# Section N. Supplemental Requirements for Licensed Child Care Centers or Pre-Schools

**This form is ONLY required for licensed Pre-Schools and Child Care Centers applicants**

**Overview:**

Public Act **17-98** (and 18-178) enable licensed pre-schools and child care centers that have received threats to apply for this grant program. This form is designed to assist in the gathering of information to ensure the grantee meets the intent of the legislation.

**Verification:**

A subcommittee of the School Security Grant Program Working Group will be tasked with reviewing each application and ensuring that each application meets the necessary requirements. The grantee may be requested to verify reported information by providing documentation.

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| **Important Definitions**  **Threat**   * A “Threat” means an oral or written message, or physical action, which demonstrates an intent to create an imminent safety risk to person or property or to create a fear of such risk. This definition is based on a number of state statutes, including Conn. Gen. Stat. 53a-62 and Conn. Gen. Stat. 1-210(b)   **Child Care Centers**   * A “Child Care Center” is a center that offers or provides a program of supplementary care to more than twelve related or unrelated children outside their own home on a regular basis.   **Pre-Schools**   * A “Pre-school” is a facility that offers early childhood education for three (3) year to five (5) year olds. |

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**Instructions:** For the questions below, please provide information on threats received.

     

**Name of Pre-School or Licensed Child Care Center License No. (Child Care Center)**

1. **Is the Pre-School or Licensed Daycare Center a member of a broader community that has received threats or does it serve a community that has received such threats? Please explain in detail the nature of these threats.**
2. **Number of threats received at the center/ pre-school during the period from 1/01/2013 through 6/30/2018:**
3. **For each specific threat included in number 2 above please provide the following:**

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| **Date of Incident** | **Type of Threat** | **Law Enforcement/Other Agency Notified** | **# of People Potentially Affected** | **Severity of threat? Comments about threat** |
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| I, the undersigned, verify the accuracy and authenticity of the data provided above. I am aware that I may be requested to furnish further documentation and/or explanation to DESPP/DEMHS.  **SIGN**  **H E R E**  SIGNATURE OF AUTHORIZED OFFICIAL: X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |