STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Child Day Care Center or Group Day Care Home
AFFIDAVIT

NOTE: This form must be completed by the Operator or the individual authorized to represent and act on behalf of the Operator.

I, _____, being duly sworn depose and say:
Name of **Legal Representative** (this is the individual authorized to act on behalf of the operator) or **Operator** (only if Operator is an individual)

The name of the child day care center/group is _____
Name of Child Day Care Center/Group Day Care Home

The application is made to conduct this child day care center/group day care home at:

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

The Operator of the above named facility is a: **(please check one of the following and include the name)**

☐ Individual/Sole Proprietor _____ ☐ Limited Liability Company _____
(name of Individual/Sole Proprietor) (name of LLC)

☐ Corporation _____ ☐ Partnership _____
(name of Corporation) (name of Partnership)

☐ Limited Partnership _____ ☐ Limited Liability Partnership _____
(name of LP) (name of LLP)

I am the Operator and am legally responsible for the operation of said program or I am the Legal Representative and am duly authorized and empowered to act as of this date on behalf of the Operator.

My phone number is (_____) _____-_____ My address is _____
Street, City/Town, State, Zip Code

I have read the Connecticut General Statutes and Regulations of Connecticut State Agencies (Public Health Code) relating to the licensure and operation of a child day care center/group day care home.

The information contained in this application is true and indicates compliance with the aforementioned Statutes and Regulations.

I will ensure that this program will be operated in compliance with the aforementioned Statutes and Regulations and with any Consent Order executed with the Department of Public Health or any successor agency.

I give my permission for a full unannounced inspection of the facility and a comprehensive review of the program and staffing plans for the child day care center/group day care home by the State Department of Public Health, and the local health department for the purposes within their authority, at any time throughout the period for which the license is issued.

I understand that the Department of Public Health must be immediately notified of any change in the plan of operation affecting any condition contained in the application upon which the license is renewed and of any change in the legal representative.

I understand that the license is time limited, is subject to review, and that renewal is necessary for continued operation of the child day care center/group day care home.

Any false statements made herein are punishable in accordance with Section 53a-157b.

_____
Signature of Operator or Legal Representative

Subscribed and sworn to before me on the _____day of_____ _____
Day **Month** **Year**

_____
Signature of notary public, commissioner of superior court or other proper official as noted in Connecticut General Statute Section 1-24