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7. To your knowledge, does this person have qualities, traits, or abilities that make him/her particularly suitable to care for children? Yes  No  Please explain.

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8. Do you know of any reason why this person might not be suitable to care for children? Yes  No  If yes, please explain.

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9. If you have any additional comments about this person you feel would be useful when considering his/her application for employment in a child care facility, please state below.

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Signature

Date

Telephone number

**Please return this form to:**

Name of person requesting information: \_\_\_\_\_

Name of day care/nighttime facility: \_\_\_\_\_

Address of facility:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

If you prefer **not** to provide a reference for this person, please sign here and return this form to the address above.

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Signature

Date