**Name of Administrator Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This form provides the department with information about the individual who will be responsible for the day-to-day operations of the facility.

1. Read and mark the items applicable to your facility type and attach documentation to support compliance with licensing regulations. Supporting documentation includes but is not limited to, proof of:
* **Age –** such asbirth certificate, passport, or passport card;
* **Education and/or training** – such as transcripts, certificates of completion, training or employment training attendance records;
* **Experience in child care, financial, and managerial/supervisory** – such as a resume documenting employment history summarizing job duties performed.
1. Attach four completed *Child Care Facility Administrator Reference* forms signed and dated by the person making the recommendation. At least **one** reference must be from an individual who can attest to your professional skills**.** **Three** of the references must be from individuals who are not related to you.
2. Submit this form and all applicable attachments to the Department for approval.

**The Administrator must provide supporting documentation to demonstrate compliance with the following requirements based on their facility type:**

**An Administrator for a *Child Care*** ***Home*:**

[ ]  Must be at least 21 years of age.

**An Administrator for a *Child Care Center*:**

[ ]  Must be at least 21 years of age.

[ ]  Must have the management and supervisory skills necessary to select and supervise personnel, including delegation of responsibility and motivation of staff.

[ ]  Must have at least 12 semester hours of college credit in early childhood development, child

development, child psychology, or the equivalent, or hold a current CDA credential, orMontessori Certificate.

**In addition to the above specific facility type requirements,** **Administrators for *all child care facility* types must provide supporting documentation showing they meet the following qualifications:**

[ ]  Are an adult with sufficient experience;

[ ]  Have early childhood training or education to fulfill the duties of an Administrator;

[ ]  Have an understanding of the development of children;

[ ]  Have the ability to care for children;

[ ]  Have the skills to work with:

[ ]  Children;

[ ]  Family members;

[ ]  Department staff;

[ ]  Community agencies; and, if applicable

[ ]  Staff of the child care facility.

[ ]  Have the skills necessary to handle finances and plan and evaluate programs.

 **I certify that the contents of this form and information provided are true, accurate and complete.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name of Facility Owner/Governing Body Representative**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Facility Owner/Governing Body Representative Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Administrator**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Administrator Date**

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| **For CCL office use only**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Reviewing Licensing Specialist Printed Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Reviewing Licensing Specialist Signature Date****Request for Administrator Designation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is:** [ ]  Approved  [ ]  Denied  Reason for Denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**CCL Distribution & Updates: 🗖** Administrator **🗖** Facility Notebook **🗖** ICCIS |