



**NOTIFICATION OF VOLUNTARY PREKINDERGARTEN (VPK) PROVIDER ACTION-  
TEMPORARY CLOSURE OF THE PROVIDER'S VPK SITE  
WHICH IS BEYOND THE PROVIDER'S CONTROL**

<b>Provider Name</b>		
<hr/>		
<b>Address</b>		
<hr/>		
<b>City</b>	<b>, FL</b>	<b>Zip</b>

Date(s ) of Event	VPK Class Id	Reason(s) for Closure	Estimated Date when instruction will resume (if available)

- **Please fax this form by the close of business on the day of the temporary closure to 561-514-3356.**
- **The Provider's calendar must be revised to make up the hours lost due to the temporary closure, submit a VPK Attachment 1 and an updated VPK 11-B. These changes must be submitted no more than 2 days after instruction has resumed.**
- **Revision of the VPK calendar is not required if the temporary closure was the result of a state of emergency declared by federal, state or local officials for up to 5 lost instructional days.**

**Thank you for your cooperation in this matter.**

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

<b>FCI/VPK use only:</b>	
Approved by: _____	Approved to begin/start on: _____
Date New Calendar Received: _____	CC: VPK/SMP _____
Not Approved: _____	Revised 3/3/11

