

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
CHILD DAY CARE LICENSING PROGRAM

THIS FORM TO BE COMPLETED FOR HEAD TEACHER OF A
CHILD DAY CARE CENTER

DO NOT WRITE IN THIS BOX – STATE AGENCY USE ONLY

Return to:	<u>STATE AGENCY USE ONLY</u>	
_____	CRITERIA FOR APPROVAL: <input type="checkbox"/> 0-5 years <input type="checkbox"/> 5 years – School Age	
Child Care Licensing Specialist	<input type="checkbox"/> High School or Equivalent	<input type="checkbox"/> Not Approved
Department of Public Health	<input type="checkbox"/> 1080 Hours of Experience	<input type="checkbox"/> Approved
	<input type="checkbox"/> CDA	Date _____
	<input type="checkbox"/> 12 Approved College Credits	DPH Staff _____
	<input type="checkbox"/> Approval Prior to 1/94	
	<input type="checkbox"/> 4 Years of College + 360 Hours of Experience	
<input type="checkbox"/> Licensure/Complaint/Enforcement databases checked on:	_____ (date)	

DIRECTIONS: PLEASE TYPE OR PRINT CLEARLY. PLEASE BE SURE THAT ALL REQUIRED DOCUMENTS ARE ATTACHED BEFORE YOU SUBMIT THIS APPLICATION

PARTS A&B TO BE COMPLETED BY CANDIDATE APPLYING FOR HEAD TEACHER POSITION

PART C TO BE COMPLETED BY CANDIDATE AND PERSON PROVIDING VERIFICATION WHERE EXPERIENCE WAS GAINED. Definition: Public Health Code [19a-79-4a(c)(1) & 19a-79-4a(d)(1)(A)&(C)]

A designated head teacher of a child day care center shall be on site for sixty percent (60%) of the time the center is in operation on a weekly basis and shall submit to the Department written verification of the following qualifications and experiences:

- Twenty (20) years of age or older; the personal qualities needed to supervise others;
- a high school diploma or equivalency certificate; and at least one thousand and eighty (1080) hours of documented supervised experience over a nine (9) month span of time, including working with children in a program with these standards or comparable standards in this or another state, which program serves children of the same ages and developmental stages who are served at the child day care center, and one of the following:

(1) a current center-based Child Development Associate Credential issued from the Council for Early Childhood Professional Recognition, or

twelve (12) credits in early childhood education or child development, from an accredited institution of higher education with program approval from the Board of Governors of Higher Education; or

(2) approval from the Department as a head teacher prior to January 1, 1994; or

(3) a four (4) year college degree in early childhood education or child development from an accredited institution of higher education with program approval from the Board of Governors of Higher Education, and

at least three hundred and sixty (360) hours of documented supervised experience working with unrelated children of the same age(s) to be served in this child day care center with these standards or comparable standards in this or another state and at least one (1) semester of student teaching with children of the same age(s) and developmental stages that are served in the center.

**PART A: TO BE COMPLETED BY CANDIDATE FOR HEAD TEACHER POSITION
IN CHILD DAY CARE CENTER ONLY**

1. Candidate whose experience is to be evaluated:

Name _____

Address _____

Town _____ State _____ Zip _____ Telephone (____) _____

2. Program Name _____ License # _____
(Where you're applying to be head teacher) Pending (new application)

Address _____

Town _____ State _____ Zip _____ Telephone (____) _____

3. Age Qualifications: 20 years of age or older Yes No Date of Birth: _____

4. Educational Qualifications: High School Diploma or Equivalency Certificate Required

High School _____

Town _____ State _____

GED (name state) _____ Name if different when granted _____

5. Additional Requirements (check one option):

Option 1: One thousand and eighty hours of documented supervised experience over a nine (9) month span of time, including working with children in a program with these standards or comparable standards in this or another state, which program serves children of the same ages and developmental stages who are served at the child day care center

AND ONE OF THE FOLLOWING:

A. Current Center-Based Child Development Associate (CDA) Credential issued from the
 Council for Early Childhood Professional Recognition, Washington, D.C.

Name if different when granted _____

Number _____ Year _____ State _____

COPY OF CDA CERTIFICATE ATTACHED

OR

B. Twelve (12) credits in early childhood education or child development from an accredited institution of higher education with program approval from the Board of Governors of Higher Education.

COPY OF TRANSCRIPTS ON COLLEGE LETTERHEAD MUST BE SUBMITTED
(COMPUTER/INTERNET PRINT OUTS NOT ACCEPTED)

OR

Option 2: Approval by the Department as a head teacher prior to January 1994.

COPY OF HEAD TEACHER CERTIFICATE ATTACHED

OR

Option 3: A four (4) year college degree in early childhood education or child development from an accredited institution of higher education with program approval from the Board of Governors

of Higher Education, and at least three hundred and sixty (360) hours of documented supervised experience working with unrelated children of the same age(s) to be served in this child day care center with these standards or comparable standards in this or another state and at least one semester of student teaching with children of the same ages and developmental stages that are served in the center.

COPY OF TRANSCRIPTS ON COLLEGE LETTERHEAD MUST BE SUBMITTED.
(COMPUTER/INTERNET PRINT OUTS NOT ACCEPTED)

Candidate's Signature _____ Date: _____

PART B: TO BE COMPLETED BY CANDIDATE FOR HEAD TEACHER POSITION IN CHILD DAY CARE CENTER ONLY.

DESCRIPTION OF PROGRAM:

check only one box below

Candidate's Name _____ License # _____
(if applicable)

Program Name _____ Exempt program
(Where your experience was gained) (attach program description)

Address _____

Town _____ State _____ Zip _____

Telephone (____) _____ Age range of children _____ to _____

POSITION AND RESPONSIBILITIES: Position: _____

Responsibilities _____

LENGTH OF WORK EXPERIENCE:

Hours per day _____ Days per week _____

Dates of employment _____ / _____ / _____ to _____ / _____ / _____ = _____
month/day/year month/day/year Total # Weeks

_____ = _____
Total Hours/Day x Total Days/Week x Total # Weeks Total Hours

If required hours of experience were gained at more than one program, separate copies of pages three and four will be required.

Candidate's Signature _____ Date _____

THIS FORM WILL BE RETURNED IF NOT SIGNED AND DATED

PART C: DOCUMENTATION IS REQUIRED FROM AN INDIVIDUAL AT THE PROGRAM WHERE YOUR EXPERIENCE WAS GAINED.

I ATTEST THE ABOVE INFORMATION SUBMITTED BY THE CANDIDATE TO BE TRUE.

Supervisor Signature _____ **Date** _____

Printed Name of Person Providing Verification _____

Home Address: Street _____

Town _____ **State** _____ **Zip Code** _____

Home Telephone (____) _____ **Work Telephone** (____) _____

Working Relationship with Candidate **Employer**

Other (Specify) _____