TO: Child Care Operator Applicants

FROM: Child Day Care Licensing Unit

The Initial Application for licensure was designed to meet the requirements of the Regulations for Connecticut State Agencies for Child Day Care Centers and Group Day Care Homes, Sections 19a-79-1a to 19a-79-13, inclusive.

A Complete Application shall be submitted to the Department at least 60 days prior to the anticipated date of opening. Please retain one copy of the completed application for your own records and submit one copy to the Local Health Department.

The Initial Application for the licensure packet consists of:

1. Fee Invoice Form
2. Coordinating Check List
3. Affidavit
4. Property History Questionnaire
5. Initial Application for Licensure Including Supplementary Application for Infant/Toddlers (if applicable)
6. Educational Consultant Application
7. Related Application Forms
8. “Sample” Policies, Plans & Procedures
9. Fingerprinting Packet Including Instructions. (to be returned to the Legal Department @ The Department of Public Health, Legal Office, 410 Capitol Ave., MS#12LEG, P.O. Box 340308, Htd., CT 06134-0308)

If you have obtained this application over the Internet, please call the Department of Public Health, Legal Office @ (860) 509-7600 to obtain a fingerprint packet.

Each attachment must have the attachment number on the upper right hand corner of each page.
COORDINATING CHECK LIST FOR APPLICATION
(PLEASE CHECK EACH BOX OR CHECK N/A IF NOT APPLICABLE)

ATTACHMENT

- Fee Enclosed
- Fee Invoice Form
- Application
- Application (Supplemental Information Infant/Toddler Care)
- Affidavit
- Property History Questionnaire (Hazardous Waste)
- Fire
- Building
- Zoning
- Local Health - Date Application Sent:
- Building structure constructed prior 1978 Yes No If yes, a full comprehensive lead inspection is required
- Lead inspection to be conducted by the local health department or a private licensed lead inspector
- Staff Work Schedule Form (Including Designated Head Teacher & Director)
- Fingerprint/Background Checks (Submit to the Legal Department)
- Head Teacher Certificate of Approval
- Organization Chart
- First Aid Training Certificates CPR Training Certificate
- Education Consultant Form Copy of Agreement
  - Contract Signed Annually by Consultant Annual Review of Written Policies, Plans & Procedures Availability in Person
  - Annual Review of Education Programs Availability by Telecommunication Acting as Resource Person for Staff/Parents
  - Consulting with Administration & Staff about Specific Problems
  - Documenting the Activities & Observations Required in Consultant Log that is kept for 2 years
- Copy of Agreement/Contract for Physician/Public Health RN Minimum Quarterly Site Visits for Children 3 yrs. & Older
  - Reviewing Health & Immunization Records for Children & Staff
  - Observing Indoor & Outdoor Environment for Health & Safety
  - Observing Children’s General Health & Development
  - Observing Diaper Changing Areas & Toileting Areas, Diaper Changing, Toileting & Hand Washing Procedures
  - Reviewing Medication Policies, Procedures, Documentation for Administration of Medications (including petition for Special Medication Authorizations
  - Assisting in the Review of Individual Care Plans for Children with Special Needs/Disabilities
- Copy of Agreement/Contract for Dentist
  - Contract Signed Annually by Consultant Annual Review of Written Policies, Plans & Procedures Availability in Person
  - Annual Review of Education Programs Availability by Telecommunication Acting as Resource Person for Staff/Parents
  - Consulting with Administration & Staff about Specific Problems
  - Documenting the Activities & Observations Required in Consultant Log that is kept for 2 years
- Copy of Agreement/Contract for Registered Dietitian
  - Contract Signed Annually by Consultant Annual Review of Written Policies, Plans & Procedures Availability in Person
  - Annual Review of Education Programs Availability by Telecommunication Acting as Resource Person for Staff/Parents
  - Consulting with Administration & Staff about Specific Problems
  - Documenting the Activities & Observations Required in Consultant Log that is kept for 2 years
- Copy of Agreement/Contract for Social Service Consultant
  - Contract Signed Annually by Consultant Annual Review of Written Policies, Plans & Procedures Availability in Person
  - Annual Review of Education Programs Availability by Telecommunication Acting as Resource Person for Staff/Parents
  - Consulting with Administration & Staff about Specific Problems
  - Documenting the Activities & Observations Required in Consultant Log that is kept for 2 years
- Consultant/Head Teacher Data Sheet
- Floor Plan - Indoor
- Water Supply Attachment:
  - Lead Water Test
  - Bacterial and Chemical Water Test (if applicable)
  - Copy of Water Bill (if applicable)
- Radon Test Results
- Sketch - Outdoor Play Space
- Pool Approval

S3 Indoor Floor Plan for Infant Toddler
S4 Nurse’s License and Resume
The licensing fee along with this Initial Application Fee Invoice Form is due with your application to obtain a child day care license. **THE FEE IS NON-REFUNDABLE.**

Please complete items 1 through 10 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 of Applicant: ____________________________________________ 
   
2. Program Name: ________________________________________________ 
   
3. Program Location Address: _______________________________________ , CT ____________________________
   
4. Program Phone Number: (_____) _____ - _______        Program Fax Number: (_____) _____ - _______ 

5. Mailing Address (if different): ______________________________________ , CT ____________________________

6. Program E-mail Address: ________________________________

7. Enclosed Check/Money Order: $_________    Check #: _________    Check Date: ____/____/_____ 

8. Social Security #: _____ - _______ - _________    Federal Employer ID: _______ - _________________

9. **Proof of Worker’s Compensation Insurance:** Do you hire employees in your program that require Worker’s Compensation?  ☐ Yes  ☐ No  If yes, please complete the following:
   
   Name of Insurer __________________________________________ Insurance Policy # ______________________
   Effective Dates of Worker’s Compensation Coverage _____/____/_____ to _____/____/_____

10. Payment is for the following type of license: (check one box below)

<table>
<thead>
<tr>
<th>Child Day Care Center</th>
<th>Group Day Care Home</th>
<th>Family Day Care Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Account #42431)</td>
<td>(Account #42431)</td>
<td>(Account #42431)</td>
</tr>
<tr>
<td>☐ 4-year license (new program) $500.00</td>
<td>☐ 4-year license (new program) $250.00</td>
<td>☐ 4-year license (new provider) $80.00</td>
</tr>
</tbody>
</table>
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 __________________________ (name of Individual/Sole Proprietor)

☐ Limited Liability Company __________________________ (name of LLC)

☐ Corporation __________________________ (name of Corporation)

☐ Partnership __________________________ (name of Partnership)

☐ Limited Partnership __________________________ (name of LP)

☐ Limited Liability Partnership __________________________ (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
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

APPLICATION FOR INITIAL LICENSE
CHILD DAY CARE CENTER OR
GROUP DAY CARE HOME

Complete original application, answering all items as they apply to your program.

Please submit: original application to the Department of Public Health – Child Care Licensing
Please submit: one complete copy to your Local Health Department
Please keep: one complete copy on file at the licensed premise

1. Name of Program: ______________________________________________________________

Program Location Address _________________________ Phone: (____)__________
(Number & Street)
Town/City/State: __________________________________ Zip Code: ____________

Mailing Address: (if different, i.e., RFD or P.O. Box, or central office)
____________________________________________________________________
____________________________________________________________________

• Was the building/structure in which you will be providing child care constructed
prior to 1978?  □ Yes  □ No (if yes, please refer to question #5e)

2. OPERATOR: ________________________________________________________________

Operator’s Mailing Address: __________________________________________________

Business Phone: (____)______________________________________________________

Town/City/State: ____________________________________________________________ Zip Code: ____________

3. DESIGNATED DIRECTOR:

Home Address: ____________________________________________________________

Home Phone: (____)________________________________________________________

Town/City/State: ____________________________________________________________ Zip Code: ____________

4. HEAD TEACHER
   (designated for site)
5. **LOCAL APPROVALS:**

   a. LOCAL FIRE approval *(Attachment #5a)*
   
   b. LOCAL BUILDING approval *(Attachment #5b)*
   
   c. ZONING approval *(Attachment #5c)*
   
   d. DATE you sent copy of application to LOCAL HEALTH DEPARTMENT ________________
   
   e. LOCAL HEALTH Approval (Environmental Inspection Report)

A full comprehensive lead inspection is required for buildings constructed prior to 1978. If a comprehensive lead inspection is required the local health department/private licensed lead inspector’s Lead Inspection Report must be submitted. If lead-based paint or lead hazards are not identified, no additional documents are required to be submitted. If lead-based paint or lead hazards are identified, any of the following documents that are generated based upon the inspection results must be submitted: *(a) Plan of Abatement/Correction, (b) Letter of Compliance from local health department, (c) the Management Plan.*

6. **ENROLLMENT:**

Requested licensed capacity: ______________

Ages of children you will accept: ________________________

**SERVICES PROVIDED:**

- [ ] Infant/Toddler 6 weeks-3 years  
  - [ ] Preschool 3-5 years
- [ ] Kindergarten 5-6 years  
  (Attending Kindergarten at your facility)  
  - [ ] School Age 5 years & over  
  (Attending Elementary School)
- [ ] Night Care

7. **OPERATIONS OF CENTER/HOME:** (Indicate time open each day)

<table>
<thead>
<tr>
<th>Day</th>
<th>Time Open</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
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<tr>
<td>Tuesday</td>
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<td>Wednesday</td>
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<td>Thursday</td>
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<tr>
<td>Friday</td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
</tr>
</tbody>
</table>

(i.e., Mon. 9 AM-12 PM; Tues. 10 AM-12 PM; Wed. 2-4 PM)

Months Center/Home Operates: ________________________ (i.e., September to June)

