



CHILD CARE LICENSING PROGRAM

Division of Public Assistance
Child Care Program Office

Office Use Only

CHILD CARE CENTER – CHILD CARE ASSOCIATE REFERENCE

Child Care Associates of licensed child care centers are required to submit references from individuals who can attest to their personal and professional reputable character, experience, ability to care for children, and ability to operate a child care facility, if designated to do so in the absence of the Administrator.

The following reference information is needed for the Child Care Associate Applicant.

Name of Child Care Associate Applicant: _____

Name of Facility: _____

Please answer the following questions regarding the Child Care Associate Applicant:

1. How long have you known this individual, and in what capacity?
2. Please explain how this individual has worked successfully with children and families, and acted as a positive role model for children.
3. Please explain how this individual's particular skills and abilities will support them to work successfully with children, family members, department staff, community agencies, and staff of the child care facility.
4. Please explain how this individual has demonstrated the characteristics of a responsible individual of reputable character, who exercises sound judgment.
5. Describe how you would feel about leaving a child in this individual's care?

6. Explain why you believe this individual is qualified to operate a licensed child care facility, if they were designated to do so in the absence of the Administrator.

7. Explain this individual's administrative and supervisory skills as it would relate to their leadership position in a child care facility.

To your knowledge, has this individual:

- | | | |
|---|------------------------------|-----------------------------|
| 8. Ever abused or neglected a child? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9. Been charged with or convicted of a serious crime? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

To your knowledge, does this individual have:

- | | | |
|---|------------------------------|-----------------------------|
| 10. A physical or behavioral problem that poses a significant risk to children in care? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 11. A domestic violence problem that poses a significant risk to children in care? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If you answered YES to any of the questions 8-11, please explain.

12. Please include any additional comments and/or information you would like to share:

You may also contact the Child Care Program Office toll free at 1-888-268-4632 with any questions or concerns. A Child Care Licensing Specialist may follow up with you regarding this reference.

Printed Name of Individual Providing Reference

Phone Number

Signature of Individual Providing Reference

Date