



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
Community Based Regulation Section

FAMILY DAY CARE HOME LICENSE STAFF INITIAL APPLICATION CHECKLIST

Dear Family Day Care Staff Applicant: Thank you for your interest in wanting to become a Family Day Care Home Staff. Please follow the instructions below to apply for the approval.

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 it. 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.

ALONG WITH THIS APPLICATION YOU MUST INCLUDE:

- **\$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 examination and TB test must be within the last 12 months. Adult Medical Statement forms can be found at:
http://www.ct.gov/dph/lib/dph/daycare/pdf/G_C_StaffHlthRecord.pdf
- **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.
- **First Aid Certification** - A copy of a certificate, front and back, documenting the successful completion of an approved course in first aid appropriate for child care providers. (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
- **Fingerprints** – Submit one fingerprint card (green) and a fee of \$16.50. Make check payable to "Treasurer State of Connecticut".
- **DCF Authorization for Release of Information**

Mail Fingerprints and DCF Authorization for Release of Information to:

Legal Office CT Department of Public Health, 410 Capitol Avenue MS#12 LEG, P.O. Box 340308, Hartford, CT 06134-0308

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 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

*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*

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 NON-REFUNDABLE.

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

**Department of Public Health
 410 Capitol Avenue-MS#12 DAC
 Hartford, Ct.06134-0308**

**CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
FAMILY DAY CARE HOME**

INITIAL APPLICATION FOR FAMILY DAY CARE HOME STAFF

GENERAL INFORMATION

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

1. Applicant's Name: _____
first *middle* *last*

2. Date of Birth: _____ Home Telephone: (____) _____
Work Telephone: (____) _____

I am applying to be the:

- SUBSTITUTE, a person twenty (20) years of age or older, who may assume the licensed day care provider's responsibilities when he or she is absent.

- ASSISTANT, a person eighteen (18) years of age or older, who assists the licensed provider or the substitute in caring for children in the licensed facility, while the provider or substitute is present. (An assistant enables a provider to care for additional children under the age of two years.)

I plan to work for: Provider's Name: _____ Town: _____

3. List all former names you have been known by: _____

4. Street Address: _____

5. City, Town, Zip: _____ CT _____
city/town *zip code*

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

7. Yes No Have you ever held a child day care license in Connecticut or in any other state? If yes, when and where? _____

Agency Name: _____

Agency Address: _____

Agency Telephone Number: _____

8. 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: _____

9. 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: _____

10. 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: _____

11. Yes No **Have you ever been convicted of any crime in Connecticut or any other State? If yes, please indicate when, where and what the conviction(s) was:**

12. Yes No **Do you 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:**

13. Yes No **Do you take any medication(s) that would affect your ability to provide for the proper care of children? If yes, please explain:**

14. Yes No **Have you ever had any children (including your own, foster and adoptive children) removed from your care by the police or a child protection worker?**
If yes, please explain: _____

15. Yes No **Have you 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: _____

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

Return to: Terry Miller
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>

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