

# CLOSURE FORM

When a provider tells you s/he is no longer interested in being in the program....

- Step 1:** Contact Ellaine and discuss the issue with her. If you and Ellaine decide to close out the provider, you will complete the following form.
- Step 2:** *Express appreciation for the provider's participation in the program. Explain that she will continue to be notified of future provider meetings and that she is welcome to contact you or the Auburn office in the future. Explain that Auburn values her opinion and feedback as a participant in the program and as a provider and may ask for her input in the future to help improve the program and to continue to better understand family child care in Alabama.*
- Step 3:** Complete the Closure Form, make a copy and put it in your records with the provider's contact information, and move the provider to inactive status.
- Step 4:** Complete a final FCCERS on the provider and submit it to the office together with the original Closure Form in the next biweekly reporting packet.
- Step 5:** Bring the provider's file (minus your copy of the closure form and contact info) to the AU Office at your next scheduled meeting.

(The information below is to be completed by the mentor.)

Mentor's name: \_\_\_\_\_

Providers ID#: \_\_\_\_\_

Date of first visit: \_\_\_\_\_ Date of Last visit: \_\_\_\_\_

**Reason the provider is leaving the program:**

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*\*Answer the following regarding the provider/family day care home. Please put a check on the line that best describes your objective assessment of the provider, in each of the nine areas listed. (Please keep in mind issues such as progress, change, obstacles, and levels of involvement)**

(Please check the appropriate box)	Poor	Average	Above Average	Excellent
Established and maintained a good environment				
Made efforts to improve children's competence				
Established positive relationships with children				
Established positive relationships with families				
Participated in the partnership activities				
Impact of the equipment grant on the home/provider				
Providers attitude toward change				
Providers interest in NAFCC accreditation				
Impact of FCCP mentoring on Provider/home				

**Provider's comments regarding the program (if any):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_