

Evanston Health Department  
2100 Ridge Ave  
Evanston, Illinois 60201  
T 847.866.2947  
TTY 847.448.8064  
F 847.448.8134  
www.cityofevanston.org

### APPLICATION FOR CHILD DAY CARE HOME PERMIT

I. **APPLICANT'S FULL NAME:** \_\_\_\_\_  
(First) (Middle) (Last)

**Day Care Address:** \_\_\_\_\_  
(Street #/Name) (Floor/Apt. #) (Zip)

**How long at this address:** \_\_\_\_\_ **Housing Status:** \_\_\_ Own \_\_\_ Rent\*\*

**Is there a condo, townhouse or co-op association?** \_\_\_ Yes\*\* \_\_\_ No

\*\*If "Rent" or "Yes" is checked, applicant must include a notarized letter from the Property Manager, Association, Board, Landlord, etc., that indicates the applicant is approved to operate a child day care at that address.

**Applicant Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address for contacting applicant:** \_\_\_\_\_  
(if different than day care address)

If applicant is a firm, partnership, or association, provide the principal address of the corporation: \_\_\_\_\_

NOTE: A list of the names, homes addresses, and telephone numbers of officers of the corporation must be attached to application.

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**DEFINITION: CHILD DAYCARE HOME:** *A family home which regularly provides daycare for less than twenty four (24) hours per day and is issued a license by the Illinois Department of Children and Family Services (DCFS) to care for more than three (3) and no more than twelve (12) children includes the family's natural, foster, or adopted persons under the age of twelve (12). The term does not include facilities that receive children from a single household.*

1.	# of your own children (under 12 years) to be cared for	_____
2.	# of other children (under 12 years) to be cared for	_____
3.	# of children ages 6 to 11 and 5 years old in full day Kindergarten	_____
4.	<b>Total number of children (under 12 years) to be cared for</b>	_____

**Homes proposing to serve four (4) or more children (including your own natural or adopted children) must be licensed by DCFS.**

**II.** Do you have a current license from the Illinois Department of Children & Family Services (DCFS)?      Yes\_\_\_\_\_      No\_\_\_\_\_

- If yes, how many children does DCFS license for you? \_\_\_\_\_
- What is the expiration date of your DCFS license? \_\_\_\_\_
- If no, have you applied for a DCFS license? \_\_\_\_\_
- Date your application to DCFS was submitted. \_\_\_\_\_

**III.** Area(s) proposed to be used for children: \_\_\_\_\_  
(1<sup>st</sup> floor, basement, etc.)

**IV.** Provide the full name, address, telephone number and date of birth of the person who will manage or supervise the day care home.

Full Name: \_\_\_\_\_  
(First)                      (Middle)                      (Last)

Address: \_\_\_\_\_  
(Street)                      (Floor/Apt. #)                      (City, State, Zip)

Phone No.: \_\_\_\_\_                      Date of Birth: \_\_\_\_\_

How long has this person resided at this address: \_\_\_\_\_

V. Provide the full name, address, phone number and date of birth of any other person who will be a caregiver or have direct contact with the children being cared for.

Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

How long at this address: \_\_\_\_\_ How long at this address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

VI. Provide the full name, phone number and date of birth for anyone over the age of thirteen (13) who currently resides at the address to be used as the day care home. (If you need additional space, please use a separate sheet).

Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How long at this address: \_\_\_\_\_ How long at this address: \_\_\_\_\_

**\*For each person listed in No.I. No. IV. No V. and No. VI, a criminal background form for an investigation by the Illinois State Police and for an investigation of the Central Register as defined by the abuse and Neglected Child reporting Act must accompany this application.**

VII. The applicant, by signing this application under oath, represents that each of the followings statement are true. Each statement shall be initialed by the applicant.

\_\_\_\_\_ I will not knowingly employ or permit to reside in the day care home, or to give permission direct care to the children served, anyone who has been adjudicated as a delinquent minor who has committed any offense(s) set forth in Section 8-15-5 of this chapter under the Illinois Juvenile Court Act, who has been declared a sexually dangerous person, or who has been similarly adjudicated under the laws of any other state.

\_\_\_\_\_ I currently do not abuse alcohol or drugs.

- \_\_\_\_\_ I will not knowingly employ or permit to reside in the day care home, or permit to give direct care to the children served, anyone who currently abuses alcohol or drugs.
- \_\_\_\_\_ I will submit, as part of this application, a medical report on myself and all the adults who will come into contact with the children served.
- \_\_\_\_\_ I will submit, as a part of this application, a Criminal Background Check Form on myself and all other persons who will be caregivers or will have direct contact with the children being served, and all persons thirteen (13) years or older who reside in the daycare home.
- \_\_\_\_\_ I understand that if I knowingly submit any materially false or misleading statement on this application, my Permit may be denied or revoked.

