

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.

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. Total number of children (under 12 years) to be cared for	_____

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: _____
(1st 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)**

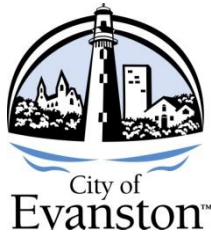
County **(Cook)**

Subscribed and sworn to me this _____ day of _____, 20____

SEAL _____

NOTARY PUBLIC

My Commission Expires: _____



Department of Health & Human Services
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Background Check Procedure

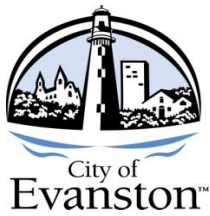
State policy requires all home day care provider applicants and persons over the age of thirteen (13) years residing in the home or having direct contact with the children to complete a background check. To process background checks, fingerprinting is required.

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.



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

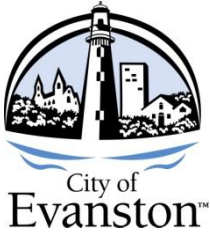
Relationship to Applicant/Licensee: Relative Employee

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.

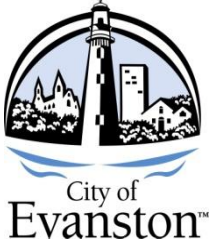
RECOMMENDATIONS
The above individual was found free from symptoms of communicable disease and otherwise physically and emotionally fit to serve or reside in a facility caring for children.

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 _____