



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Community Based Regulation Section

RENEWAL APPLICATION FOR FAMILY DAY CARE HOME STAFF APPROVAL

Expiration Date: _____

Applicant's Name: _____

Street Address: _____

Town, State, Zip: _____

Home Telephone #: (_____) _____ Date of Birth: _____

Work Phone #: (_____) _____ Social Security #: _____

1. I am renewing my staff approval for:

Substitute, a person twenty (20) years of age or older, who may assume the licensed day care provider's responsibilities when her 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.)

2. I work for:

Provider's name: _____ Town: _____

3. Along with this renewal application, you must include:

An Adult Medical Statement form completed within the past two (2) years
Adult Medical Statement forms can be found at www.ct.gov/dph/daycare.

A copy of a current 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 Course can be found at www.ct.gov/dph/daycare.

IMPORTANT: Please complete the other side of this form



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