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Date)

**APPLICATION FOR  
CHILD DAY CARE HOME PERMIT**

**State**            **(Illinois)**

**County**        **(Cook)**

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

SEAL \_\_\_\_\_

NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_



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[www.cityofevanston.org](http://www.cityofevanston.org)

### **Background Check Procedure**

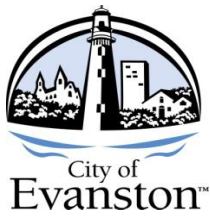
State policy requires all home day care provider applicants and persons over the age of thirteen (13) years residing in the home or having direct contact with the children to complete a background check. To process background checks, fingerprinting is required.

The fee is \$15.00 for each background information request. Finger prints will not be processed unless the fees have been paid in advance. Once payment is received you will receive an email with instructions for scheduling the fingerprinting at the Evanston Police Department. Please be advised that this process can take up to three weeks, so please submit payment as soon as you receive your renewal application packet.

There are two ways to pay:

- Online with a credit card, go to: <http://www.cityofevanston.org/payhealthdept>  
When paying online, indicate the names of each person you are paying for in comments section of form.
- By check or money order, payable to "City of Evanston" mail  
Attn: Health Department Licensing, 2100 Ridge Ave. Evanston, IL 60201.

If you have any questions regarding this process, or if we can be of any further assistance to you, please do not hesitate to contact Ellyn Golden, Licensing Coordinator, at 847-866-2947, or email [egolden@cityofevanston.org](mailto:egolden@cityofevanston.org).



## Background Check Form

This form can be submitted and fees paid for online by going to:  
<http://www.cityofevanston.org/payhealthdept>

Fee: \$15 per background check.

If by mail, submit form with a check, payable to City of Evanston, Attn: Licensing Coordinator, Health Department, 2100 Ridge Ave, Evanston, IL 60201

### HOME DAY CARE PROVIDER

\_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_

### SUBJECT FOR BACKGROUND CHECK (if not home day care provider)

\_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last Name First Name

Relationship to Applicant/Licensee: Relative  Employee

Other  Explain \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last Name First Name

Relationship to Applicant/Licensee: Relative  Employee

Other  Explain \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last Name First Name

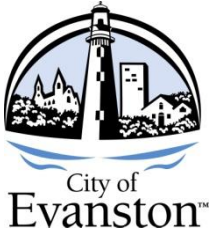
Relationship to Applicant/Licensee: Relative  Employee

Other  Explain \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last Name First Name

Relationship to Applicant/Licensee: Relative  Employee

Other  Explain \_\_\_\_\_



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**MEDICAL REPORT  
CHILD DAYCARE HOME PERMIT**

This medical report is required of the applicant/caregiver and all persons thirteen (13) and over who will come into contact with the children in the child day care home.

**The report shall be based on an examination within one (1) year prior to the license expiration date.**

Name of Applicant For Child Daycare Home Permit \_\_\_\_\_

Address \_\_\_\_\_

Name of Person Examined	Date of Birth
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TESTS	DATE	RESULTS
Tuberculin Skin (TB)	_____	_____
Chest X-Ray in a positive reactor	_____	_____

**FINDINGS**  
*Summary of health problems or conditions, if any, which may affect the person's ability to serve or reside in a facility for children.*

\_\_\_\_\_  
\_\_\_\_\_

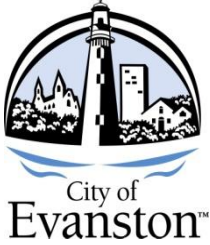
**RECOMMENDATIONS**  
*The above individual was found free from symptoms of communicable disease and otherwise physically and emotionally fit to serve or reside in a facility caring for children.*

YES \_\_\_\_\_ NO \_\_\_\_\_ If NO, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician Signature License Number

\_\_\_\_\_  
Address City, State, Zip

\_\_\_\_\_  
Office Phone Date



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### HOME DAY CARE CLIENT RECORD (“LOG”)

PROVIDER _____
ADDRESS _____
PHONE NUMBER _____
PERMIT NUMBER _____ EXPIRATION DATE _____

Child’s Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Address \_\_\_\_\_

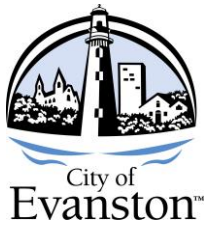
Work Phone Number \_\_\_\_\_

Date of Entry \_\_\_\_\_

Date of Termination \_\_\_\_\_

Parent /Guardian Signature _____	Date _____
Provider’s Signature _____	Date _____





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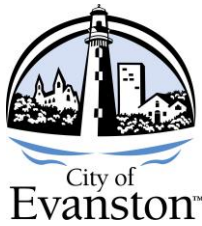
847-448-8134 fax

To: Home Day Care Applicant

From: Environmental Health Division

An inspection of your home by the Health Department's Environmental Health Division is necessary as part of the Child Day Care Home permit inspection process. The following items shall be addressed and/or corrected prior to approval from this office.

1. Outdoor area if applicable is clean, all toys and equipment safe, wood sanded free from splinters. Playground equipment able to support appropriate weight loads
2. Floors, walls, ceiling inside of day care are clean and in good condition. Screens on windows and doors in good condition.
3. Hot water temperature is less than 110°F
4. Bathrooms are available, stocked (hand soap and paper towels), and clean
5. Room temperature is 68°F or above 3 feet above the floor in the middle of the room
6. All thermal hazards (radiator pipes, hot water pipes etc.) are covered or are not accessible by children/infants
7. Diapering area is separate from play area and is not easily accessible by children/infants. Area is clean and well maintained
8. Cribs and all materials (sheets, mattress cover, etc.) are in good condition and clean.
9. If applicable food (formula, bottles) and medicine are properly labeled and stored.
10. All food stored on site is wholesome, at the proper temperature, and stored correctly. Food should be prepared with minimal hand contact
11. Refrigerators and Freezers holding food at proper temperatures
12. Utensils and other food preparation equipment are properly washed, rinsed and sanitized after each use
13. No evidence of insects or rodents observed, doors and windows maintained to keep pests out
14. Cleaning chemicals and other toxic materials properly stored in area inaccessible to children/infants
15. Medicine properly stored in an area inaccessible to children.



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**To:** Home Day Care Applicant

**From:** Evanston Fire Prevention Bureau

An inspection of your home by the Evanston Fire Department Fire Prevention Bureau is necessary as part of the Child Day Care Home permit inspection process. The following items shall be addressed and/or corrected prior to approval from this office.

1. All new Day Care Operations shall have hard-wired smoke detectors installed in all rooms used for sleeping and at every level of your home. If you have an existing Day Care Operation and you move to a new location, that new location will be considered a new Day Care. Smoke detectors shall be powered by the building electrical system (hard-wired) and have battery back up. See the attached information sheet on the installation of smoke detectors.
2. A First Aid Kit shall be available for use. Check with your pediatrician on what should be placed in the kit for the age of the children you will be watching.
3. Extension cords shall not be used as a substitute for permanent wiring. Provide an additional outlet(s) if needed.
4. Outlets installed in a damp area (within 6 feet of a sink), shall be of the GROUND-FAULT CIRCUIT-INTERRUPTER TYPE.
5. Keep areas with heat producing appliances (furnace, hot water heater, etc.) free of combustible material and storage.
6. Install a 10 pound ABC type fire extinguisher in the kitchen area and the basement area. The extinguishers shall be installed near the exit. Place extinguishers out of the reach of the children.
7. All heat producing appliances located in areas occupied by children shall be provided with partitions, screens, or other means to protect the children from hot surfaces and open flames.
8. Special protective covers for electrical receptacles shall be used in all areas occupied by children under six years of age.
9. Every closet door latch shall be designed so that children can open the door from the inside of the closet.
10. Every bathroom door lock shall be designed to permit the opening of locked door from the outside in an emergency. The opening device shall be readily accessible to the staff.
11. Provide an address that can be seen from the street on the front of the structure. The numbers shall be a minimum 3" in size and in a contrasting color from the surface they are installed on.
12. At least one operable flashlight shall be provided in a location accessible to the staff for use in the event of a power failure.
13. Each floor occupied by children shall have not less than two remotely located means of escape. If the lower level is being considered as part of the Day Care Home, special requirements are necessary for the two exits. Windows can be used as one of the exits as long as the attached requirements are met.

June 1, 2008

To: Child Day Care Home Providers

From: Evonda Thomas  
Director, Department of Health and Human Services

Re: Child Day Care Log Required

On June 28, 1999 the City Council adopted an amendment to Chapter 18 of Title 8 of the Evanston City code "Regulating Child Day Care Homes." This revision states that a Child Day Care log is now required of all homes providing child daycare. More specifically, the amendment states that the daycare log shall list information on each child including the child's name and date of birth; and the names, addresses and phone numbers of the parents (s) and/or guardian (s). One copy of this log must be submitted to the Department of Health and Human Services, 2100 Ridge Ave, Evanston, IL 60201 prior to the initial opening of the Child Daycare Homes. Daycare permit holders are also responsible for maintaining an update log in the case that any information should change. Such logs are subject to inspection at any time by the Police Department or the Department of Health and Human Services. We recommend such logs be maintained for a period of two years following the departure of child from your care.

Attached is a sample log for your review. You may maintain your own log if the same information is maintained. Permit holders that do not comply with this amended section of the ordinance may be fined up to \$500.00 and/or receive a suspension or revocation of their child day care permit. If you should have any questions regarding this amendment, please call our office at 847-866-2969. Thank you.