRIOR** to the date of Closure and no later than the close of business on the day the PROVIDER ceases to offer the VPK program to 954-724-7572 - Attention VPK Provider Liaison. Thank you for your cooperation in this matter.

Director/Owner Printed Name: \_\_\_\_\_

Director/Owner Signature: \_\_\_\_\_

**FC/VPK use only:**

Date of notification: \_\_\_\_\_

Date Records received: \_\_\_\_\_

Signature of VP VPK: \_\_\_\_\_