Days/Weeks program is scheduled to be CLOSED: (i.e., holidays, in-service, vacations). *(Attachment 7)*

8. **STAFF - (paid or volunteer):**

Attach copies of the following:

   a. List name, date of birth, position, work schedule, date of employment for each employee, including substitutes (use enclosed staff work schedule form.) *(Attachment #8a)*

   b. **Important:** Background Check Fingerprint Cards (To be returned to the Legal Department @ the Department of Public Health, Legal Office, 410 Capital Avenue. MS#12 LEG, P. O. Box 340308, Hartford, CT 06134-0308.)
c. Head Teacher: Individuals seeking head teacher approval by the Department of Public Health must submit their application and supporting documentation directly to the Office of Early Childhood, Connecticut-Charts-A-Course through the Early Childhood Professional Registry. To begin the process, go to the Connecticut-Charts-A-Course website at www.ccacregistry.org and click on the Head Teacher Approval Tab or call 800-832-7784.

d. Written organizational chart that establishes the line of authority and responsibility in all matters relating to the management and maintenance of the center or group home and care of children. Attach copy of the organizational chart. *(Attachment #8d)*

e. Copies of staff certificates from approved first aid courses and approved CPR course. *(Attachment #8e)*

9. **CONSULTANTS:**

a. Early Childhood/School Age Education Consultant (submit enclosed application) *(Attachment #9a)*

b. Health Consultant *(Attachment #9b)*

c. Dental Consultant *(Attachment #9c)*

d. Registered Dietitian Consultant (required if meals are served) *(Attachment #9d)*

e. Social Service Consultant *(Attachment #9e)*

f. Consultant/Head Teacher Data Sheet *(Attachment 9f)*

10. **FOOD SERVICE:**

a. Meals and snacks served: (check **All** that apply):

<table>
<thead>
<tr>
<th>Breakfast meal</th>
<th>A.M. snack</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midday meal</td>
<td>P.M. snack</td>
</tr>
<tr>
<td>Evening meal</td>
<td>Snack brought by children</td>
</tr>
<tr>
<td>Meals brought by children</td>
<td></td>
</tr>
</tbody>
</table>

*If meals are served, please submit a copy of your Food Service Certificate *(Attachment #10)**

b. Who plans food service? ____________________________________________________________

Where is food prepared? ____________________________________________________________

c. Eating, serving and drinking utensils (check **All** that apply):

Disposal □ Reusable □

Dishwashing facilities:

Machine □ Hand □
11. **PHYSICAL PLANT - INDOORS:** (attach copies of the following)

   a. **PROGRAM SPACE:** Submit a floor plan for the entire day care center/home. Show the dimensions in **FEET** of each program area/classroom. Indicate the functions of each room. Indicate on the floor plan, entrances and exits, doors, windows, corridors, storage areas, child bathrooms, sinks, kitchens/food prep areas, office, staff bathrooms, isolation area.  
      (Attachment #11a)

   b. **WATER SUPPLY:** (check one) (Attachment #11b)
      
      □ City/Municipal       □ Well       □ Other

      1. If **water source is City/Municipal**, submit copy of most recent bill or other documentation for verification purposes - with program’s location address on it.  
         (Attachment #11b)

      2. Submit copy of Lead Water Test completed every 2 years for **All** water supplies.  
         (Attachment #11b)

      3. If **water source is a well**, submit a copy of the Bacterial and Chemical Test every two years.  
         (Attachment #11b)

      4. If **water source is a well and facility will serve 25 or more adults and children for over 60 days per year**, the facility must be in compliance for required water quality testing and well construction for non community public water systems per CT Public Health Code Sections 19-13-B102 and 19-13-B51, respectively. Information must be verified with DPH Drinking Water Section at (860) 509-7333.
         
         • Water Supply Engineer Contact Person: ____________________________  
          Print Name

   c. Number of toilets for children: _____ Number of toilets for staff/adults: ____

   d. **RADON TESTING:** If the program is located in a basement level or ground floor submit copy of radon test. Results must be posted. **Testing must be done between the months of November and April.**  
      (Attachment #11d)

12. **OUTDOOR PLAY SPACE:** (attach copies of the following)

   a. Sketch showing dimensions in **FEET**. Include information on location of facility, major play equipment, type of surface(s), fencing and storage areas.  
      (Attachment #12a)

   b. Copy of official swimming pool approval to indicate compliance with Public Health Code, if applicable.  
      (Attachment 12b)
The licensing authority (Department of Public Health) must be notified of any change in plan of operation involving facility, staff, children served at any one time from that indicated on this application. Additional approval is required for continued licensure if there are any changes in the conditions on which any earlier licensure is granted. The official license to operate a child day care center/home must be posted on the premises of the center/home in a conspicuous manner.

The facts as stated in completion of this application are true

__________________________________________________________
Signature of Operator or Legal Representative (as indicated on the Affidavit)

_____________________________________________________________
Printed Name of Operator or Legal Representative

_____________________________________________________________
Date