

CHILD CARE REFERENCE REFERRAL FORM

Community Care Facility Licensing

An applicant for a Community Care Facility Licence has provided your name as a reference. Please complete this form and return it by fax (250) 868-7760.

Applicant's Name	Facility Name
Reference Name	Reference Day Phone
Reference Email Address	Reference Evening Phone

1. How long have you known this person and in what capacity (friend, neighbour, co-worker, relative)?

2. Have you directly observed this person providing care to children? Yes No
If yes, describe the interaction observed based on ages, numbers of children, and type of environment.

3. Would you ask this person to care for your children? Why or why not?

4. Does this person have the personality, ability and temperament to provide child care? Please describe.

5. In your opinion, what are the applicant's strengths when working with children?

6. In your opinion, what are the applicant's challenges when working with children?

CHILD CARE REFERENCE REFERRAL FORM

Community Care Facility Licensing

7. Are you aware of any issues that may affect this person's ability to provide care.
8. How does this person handle stress and emergency situations?
9. What guidance and discipline practices have you seen this person use?
10. Is there anything else you would like to add?

An applicant may request a copy of this reference under the BC Freedom of Information and Protection of Privacy Act (FOIPPA). I agree to have this document copied to the reference subject should he/she request a copy under the FOIPPA (*check one*):

Yes No; please provide your reason(s)

Date (dd/mm/yyyy) / /	Signature
Additional Comments	

Keeping your information secure and confidential is important to us.
Please fax this completed form to Licensing Direct at 250-868-7760 to ensure security of the submission.