



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
Community Based Regulation Section

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, Hfd., 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.

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

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)
- 5a Fire
- 5b Building
- 5c Zoning
- 5d Local Health - Date Application Sent: _____
- 5e 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
- 7 Schedule
- 8a Staff Work Schedule Form (Including Designated Head Teacher & Director)
- 8b Fingerprint/Background Checks (Submit to the Legal Department)
- 8c Head Teacher Certificate of Approval
- 8d Organization Chart
- 8e First Aid Training Certificates CPR Training Certificate
- 9a 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
- 9b 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 Reviewing Contents, Storage & Plan for Maintenance of First Aid Kits 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
- 9c 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
- 9d 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
- 9e 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
- 9f Consultant/Head Teacher Data Sheet
- 11a Floor Plan - Indoor
- 11b Water Supply Attachment:
 - Lead Water Test
 - Bacterial and Chemical Water Test (if applicable)
 - Copy of Water Bill (if applicable)
- 11c Radon Test Results
- 12a Sketch - Outdoor Play Space
- 12b Pool Approval
- S3 Indoor Floor Plan for Infant Toddler
- S4 Nurse's License and Resume



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH Community Based Regulation Section

Child Day Care Licensing – Initial Application Fee Invoice Form

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: _____
(Legal Operator)

2. Program Name: _____
(Applicable For Group/Center Only)

3. Program Location Address:
_____, CT _____
Street Address City/Town Zip Code

4. Program Phone Number: (____) _____ - _____ Program Fax Number: (____) _____ - _____

5. Mailing Address (if different):
_____, CT _____
Street Address City/Town Zip Code

6. Program E-mail Address: _____

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

8. Social Security #: _____ - _____ - _____ Federal Employer ID _____ - _____
(3 digits) (2 digits) (4 digits) (2 digits) (7 digits)

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)

Child Day Care Center (Account #42431)	Group Day Care Home (Account #42431)	Family Day Care Home (Account #42431)
<input type="checkbox"/> 4-year license (new program) \$500.00	<input type="checkbox"/> 4-year license (new program) \$250.00	<input type="checkbox"/> 4-year license (new provider) \$80.00

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**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:

- | | |
|--|---|
| <input type="checkbox"/> Infant/Toddler 6 weeks-3 years | <input type="checkbox"/> Preschool 3-5 years |
| <input type="checkbox"/> Kindergarten 5-6 years
(Attending Kindergarten at your facility) | <input type="checkbox"/> School Age 5 years & over
(Attending Elementary School) |
| <input type="checkbox"/> Night Care | |

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

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Sunday _____ (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):

_____ Breakfast meal	_____ A.M. snack
_____ Midday meal	_____ P.M. snack
_____ Evening meal	_____ Snack brought by children
_____ Meals brought by children	

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):

Disposable 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: _____
Number of sinks for children: _____ Number of sinks 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