

Janet T. Mills
Governor



Jeanne M. Lambrew, Ph.D.
Commissioner

Maine Department of Health and Human Services
Office of Child and Family Services
11 State House Station
2 Anthony Avenue
Augusta, ME 04333-0011
Tel.: (207) 287-5020
TTY: Dial 711 (Maine Relay); Fax: (207) 287-9304

Your name has been given as a reference on an application to operate a Child Care Program by:

(Name of Applicant)

It is important for child care providers to show good judgment and to have the ability to establish a safe, nurturing environment for children in their care. The Department of Health and Human Services is seeking your honest evaluation of this applicant as a part of its assessment of the person named above.

Your evaluation is important to the licensing process and an approval cannot be issued until all references are received. **Note:** *If you are related to this person by blood or marriage, you may not provide them with a reference.* Your cooperation is greatly appreciated.

Please complete the enclosed questionnaire and return it to this office as soon as possible. Please call 287-5020 with any questions you may have.

Thank you

REFERENCE FOR: _____

ADDRESS: _____

**Name and address of provider are required*

NAME OF FACILITY (If applicable): _____

Please answer the following questions as completely as possible. Use additional sheets if you need more space to answer fully. Thank you.

- 1) How long have you known the applicant(s)?

- 2) In what ways do you know the applicant(s) (fellow worker, employee, supervisor, neighbor, clergy)?

- 3) Please describe the applicant(s) relationship with their own children or other children.

- 4) What are some of the strengths and weaknesses of the applicant(s) in the following areas, as they apply to the care of children?
- a. Child guidance and supervision:
 - b. Sensitivity to children's feelings and needs:
 - c. Sound decision-making:
 - d. Record-keeping:
 - d. Other:
- 5) Are you aware of the applicant(s) having any problems involving the abuse of alcohol or drugs?
If yes, please describe.
- 6) What kinds of discipline does the applicant(s) use with children?
- 7) How would you feel about leaving your child(ren) with the applicant(s)?
- 8) What concerns do you have about the applicant(s) ability to be a good child care provider?
- 9) How much time do you spend with the applicant(s)?

Signature: _____ Date: _____

Print or Typed Name: _____

Address: _____

Telephone: _____