

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

THIS FORM TO BE COMPLETED FOR HEAD TEACHER OF
PROGRAMS SERVING SCHOOL AGE CHILDREN ONLY

DO NOT WRITE IN THIS BOX – STATE AGENCY USE ONLY

Return to:	CRITERIA FOR APPROVAL:	
_____	<input type="checkbox"/> High School or Equivalent	<input type="checkbox"/> Approved
Child Day Care Licensing Specialist	<input type="checkbox"/> 540 Hours of Experience	<input type="checkbox"/> Not Approved
Department of Public Health	<input type="checkbox"/> 12 Approved College Credits	Date Approved: _____
	<input type="checkbox"/> Prior Approval	DPH Staff _____
	<input type="checkbox"/> 4 Year College + 270 Hours Experience	
<input type="checkbox"/> Licensure/Complaint/Enforcement databases checked on: _____ (date)		

DIRECTIONS: PLEASE TYPE OR PRINT CLEARLY. PLEASE BE SURE ALL REQUIRED DOCUMENTS ARE ATTACHED BEFORE YOU SUBMIT THIS FORM TO THE DEPARTMENT.

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

PART C TO BE COMPLETED BY CANDIDATE AND PERSON WITH DIRECT KNOWLEDGE WHO IS PROVIDING VERIFICATION WHERE EXPERIENCE WAS GAINED. Definition: Public Health Code [19a-79-11(f)(1-6)]: When a program serves school age children only; the designated head teacher shall be on site for sixty percent (60%) of the time the center is in operation on a weekly basis and shall submit 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 one of the following:
 - Option (1): at least five hundred and forty (540) hours of documented supervised experience over a nine (9) month span of time, including working with children in a program with comparable standards to the standards in this or another state, which program must serve children of the same ages and developmental stages who are served at the child day care center; and twelve (12) credits in early childhood education or child development, elementary education, recreation, group social work or a related field from an accredited institution of higher education with program approval from the Board of Governors of Higher Education; or
 - Option (2): approval from the Department as head teacher prior to January 1, 1994; or
 - Option (3): a four (4) year college degree in elementary education, recreation, group social work or a related field from an accredited institution of higher education with program approval from the Board of Governors of Higher Education, with at least two hundred and seventy hours (270) of documented supervised experience working with unrelated children of the same ages to be served in this child day care center or group day care home. This supervised experience could be student teaching or a practicum assignment.

PART A: TO BE COMPLETED BY CANDIDATE FOR HEAD TEACHER POSITION IN SCHOOL AGE PROGRAM ONLY

1. Candidate whose experience is to be evaluated.

Name _____

Address _____ Telephone (____) _____

City/Town _____ State _____ Zip Code _____

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

Address _____ Telephone (____) _____

City/Town _____ State _____ Zip Code _____

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: Five hundred and forty (540) hours of documented supervised experience over a nine (9) month span of time, including working with children in a program with comparable standards to the standards in this or another state, which program must serve children of the same ages and developmental stages who are served at the child day care center;

AND

Twelve (12) credits in early childhood education or child development, elementary education, recreation, group social work or a related field from an accredited institution of higher education with program approval from the Board of Governors of higher education;

Transcripts Attached - COPY OF TRANSCRIPTS ON COLLEGE LETTERHEAD MUST BE SUBMITTED. STUDENT COPY WILL BE ACCEPTED.

OR

Option 2: Approval by the Department as a head teacher prior to 1/94.

COPY OF HEAD TEACHER CERTIFICATE ATTACHED.

OR

Option 3: A four (4) year college degree in elementary education, recreation, group social work, or a related field from an accredited institution of higher education with program approval from the Board of Governors of Higher Education, with at least two hundred and seventy (270) hours of documented supervised experience working with unrelated children of the same ages to be served in this child day care center or group day care home. The supervised experience could be student teaching or a practicum assignment.

Transcripts Attached - COPY OF TRANSCRIPTS ON COLLEGE LETTER MUST BE SUBMITTED. STUDENT COPY WILL BE ACCEPTED

Candidate's Signature _____ Date _____

PART B: TO BE COMPLETED BY CANDIDATE FOR HEAD TEACHER POSITION IN SCHOOL AGE PROGRAM ONLY.

DESCRIPTION OF PROGRAM:

Candidate's Name _____

Program Name _____

(Where experience was gained)

Address _____ Telephone (____) _____

City/Town _____ State _____ Zip Code _____

Age range of children: _____ to _____

POSITION: _____ **Describe Responsibilities:** _____

LENGTH OF WORK EXPERIENCE: **If still employed, write today's date for end date of employment.

Hours per day _____ Days per week _____

Dates of employment _____ / _____ to _____ / _____ **** (see above) =** _____
month/year month/year Total # Weeks

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

***If total number of hours is less than required (see definition, page 1) information on additional experience and formula must be supplied.**

Candidate Signature _____ Date _____

PART C: TO BE COMPLETED BY PERSON PROVIDING VERIFICATION WHERE ABOVE EXPERIENCE WAS GAINED.

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

Supervisor Signature _____ Date _____

Printed Name of Person Providing Verification _____

Address _____

City/ Town _____ State _____ Zip Code _____

Telephone: Work: (____) _____ Home (____) _____

Working Relationship with Candidate: Employer Other (Specify) _____

