



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
COMMUNITY BASED REGULATION SECTION

FAMILY DAY CARE HOME LICENSE INITIAL APPLICATION CHECK LIST

Dear Family Day Care Applicant: Thank you for your interest in Family Day Care Home licensing. Please follow the instructions below to apply for the license.

- 1. Submit an Application Packet** Complete each form listed below in blue or black ink and answer all the questions completely. We will begin processing your application as soon as we receive the Application Fee and the Application Form. You may send the rest of the forms as soon as you they are completed. Since the **fingerprint responses can take at least 90 days**, it is beneficial to submit them as early as possible.
 - **Application** Be sure to answer all of the questions completely.
 - **\$80 Application Fee** Make your check payable to "Treasurer State of Connecticut". This fee is not refundable.
 - **"Adult Medical Statement for Child Day Care"** for all household members 18 years of age or older. Physical examination and TB test must have been within the past year. Form can be found at: http://www.ct.gov/dph/lib/dph/daycare/pdf/G_C_StaffHlthRecord.pdf
 - **"CT Early Childhood Health Assessment Record"** for all household members under 18 years of age. Physical examination must have been within the past year and immunizations must be up to date.
 - **First Aid Certification** – A copy of a certificate, front and back, documenting the successful completion of an approved course in first aid approved for child care providers. A list of approved First Aid Courses can be found at: http://www.ct.gov/dph/lib/dph/daycare/pdf/cdc_firstaidlist.pdf
 - **If you have a well**, you must submit a well water test by a state certified laboratory completed within the past year. (Refer to Regulation Section 19a-87b-9(i) for a list of required tests.
 - **References** – Submit three Request for Reference Forms to be completed and signed by individuals (no more than one relative) that have known you for at least three years.
 - **Fingerprints** - Submit one fingerprint card (green) for each household member 16 years of age or older.
 - **Fingerprint Fee** Enclose a \$16.50 check payable to "Treasurer, State of Connecticut" for each person's fingerprints. This fee is not refundable.
 - **DCF "Authorization for Release of Information"** one for each household member 16 years of age and older.

If you have obtained this application on-line, please call the Department of Public Health, Legal office @ 860-509-7600 to obtain a fingerprint packet.

Send **FINGERPRINTS, FINGERPRINT FEE & RELEASE OF INFORMATION FORM** to:
Legal Office CT Department of Public Health
410 Capitol Avenue MS #12 LEG
P.O. Box 340308
Hartford, CT 06134-0308

Send **ALL OTHER APPLICATION MATERIALS** to:
Child Day Care Application Unit
CT Department of Public Health
410 Capitol Avenue MS #12 CBR
P.O. Box 340308
Hartford, CT 06134-0308

- 2. Have an Initial Inspection of your home**
Once your application is complete, we will contact you to schedule an inspection of your home. During the inspection we will discuss the Family Day Care Home Regulations with you, answer any questions you may have and make sure your home complies with the Regulations. **Please read and be familiar with the Regulations before your appointment.** You can access them online at: http://www.ct.gov/dph/lib/dph/daycare/pdf/Statutes_and_Regulations_Homes.pdf or call 800-282-6063 to request a copy in the mail. **Note:** We cannot schedule an inspection of your home until your application is complete.



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH Community Based Regulation Section

Child Day Care Licensing – Initial Application Fee Invoice Form

The licensing fee along with this Initial Application Fee Invoice Form is due with your application to obtain a child day care license. **THE FEE IS NON-REFUNDABLE.**

Please complete items 1 through 10 of this form. If you have questions, call the licensing office at 1-800-282-6063 or (860)509-8045. Make your payment by check or money order payable to: **TREASURER-STATE OF CONNECTICUT**. Mail this form along with your payment and application to the *Department of Public Health* at the address on the bottom of this form.

1. Name of Applicant: _____
(Legal Operator)

2. Program Name: _____
(Applicable For Group/Center Only)

3. Program Location Address:
_____, CT _____
Street Address City/Town Zip Code

4. Program Phone Number: (____) _____ - _____ Program Fax Number: (____) _____ - _____

5. Mailing Address (if different):
_____, CT _____
Street Address City/Town Zip Code

6. Program E-mail Address: _____

7. Enclosed Check/Money Order: \$ _____ Check #: _____ Check Date: ____/____/____

8. Social Security #: _____ - _____ - _____ Federal Employer ID _____ - _____
(3 digits) (2 digits) (4 digits) (2 digits) (7 digits)

9. **Proof of Worker's Compensation Insurance:** Do you hire employees in your program that require Worker's Compensation? Yes No **If yes, please complete the following:**

Name of Insurer _____ Insurance Policy # _____
Effective Dates of Worker's Compensation Coverage ____/____/____ to ____/____/____

10. Payment is for the following type of license: (check one box below)

Child Day Care Center (Account #42431)	Group Day Care Home (Account #42431)	Family Day Care Home (Account #42431)
<input type="checkbox"/> 4-year license (new program) \$500.00	<input type="checkbox"/> 4-year license (new program) \$250.00	<input type="checkbox"/> 4-year license (new provider) \$80.00

