Email: ctc.ca.gov
Website: www.ctc.ca.gov



CHILD DEVELOPMENT PERMIT VERIFICATION OF FAMILY CHILD CARE EXPERIENCE

This form should be completed by individuals that operate a family home child care facility to verify family child care experience. The experience must be obtained while holding a Small or Large Family Child Care Home License issued by the California Department of Social Services.

▶ Do not mail this form directly to the Commission. It must be submitted with a child development permit application packet.

Check One:			
Permit Level			
Assistant	None Required		
Associate Teacher	Associate Teacher		
Teacher			
Master Teacher			
Site Supervisor		350 days of 3+ hours/day within 4 years	
	(including at least 100 days of supervising adults)		
Program DirectorSite Supervisor status and one program			
	of site supervisor experience	ce	
Annligant's Full Legal Name			
Applicant's Full Legal Name		Last	
Last four digits of your Social Security Num			
Last rotal digits of your social security Num			
I	have served as a small /large family	child care provider	
I	Circle One	r	
0			
from	to Month/Year		
Name of Family Child Care Facility			
Mailing Address			
Mailing Address	Street		
City	State	ZIP	
Department of Social Services Note: S	Family Child Care Home License issued Site Supervisor and Program Director ap ase issued by the California Department of	oplicants must hold a	
Site Supervisor Applicants: I certify that I have a minimum of 100	days of experience supervising adults.		
Program Director Applicants: I certify that I have held a Large Famil	ly Child Care Home License for a minim	num of one year.	
I certify under penalty of perjury that all	the foregoing statements are true and	correct.	
Signature of Applicant		Date	
Signature of repriedit			

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