



# Family Child Care Partnerships

## REQUEST FOR LEVEL REVIEW

Today's Date: \_\_\_\_\_

Provider Name & ID: \_\_\_\_\_

Provider Phone # \_\_\_\_\_

Provider E-mail Address \_\_\_\_\_

Mentor's Name \_\_\_\_\_

*Completion of this application indicates my belief that I fully and consistently meet all quality standards for accreditation listed in the Benchmarks book under Levels 1 and 2 with the following exception: {no more than 5 items from level 1 + no more than 5 items from level 2}*

Quality Standard (Item #) Level 1	Explanation
Quality Standard (Item #) Level 2	Explanation

over>



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**Hours of Operation** – First child arrives \_\_\_\_\_ A.M.----- Last child departs \_\_\_\_\_ P.M.

Lunch time begins \_\_\_\_\_ Nap time \_\_\_\_\_ - \_\_\_\_\_ (start to finish)

**Attach the following documentation to your application:**

- Training log of hours earned in last two years
- Copy of current contract with parents
- Copy of written policies for parents

☐ Check here if you are willing to allow a second staff person to observe for training purposes.

*By sending this application to the FCCP office, I understand and agree to have an FCCP staff member visit and observe my program. I understand that I will receive written feedback noting suggestions and methods that will be used to assist me in improving the quality of care I offer in my program. The items on the feedback report correspond to questions an observer from NAFCC would have asked me if this visit were with an NAFCC observer.*

\_\_\_\_\_  
Provider Signature

## FOR OFFICE USE ONLY

LEVEL REVIEW INFORMATION	
OBSERVATION DATE	
OBSERVER	
PROVIDER CONTACTED BY PHONE	
MENTOR CONTACTED	
SAVE THE DATE MAILED	