



DEPARTMENT OF CHILDREN'S SERVICES
CHILD CARE LICENSING DIVISION

Household Members/Substitute/Employee Form

Name _____ DOB _____

Address _____ Phone _____

Position _____ Employment Date _____

IN CASE OF EMERGENCY CONTACT:

Name _____

Address _____

Phone Number(s) _____

CHILD ABUSE CERTIFICATE

**THIS IS TO CERTIFY THAT I HAVE READ THE DCF PAMPHLET
"REPORTING ABUSE OF CHILDREN AND VULNERABLE ADULTS" AND
UNDERSTAND MY LEGAL RESPONSIBILITY TO REPORT SUSPECTED
ABUSE.**

Signed _____ Date _____