

Provider Readiness Rate Good Cause Exemption Form

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FLORIDA DEPARTMENT OF EDUCATION

VPK PROVIDER KINDERGARTEN READINESS RATE GOOD CAUSE EXEMPTION FORM

Please provide the following information regarding your application for review through the VPK Good Cause Exemption Application Process. Please type responses into the boxes below.

All the fields marked with asterisk (*) are mandatory

VPK Provider Information:

Program Type:

Provider Type:

Coalition:

*Name of Owner/Director/Principal:

*Title (Position):

*Name of Provider/School:

*County of Provider:

*Mailing Address:

Program Year:

*Work Phone Number (xxx-xxx-xxxx): Extension:

Cell Phone Number (xxx-xxx-xxxx):

*E-mail Address:

*Confirm E-mail Address:

Type of Good Exemption Form: **New Application**

Please check only one of the following and provide any required supporting documentation

Licensed private provider:

Child care facility Family day care home Large family child care home Private school

Non-licensed private provider:

Faith-based child care (claims exemption under s. 402.316, F.S.)

Faith-based private school (claims exemption under s. 402.3025, F.S., or s. 402.316, F.S.)

Nonreligious private school (claims exemption under s. 402.3025, F.S.)

Public School:

Public school (licensed or uses contractors)

Public school (exempt from licensure under s. 402.3025, F.S.)

Public/Charter school (exempt from licensure under s. 402.3025, F.S.)

Accreditation Information (for non-licensed providers):

Name of Accrediting Agency:

Accrediting agency is a member of:

Commission on International and Trans-Regional Accreditation

Florida Association of Academic Nonpublic Schools

National Council for Private School Accreditation

None of the above (Using Gold Seal: specify Florida Approved Gold Seal Accreditation Program)

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GCE Application -Step 2 of 6



Provider Name: [REDACTED] Provider ID: [REDACTED] Number Year LPP: [REDACTED] Type of Good Exemption Form: [REDACTED]

Health and Safety Requirements

In order to continue in the Voluntary Pre-kindergarten Program, your provider center cannot have any Class I violations, or more than one Class II violations in the two years prior to the Good Cause Exemption application deadline.

Number of Class I Violations: [REDACTED]

Number of Class II Violations: [REDACTED]

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GCE Application -Step 3 of 6

50% complete

Provider Name: [REDACTED] Provider ID: [REDACTED] Number Year LPP: [REDACTED] Type of Good Exemption Form: [REDACTED]

Compliance with Improvement Plan

Enter narratives which explain how your provider center implemented the agreed upon Improvement Plans for the low performing program years shown below. Your Good Cause Exemption application will be denied if you do not explain how your provider center implemented the Improvement Plans for both program years shown below.

[What's the Best Way to Draft an Explanation?](#) | [Can I View a Sample Explanation?](#)

Program Year [REDACTED]

Explain how you faithfully adhered to and implemented the Improvement Plan (submitted under authority of s. 1002.67, F.S.) for program year [REDACTED]

Enter your explanation here...

Program Year [REDACTED]

Explain how you faithfully adhered to and implemented the Improvement Plan (submitted under authority of s. 1002.67, F.S.) for program year [REDACTED]

Enter your explanation here...

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GCE Application - Step 4 of 6

67% complete

Provider Name: [REDACTED] Provider ID: [REDACTED] Number Year LPP: [REDACTED] Type of Good Exemption Form: [REDACTED]

Evidence of Substantial and Appropriate Gains

Please use the tools below to upload data to show learning gains made by the children attending your program. For each year you will upload a file that represents that data in an organized manner.

Was the VPK Assessment Tool used for the last three program years? Yes No

Program Year [REDACTED]	<input type="button" value="Choose File"/> No file chosen
Program Year [REDACTED]	<input type="button" value="Choose File"/> No file chosen
Program Year [REDACTED]	<input type="button" value="Choose File"/> No file chosen

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GCE Application - Step 5 of 6

83% complete

Provider Name: [REDACTED] Provider ID: [REDACTED] Number Year LPP: [REDACTED] Type of Good Exemption Form: [REDACTED]

Individual Circumstances

Enter three narratives which explain your provider center's unique or extraordinary circumstances which led to your low performance for each program year shown below. Unique or extraordinary circumstances which can cause low performance may include a large number of English language learners and/or students with disabilities in your classrooms.

[What's the Best Way to Draft an Explanation?](#) | [Can I View a Sample Explanation?](#)

Program Year [REDACTED]

Cite any extraordinary or unique circumstances under which your provider center should be allowed to continue to deliver the Voluntary Prekindergarten Education Program.

Enter your explanation here...

Program Year [REDACTED]

Cite any extraordinary or unique circumstances under which your provider center should be allowed to continue to deliver the Voluntary Prekindergarten Education Program.

Enter your explanation here...

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GCE Application - Step 6 of 6

100% complete

Provider Name: [REDACTED] Provider ID: [REDACTED] Number Year LPP: [REDACTED] Type of Good Exemption Form: [REDACTED]

Certification Statement

By submitting this form, I certify that the information I have furnished is true and correct to the best of my knowledge and belief. Please note that Section 837.06, Florida Statutes, provides that [w]hoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 755.083.

[Submit Application](#)

Curriculum/Staff Development Information:

Curriculum Name:	<input type="text"/>
Purchase Date: (MM/DD/YYYY)	<input type="text"/>
Implementation Date: (MM/DD/YYYY)	<input type="text"/>
Did you Participate in Staff Development Plan	<input type="radio"/> Yes <input checked="" type="radio"/> No
Development Plan Implementation Date (MM/DD/YYYY)	<input type="text"/>

Assessment:

Did you administer the VPK assessment:	<input type="radio"/> Yes <input type="radio"/> No
If No What Assessment was Administered:	<input type="text"/>

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