

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

THIS FORM TO BE COMPLETED FOR HEAD TEACHER
OF A GROUP DAY CARE HOME

STATE AGENCY USE ONLY

Return to:

CRITERIA FOR APPROVAL: 0-5 Years 5-School Age

Child Care Licensing Specialist
Department of Public Health

- High School or Equivalent
 1080 Hours of Experience
 CDA
 4 Year Degree + 360 Hours
of Experience

- Not Approved
 Approved

Date _____
DPH Staff _____

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 THE 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) & 191-79-4a(d)(1)(B)&(C)] A designated head teacher of a group day care home shall be on site for sixty (60) percent of the time the group day care home 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 group day care home;

OR

- Twenty (20) years of age or older; the personal qualities needed to supervise others;
- 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

Three hundred sixty (360) hours of documented supervised experience working with unrelated children of the same age(s) to be served in this group day care home with these standards or comparable standards in this or another state.

PART A: TO BE COMPLETED BY CANDIDATE FOR HEAD TEACHER POSITION IN GROUP DAY CARE HOME ONLY

1. Candidate whose experience is to be evaluated:

Name _____

Address _____ Telephone (____) _____

City/Town _____ State _____ Zip Code _____

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

Address _____ Telephone (____) _____

City/Town _____ State _____ Zip Code _____

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

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

High School _____ City/Town _____ State _____

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

COPY OF TRANSCRIPTS ON COLLEGE LETTERHEAD MUST BE SUBMITTED.

Candidate's Signature _____ Date _____

PART B: TO BE COMPLETED BY THE CANDIDATE FOR HEAD TEACHER POSITION IN GROUP DAY CARE HOME ONLY.

DESCRIPTION OF PROGRAM:

Candidate's Name _____

Program Name _____
(Where your experience was gained)

Address _____ Telephone (____) _____

City/Town _____ State _____ Zip Code _____

Age range of children in program _____ to _____

Position: _____ Describe Responsibilities _____

*If required hours of experience were gained at more than one program, separate copies of pages 3 and 4 will be required.

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

Hours per day _____ Days per week _____

Dates of employment _____/_____/_____ to (**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.

Type of program where experience was gained: Family Day Care Home Group Day Care Home
 Child Day Care Center Student Teaching
 Other (Specify) _____

Candidate Signature _____ Date _____

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

Supervisor Signature _____ Date _____

Printed Name of Person Providing Verification _____

Address Home or Work _____

City/Town _____ State _____ Zip _____

Telephone (Work) (_____) _____ (Home)(_____) _____

Working Relationship with Candidate Employer Other (Specify) _____

IF A LICENSED FAMILY DAY CARE HOME, attach letters from at least two (2) parents for whom child care was provided; Letters Attached

