

Site Visit Request (OSC Programs)

These documents must stay at the program at all times, including in the case of a sale.

Documents to be Completed Prior to the Site Visit and Available for Validators to Review at the Program

<input type="checkbox"/>	One Standard 1 Checklist for each room of your program (both Program's Initial Observation and Program's Final Observation completed) - Relationships
<input type="checkbox"/>	One Standard 2 Checklist for each room of your program (both Program's Initial Observation and Program's Final Observation completed) - Programming
<input type="checkbox"/>	One Standard 3 Checklist for each room of your program (both Program's Initial Observation and Program's Final Observation completed) – Inclusion/Diversity and Promotion of Physical Well-being
<input type="checkbox"/>	One Standard 4 Checklist for each room of your program (both Program's Initial Observation and Program's Final Observation completed) – Physical Environment
<input type="checkbox"/>	One Standard 5 Checklist that summarizes the assessment of your program (both Program's Initial Observation and Program's Final Observation completed) – Administrative Structure
<input type="checkbox"/>	Program Policies and Documents Lists for each Standard
<input type="checkbox"/>	Completed Consent Forms (Parent, Staff, Team/Board) and accompanying consent lists
<input type="checkbox"/>	Survey Summaries (Family/Staff/Child)
<input type="checkbox"/>	All Licensing Reports issued to your program for the previous 12 months and self-reporting of non-compliance. (A form will be provided prior to the Site Visit).

Documents to be Collected by the Validators at the Site Visit

<input type="checkbox"/>	List of staff currently employed at the program, with levels of training, years of employment, room allocation and position. Please indicate their willingness to be interviewed using the form enclosed in the Self-study Guide.
<input type="checkbox"/>	Self Reporting of Non-compliances (form to be completed prior to site visit).

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Please complete fully and ensure all necessary documentation is in place at the time of your request and when the Validators complete the site visit. Return this form to the accreditation agency.

NAME OF OSC PROGRAM			SUBMISSION DATE (dd/mm/yy)
STREET ADDRESS OF CENTRE	CITY	PROVINCE	POSTAL CODE
PHONE	FAX	EMAIL	
NAME OF DIRECTOR		NAME OF OWNER/OPERATOR	

Our program has completed the accreditation self-study process and we are now ready to provide evidence of our ability to meet the AOSCAP Quality Standards. We would like to request a site visit to validate our self-study results. We understand that the accreditation agency will schedule a visit as soon as one can be arranged.

Date(s) When It Is Not Possible for Us to Have a Site Visit and the Reason

(Note: The Reason Must Be Compelling)

Date	Reason

Documents to be Submitted to the Accreditation Agency

We are enclosing the following **three** documents with this request form.

<input type="checkbox"/>	Updated Quality Enhancement Plan
<input type="checkbox"/>	Program Description Information that highlights the special aspects of the program
<input type="checkbox"/>	Room schedule for each room with number and ages of children in each room

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Program Description

Please provide a brief description that highlights the special aspects of your program, for example, Montessori, high number of families with ESL, children with special needs, French immersion, etc. Also, identify unique hours of operation, (e.g., extended hours) or days of closure (e.g., closure during non-school days).

LICENSED CAPACITY

NUMBER OF ROOMS LICENSED

AGES OF CHILDREN SERVED

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Our program has completed all of the self study tools and will have available all of the required documents for the Validators to review.

I hereby certify that the above information is correct and that I am authorized to act on behalf of my OSC program in this matter. Our program is prepared to facilitate the site visit as required.

NAME OF PROGRAM

SUBMISSION DATE *(dd/mm/yy)*

NAME OF SIGNING AUTHORITY *(Please print)*

TITLE/POSITION

SIGNATURE OF SIGNING AUTHORITY

Note: Please keep back-up copies of your paper and electronic documents as the accreditation agency is not responsible for providing additional copies.