T:\Fam&Ctr\Application\CDC_InitialApplicationFeeForm 4/3/12



Phone: (860) 509-8045, Fax: (860) 509-7541
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12DAC
P.O. Box 340308, Hartford, CT 06134
An Equal Opportunity Employer

9. Yes No Have you ever applied for a foster care or adoption license in Connecticut or in any other state? If yes, when and where? _____

Agency Name: _____

Agency Address: _____

Agency Telephone Number: _____

10. Yes No Have you ever been licensed for foster care or adoption in Connecticut or in any other state? If yes, when and where? _____

Agency Name: _____

Agency Address: _____

Agency Telephone Number: _____

11. Yes No Have you ever been employed at a licensed child care facility? If yes, when and where?

Facility Name: _____

Facility Address: _____

Facility Telephone Number: _____

12. Yes No Have you or any person living in your home ever been convicted of any crime in Connecticut or any other state? If yes, please indicate when, where and what the conviction(s) was:

13. Yes No Are you currently employed outside of home? If yes, describe the job and your hours of employment: _____

14. Yes No Do you plan to continue outside employment after you are licensed/approved? If yes, please explain: _____

15. What will be your customary business hours?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

16. Identify an emergency back up caregiver, a responsible adult (at least 20 years of age) who is able to arrive at the facility within ten (10) minutes:

Name: _____ Phone (_____) _____

Street Address: _____ City/Town: _____ State: _____ Zip Code: _____

Work Address: _____ City/Town: _____ State: _____ Zip Code: _____

17. Please list all the adults and children who reside in the family day care home (INCLUDING YOURSELF):

Full Name	Relation to You	Date of Birth	Times Present in the Home per Day

18. Yes No Do you, or does any person living in the home used for child day care, have any known medical or emotional illness or disorder that would pose a risk to children in care or would interfere with or jeopardize providing them with proper care? If yes, please explain:

19. Yes No Do you, or does any person living in the home used for child day care, take any medication(s) that would affect your ability to provide for the proper care of children? If yes, please explain: _____

20. Yes No Have you ever had any children (including your own, day care, foster and adoptive children) removed from your care or the care of any other household member by the police or a child protection worker? If yes, Please explain: _____

21. Yes No Have you, or a person living in the home being used for child care, ever been investigated/questioned by representatives of the Department of Children and Families (DCF) or any other child protection agency, concerning the care of children, including alleged child abuse or neglect in Connecticut or any other state? If yes, please explain: _____

22. List all staff (assistants, and substitutes) in the family day care home. (All staff must be pre-approved by the department. Please request a staff application if you intend on using individuals as staff to work at your program)

Name	Complete Mailing Address Including Zip Code	Telephone #	Expiration Date
		()	
		()	
		()	

23. Yes No Will you provide care in the home in which you live? If no, please provide us with the following information:

Name of Home Owner: _____

Facility Address: _____

Facility Telephone Number: _____

24. Yes No Was the residence in which you will be providing child day care constructed before 1978?

PLEASE NOTE: Samples of peeling paint chips will be collected for lead sampling at the time of your initial inspection.

25. Yes No Does the residence in which you will be providing child day care consist of three (3) or more dwelling units (apartments)?

26. Yes No Does the home have an auxiliary heating device, i.e., wood stove, space heater? If yes, you must enclose written proof that it was inspected and approved for proper and safe installation. (Section 19a-87b-9(d)(8)).

Yes No Inspection report enclosed.

27. Yes No Is the home served by a public water supply? If no, you must enclose written proof from a state certified laboratory that the water was tested within the last year and is potable, adequate and safe (Section 19a-87b-9i).

Yes No Water test enclosed.

28. Yes No Is the outdoor play area protected from traffic, bodies of water, gullies and other hazards by barriers, in a manner safe for children?

Yes No

Note: Where there is a swimming pool or any other body of water at the facility or near enough to the facility to attract or be accessible to children at any time of the year, there shall be a sturdy fence/barrier, four (4) feet high or higher, with locked entrances which totally and effectively bars access to the water by the day care children.

**Connecticut Department of Public Health
Bureau of Regulatory Services - Community Based Regulation
Family Day Care Licensing**

Return to: Venisa Ruff
 Dept. of Public Health-Family Day Care-Application Unit
 410 Capitol Ave. MS#12 DAC - P.O. Box 340308
 Hartford, CT 06134-0308

REQUEST FOR REFERENCE

Regarding the following person:	Who is an applicant for the position of:
name	<input type="checkbox"/> Main child caregiver in a Family Day Care Home
address	
town, zip state	<input type="checkbox"/> Substitute or Assistant caregiver in Family Day Care Home

Please answer the following questions:

