



ACKNOWLEDGEMENT OF UNDERSTANDING

Intentional Program Violation: is defined as a false or misleading action, omission or statement made in order for an Owner or person primarily responsible for the operation of a child care facility/program to qualify as a provider or recipient in the Voluntary PreKindergarten (VPK) and /or School Readiness (SR) Program to receive program benefits or reimbursement.

Examples of Intentional Program Violations include, but are not limited to the following:

- Providing false or misleading information or withholding information in order to participate or receive payments under the SR/VPK Program;
- Concealing information to obtain SR/VPK payments;
- Failing to maintain attendance records required for SR/VPK Programs and/or refusing to allow an inspection of those records during business hours;
- Falsifying attendance records to reflect higher amounts of time that a child was in care;
- Falsifying or altering authorization documents to obtain SR/VPK payments to which he/she is not entitled;
- Failing to comply with any repayment plan or to cooperate with the establishment of such plan; or
- Failing to cooperate with the Coalition or their designees for purposes of determining compliance with the SR/VPK program requirements.

I understand and agree that as an Owner/Director/Principal, I am responsible for any Intentional Program Violation and the reimbursement of any improper payment even if the management of the facility has been delegated to an employee or other agent.

I understand and agree that the Coalition or designee has a right to investigate any allegations or concerns of program violations, whether intentional or unintentional, as it relates to my delivery of services and my eligibility as a SR/VPK Provider.

I understand and agree that such investigation may include the sharing of information between any federal, state, and/or local agencies relevant to determining my eligibility as a SR/VPK provider such as, but not limited to, Department of Children and Families (DCF), USDA Food Program, Division of Financial Services (DFS) or law enforcement. I further understand that I can be sanctioned by the Coalition if program violations warrant.

Printed Name of Person signing and title

Signature

Date

Name of Facility

Address, city, zip