



Provider of the Year Award
Nomination for FCCI Olmsted County Representatives

Family Child Care, Inc. is an organization of licensed family child care providers committed to developing and promoting high quality child care in our community through education, resources and support.

Now, more than ever, we recognize the importance of family child care providers in the lives of children. Please take this opportunity to nominate your child care provider in recognition and appreciation of the high quality of care, support, and professionalism that she/he provides to the families in her/his program and the field of family child care.

Nomination & Eligibility Guidelines

- Nominee has been an active licensed provider for a minimum of three (3) years who has not previously received this award within the last ten (10) years. The three year minimum is prior to the nomination deadline.
- Exhibits special competence as a child care provider.
- Demonstrates professional skills in child care and in community activities.
- Has made a positive impact on the lives of young children.
- Has future goals to further enhance her/his competency as a child care provider.
- Must plan to maintain an active childcare license for the next year.
- Must have no pending negative licensing actions, conditional or probation license or appeal, is not under investigation for a negative licensing action or have any substantiated complaints within the past three years. This does not include correction orders.

The nomination process is simple!

- Identify the provider you feel should be recognized.
- Fill out the nomination form on the reverse side.
- Write a letter of recommendation describing how the provider meets the guidelines, and how the provider has made a difference to your child and/or family.
- Mail completed nomination form (must be postmarked by March 1st to be considered for the outgoing year).
- The Provider of the Year award recipient will be honored at the annual Family Child Care, Inc. Olmsted County banquet (second Monday of May). Email questions to fccimn@gmail.com.

**Family Child Care, In. Nomination Form
Olmsted County Representative Minnesota Provider of the Year**

Provider Name _____

Address _____

City _____ Zip _____

Telephone _____

Email Address _____

Please include a letter of recommendation describing how the provider meets the guidelines, and how the provider has made a difference to your child and/or family.

Name of Person Submitting Nomination _____

Address _____

City _____ Zip _____

Telephone _____

Email Address _____

Mail completed nomination form and letter of recommendation to:

Kayla Abrahamson
2665 Chester Rd SE
Eyota, MN 55934