1	<p>How long have you known the applicant? (What period of time?)_____</p> <p>In what capacity? (relative? friend? employer? caregiver? neighbor?)_____</p> <p>How well do you know the applicant?_____</p>
2	<p>Is the applicant physically and emotionally capable of providing responsible child care? COMMENTS:</p>
3	<p>Is the applicant able to provide reliable and consistent child care? COMMENTS:</p>
4	<p>Is the applicant able to provide adequate and nutritious meals and snacks? COMMENTS:</p>
5	<p>Is the applicant able to deal with emergencies in a calm manner? COMMENTS:</p>
6	<p>Have you observed this person handling children's problem behaviors? How were the children treated?</p>

7	<p>In your opinion, is the applicant's family stable and harmonious? COMMENTS:</p>
8	<p>Do you know of any reason that this person should not be caring for children? COMMENTS:</p>
9	<p>Does the applicant demonstrate good judgment about supervision and safety for children? COMMENTS:</p>
10	<p>Does the applicant demonstrate an interest and affection for children? COMMENTS:</p>
11	<p>Does the applicant have a good understanding of individual children's developmental needs? COMMENTS:</p>
12	<p>Please use this space for your personal comments and observations.</p>
	<p>Signature: Printed Name:</p>
	<p>Date: Street:</p>
	<p>Telephone: City, State, Zip:</p>

**Connecticut Department of Public Health
Bureau of Regulatory Services - Community Based Regulation
Family Day Care Licensing**

Return to: Venisa Ruff
 Dept. of Public Health-Family Day Care-Application Unit
 410 Capitol Ave. MS#12 DAC - P.O. Box 340308
 Hartford, CT 06134-0308

REQUEST FOR REFERENCE

Regarding the following person:	Who is an applicant for the position of:
name	<input type="checkbox"/> Main child caregiver in a Family Day Care Home
address	
town, zip state	<input type="checkbox"/> Substitute or Assistant caregiver in Family Day Care Home

Please answer the following questions:

1	<p>How long have you known the applicant? (What period of time?)_____</p> <p>In what capacity? (relative? friend? employer? caregiver? neighbor?)_____</p> <p>How well do you know the applicant?_____</p>
2	<p>Is the applicant physically and emotionally capable of providing responsible child care? COMMENTS:</p>
3	<p>Is the applicant able to provide reliable and consistent child care? COMMENTS:</p>
4	<p>Is the applicant able to provide adequate and nutritious meals and snacks? COMMENTS:</p>
5	<p>Is the applicant able to deal with emergencies in a calm manner? COMMENTS:</p>
6	<p>Have you observed this person handling children's problem behaviors? How were the children treated?</p>

7	<p>In your opinion, is the applicant's family stable and harmonious? COMMENTS:</p>
8	<p>Do you know of any reason that this person should not be caring for children? COMMENTS:</p>
9	<p>Does the applicant demonstrate good judgment about supervision and safety for children? COMMENTS:</p>
10	<p>Does the applicant demonstrate an interest and affection for children? COMMENTS:</p>
11	<p>Does the applicant have a good understanding of individual children's developmental needs? COMMENTS:</p>
12	<p>Please use this space for your personal comments and observations.</p>
	<p>Signature: Printed Name:</p>
	<p>Date: Street:</p>
	<p>Telephone: City, State, Zip:</p>

**Connecticut Department of Public Health
Bureau of Regulatory Services - Community Based Regulation
Family Day Care Licensing**

Return to: Venisa Ruff
 Dept. of Public Health-Family Day Care-Application Unit
 410 Capitol Ave. MS#12 DAC - P.O. Box 340308
 Hartford, CT 06134-0308

REQUEST FOR REFERENCE

Regarding the following person:	Who is an applicant for the position of:
name	<input type="checkbox"/> Main child caregiver in a Family Day Care Home
address	
town, zip state	<input type="checkbox"/> Substitute or Assistant caregiver in Family Day Care Home

Please answer the following questions:

1	<p>How long have you known the applicant? (What period of time?)_____</p> <p>In what capacity? (relative? friend? employer? caregiver? neighbor?)_____</p> <p>How well do you know the applicant?_____</p>
2	<p>Is the applicant physically and emotionally capable of providing responsible child care? COMMENTS:</p>
3	<p>Is the applicant able to provide reliable and consistent child care? COMMENTS:</p>
4	<p>Is the applicant able to provide adequate and nutritious meals and snacks? COMMENTS:</p>
5	<p>Is the applicant able to deal with emergencies in a calm manner? COMMENTS:</p>
6	<p>Have you observed this person handling children's problem behaviors? How were the children treated?</p>

7	<p>In your opinion, is the applicant's family stable and harmonious? COMMENTS:</p>
8	<p>Do you know of any reason that this person should not be caring for children? COMMENTS:</p>
9	<p>Does the applicant demonstrate good judgment about supervision and safety for children? COMMENTS:</p>
10	<p>Does the applicant demonstrate an interest and affection for children? COMMENTS:</p>
11	<p>Does the applicant have a good understanding of individual children's developmental needs? COMMENTS:</p>
12	<p>Please use this space for your personal comments and observations.</p>
	<p>Signature: Printed Name:</p>
	<p>Date: Street:</p>
	<p>Telephone: City, State, Zip:</p>