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:          CRITERIA FOR APPROVAL:

[ ] High School or Equivalent
[ ] Not Approved

[ ] 1080 Hours of Experience
[ ] Approved

[ ] CDA
[ ] Date ____________________________

[ ] 12 Approved College Credits

[ ] Approval Prior to 1/94

[ ] DPH Staff

[ ] 4 Years of College + 360 Hours of Experience

☐ 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
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) __________________________________________

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