



**2010 Licensed Family Child Care
Provider of the Year Nomination Form**

**“Provider of the Year” recipients must meet the following requirements:
Be licensed for a minimum of 3 years, have not previously received this award
within the past 10 years and must be in good licensing standing.**

Child Care Provider’s Name _____

City _____ Phone _____

What is your relationship to this provider? _____

Please list this provider’s strengths and contributions to the child care profession.

1. _____
2. _____
3. _____
4. _____

Please attach a separate sheet if necessary.

- | | |
|--|--|
| 5. <input type="checkbox"/> Preschool curriculum offered | <input type="checkbox"/> Available for emergency care |
| <input type="checkbox"/> Spanish offered | <input type="checkbox"/> Substitute offered when provider is unavailable |
| <input type="checkbox"/> Sign language offered | <input type="checkbox"/> Field trips offered |
| <input type="checkbox"/> Art/Craft time | <input type="checkbox"/> promotes in home daycare in the community |
| <input type="checkbox"/> Cooking with children | <input type="checkbox"/> Other _____ |

Submitted by: _____
Name/Address/Phone

One provider will be chosen from Carver County and attend a banquet in their honor with other provider’s from the State. All nominated providers will be recognized by CCLCCA.

Questions may be addressed to Deb at 952-657-2400/ Nominations are accepted year-round. Nominations submitted after January 31st are eligible for selection process the next calendar year. Coloring contest ends January 31, 2010. Return color sheets to CCLCCA/POY, 413 Ridge Road, Mayer, MN 55360.

Thank you for nominating your provider!!

Please make additional copies of this form as needed or visit our website at www.cclchildcare.org.



Name _____ Age _____

Phone Number _____ Email address _____

Parent's Signature _____

Provider's Name _____