



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
Community Based Regulation Section

FAMILY DAY CARE HOME APPLICATION CHANGE OF ADDRESS

GENERAL INFORMATION

Please type or print. Use an extra page if necessary.

IMPORTANT: Please be aware of Regulation Section 19a-87b-5(c)(2) Nontransferability of the Registration:
When the provider moves the family day care home to another facility, the old registration is no longer valid as issued. A new application to change the address shall be filed with the Department immediately. No fee is charged for this application, but A HOME VISIT IS REQUIRED TO OPERATE. The provider must notify the Department immediately to schedule a home visit.

1. Provider's Name : _____
first middle last

License #: _____ Expiration Date: _____

Home Telephone: (____) _____ Work Telephone: (____) _____

2. Location/Street Address: _____

3. City, Town, Zip: _____

Mailing Address (if different): _____

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

5. Yes No Have you or, has any person living in the home used for child day care, ever been convicted of any crime in Connecticut or any state?
If yes, please explain:



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

6. What will be your customary child day care hours?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

7. 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 _____ Telephone Number (____) _____ Street Address _____ City/Town _____
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8. List all the adults and children who reside in the family day care home:

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

9. Yes No Do you, or does any person living in the home used for child 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: _____

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

11. 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:

12. Yes No Have you, or any 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:

13. List all staff (assistants, and substitutes) in the family day care home:
(All Staff must be pre-approved by the Department. Please request an application.)

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

14. Yes No Will you provide care in the home in which you live? If no, please list the name of the homeowner and the facility address and telephone number:

15. Yes No Was the residence in which you will be providing child day care constructed before 1979?

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

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

17. Yes No Does the home have 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.*

18. 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.*

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FAMILY DAY CARE HOME – CHANGE OF ADDRESS**

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 am currently in compliance with, and will maintain my family day care home in compliance with these regulations, and I will allow home visits by Department staff to the family day care home.

I certify that all children enrolled in the family day care home have received age-appropriate immunizations in accordance with Section 19a-87b-10(k) of the regulations for the licensure of family day care homes.

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)

**Return To: State of Connecticut
Department of Public Health
410 Capitol Avenue, MS #12 DAC
P. O. Box 340308
Hartford, CT 06134-0308**