



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Community Based Regulation Section

Family Day Care Staff- Renewal Application Cover Letter/Checklist

Dear Family Day Care Home Staff:

Your approval for your staff position is due to expire shortly. Enclosed is a copy of the renewal package to renew your staff approval. Please return the enclosed renewal application to the Department of Public Health (DPH) at least **THIRTY (30) DAYS PRIOR TO THE EXPIRATION** of your staff approval and retain one copy for your files. If you do not submit a complete renewal application before your staff approval expires your approval will be considered **CLOSED** as of the expiration date. If your staff approval expires you will need to submit an initial application to be approved as a staff person.

All required documents must be included with your renewal application in order for your approval to be renewed. Please reply directly to:

Child Care Licensing Unit
Department of Public Health
410 Capitol Avenue, MS #12-DAC
P.O. Box 340308
Hartford, CT. 06134-0308
1-800-282-6063 or (860) 509-8045

ALONG WITH THIS APPLICATION, YOU MUST INCLUDE THE FOLLOWING:

- **\$15.00 Application Fee and Fee Invoice Form** - Make your check payable to "Treasurer State of Connecticut". This fee is non-refundable.
- **Adult Medical Statement for Child Care** - Physical exam is required every two years. http://www.ct.gov/dph/lib/dph/daycare/pdf/F_AdultMedCl.pdf
- **First Aid Certification** - A copy of a certificate front and back documenting the successful completion of an approved first aid course appropriate for child care providers - required for substitutes only. A list of approved First Aid Courses can be found at: http://www.ct.gov/dph/lib/dph/daycare/pdf/cdc_firstaidlist.pdf



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

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH Community Based Regulation Section

Child Day Care – Staff Application Fee Form

The licensing fee along with this Staff Application Fee Invoice Form is due with your application to obtain a Family Day Care Home Staff Approval. **THE FEE of fifteen \$15.00 IS NONREFUNDABLE.**

Please complete items 1 through 9 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: _____
2. Address: _____, CT _____

Street
City/Town
Zip Code
3. Mailing Address (if different):

Street Address
City/Town
Zip Code
4. Home Phone Number: (____) _____ - _____ Cell Phone Number: (____) _____ - _____
5. E-mail Address: _____ 6.ExpirationDate: _____
- (for renewals only)*
7. Enclosed Check/Money Order: \$_____ Check #: _____ Check Date ____/____/____
8. Social Security # : _____ - _____ - _____

(3 digits)
(2 digits)
(4 digits)
9. Payment is for the following type of approval: *(check one box below)*

Family Day Care Home Staff Assistant (Account #42431)	Family Day Care Home Staff Substitute (Account #42431)
<input type="checkbox"/> 2-year approval (new) \$15.00 <input type="checkbox"/> 2-year approval (renewal) \$15.00	<input type="checkbox"/> 2-year approval (new) \$15.00 <input type="checkbox"/> 2-year approval (renewal) \$15.00

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FAMILY DAY CARE PROGRAM APPLICATION**

STATEMENT OF COMPLIANCE

Applicant's Name: _____
First Middle Last

Address of Facility: _____
Street Town State Zip

I certify that I have read and understand the regulations for the licensure of family day care homes adopted by the Commissioner of Public Health pursuant to Connecticut General Statutes Section 19a-87b(c). I will maintain the family day care home in compliance with these regulations, and I will allow home visits by Department staff to the family day care home when I am present at the family day care home.

NOTICE OF PENALTY FOR FALSE STATEMENTS

Under the law, all information provided on this application form, or in any statements accompanying this application, must be truthful. Any false statements could cause the denial of this application and may be punished as a Class A Misdemeanor under Section 53a-157b of the Penal Code. This notice is given as required by the Connecticut General Statutes, Section 19a-87b(a).

Understanding the penalties for false statements, I attest that my statements in this application are true, to the best of my knowledge and belief.

X _____
(Signature of Applicant) (Date)