

## RENEWAL COVER LETTER

**NOTE: the renewal application is due sixty (60) days prior to the expiration of your license**

Dear Operator:

The license for your child day care facility is due to expire shortly.

As you may already know, legislation enacted during the 2007 legislative session requires that child day care center and group day care home licenses renewed on and after October 1, 2008 will be renewed for a term of four years, rather than the previous renewal term of two years. Also, the legislation requires that the renewal fee be prorated.

Efforts have been made by the Department to reduce the effort needed to renew your license. **Simply complete and return the Renewal Fee Invoice form and a check made payable to Treasurer, State of Connecticut to:**

Child Day Care Licensing Program  
Department of Public Health  
410 Capitol Avenue, MS#12DAC  
P.O. Box 340308  
Hartford, CT 06134-0308

The regulations require that certain **records must be maintained on the premises**. These records will be reviewed by department staff during an inspection and should be made readily available. Attached is a list of RECORDS TO BE MAINTAINED ON PREMISES for your review. Please read through it carefully. In addition, **it is your responsibility to have a current local health inspection and fire marshal inspection onsite for department review**. Should you have any questions or concerns, please contact us at 1-800-282-6063 or 1-860-509-8045.

**IMPORTANT: When completing the “Renewal Fee Invoice Form”, please be sure to list the Legal Operator the same way that it appears on your current license.**

**RECORDS TO BE MAINTAINED ON PREMISES  
AS REQUIRED BY CHILD DAY CARE CENTER & GROUP DAY CARE HOME REGULATIONS**

**ITEMS TO BE POSTED ON SITE**

1. Department of Public Health License (current)
2. Fire Marshal Certificate
3. Department Complaint Procedure
4. Food Service Certificate as Required by the Director of Local Health (if applicable)
5. Menus (snacks and/or meals, 1 week in advance)
6. Emergency Plans (fire, weather, medical, evacuation)
7. No Smoking Signs (at all entrances)
8. Department Inspection Report (for 30 operating days)
9. Radon Test Results Posted with the License (conducted between November and April)
10. Emergency Telephone Numbers (adjacent to phone)
11. Diapering and Hand Washing procedures (in each diapering area)

**ITEMS TO BE KEPT IN CHILDREN'S FILES**

1. Enrollment Information (child's name, address, date of birth, date enrolled and residence, business address and telephone numbers of the parent(s))
2. Name and Telephone Number of the Child's Physician or Other Primary Health Care Provider
3. Authorized Emergency Medical Permission (to be taken on field trips)
4. Authorized Released Permission for Alternate Pick Up
5. Authorized Permission for Activities Away from the Premises (if applicable)
6. Authorized Transportation Permission (if applicable)
7. Health Record (including screening for risk factors for TB)  
\*annual physical required for children under age 5  
\*for school age children as required and accepted by the local school system
8. Immunization Records (including documentation of annual flu vaccine by Dec. 31<sup>st</sup> each year)
9. Administration of Medication Permission Forms - Including Written Orders (if applicable)
10. Injury/Illness/Accident Reports
11. Individual Care Plan (signed by parent & staff)

**ITEMS TO BE KEPT IN STAFF FILES**

1. Health Record (updated every 2 years) and Tuberculin Test (negative test and/or chest x-ray)
2. Professional Development
3. New Employee Orientation & Annual Training for Current Staff on Policies, Plans & Procedures
4. Disciplinary Actions
5. First Aid Certificates/CPR Training Certificates (DPH approved courses)
6. Administration of Medication Training Approval (if applicable)
7. Copies of Completed Fingerprint Cards and Forms for Checks of the State Child Abuse Registry

**ADDITIONAL RECORDS TO BE KEPT ON FILE**

1. Daily Attendance Records for Children and Staff (showing specific hours present) – keep for two years
2. Current Licensing Application, Including Changes, and all Policies and Procedures including: Discipline, Supervision, Child Protection, General Operating Policies, Personnel Policies, Closing Time Policy Educational Program Plan with Written Plan for Daily Program
3. DPH Inspection Reports, all Correspondence Related to Licensure
4. Local Health Environmental Inspection (every 2 years)
5. Consultant Logs, Including Documentation of Annual Review of Written Policies, Plans and Procedures
6. Written Plan for Consultation Services (signed annually by the consultant)
7. Documentation of Behavior Management Techniques Discussed with Parents
8. Administration of Medication Policies, Procedures, Certificates and Training Outline
9. Lead Water Tests (every 2 years) Copy Kept on File at Program
10. Bacterial & Chemical (every 2 years wells only)
11. Lead Inspection Reports, Abatement/Correction Plans, Letter of Compliance, and Management Plans (if applicable)

**\*\*REFER TO THE REGULATIONS FOR COMPLETE REQUIREMENTS\*\***

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH Community Based Regulation Section

### Child Day Care Licensing – Renewal Fee Invoice Form

The license for your child day care center, group day care home or family day care home is due to expire shortly. The licensing fee for your child day care center or group day care home is due sixty (60) days prior to the expiration of your license along with this Fee Invoice Form in order to renew the license. The licensing fee for your family day care home is due prior to the expiration date of your license along with this Fee Invoice Form. **THE FEE IS NON-REFUNDABLE** and the license to operate a child day care center, group day care home or family day care home is valid for four (4) years.

Please complete items 1 through 12 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 to the *Department of Public Health* at the address on the bottom of this form.

1. Name of Licensee: \_\_\_\_\_  
(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. License #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Mailing Address (if different):  
\_\_\_\_\_, CT \_\_\_\_\_  
Street Address City/Town Zip Code

7. Program E-mail Address: \_\_\_\_\_

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**IMPORTANT – Please complete the other side of this form**

**Return to: Department of Public Health, 410 Capitol Ave., MS#12DAC, PO Box 340308, Htfd., CT 06134-0308**

10. I have read the Connecticut General Statutes and Regulations of Connecticut State Agencies (Public Health Code) that govern the license I am renewing; for child day care centers/group day care homes, Sections 19a-79-1a through 19a-79-13 and for Family Day Care Homes, Sections 19a-87b-1 through 19a-87b-18.

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 understand that failure to grant the department immediate access to the licensed child day care program, its staff or its records, upon request of the department shall be grounds for suspension or revocation or the renewal of the license.

As a licensed family day care provider, I certify that all children enrolled in the family day care home have received age-appropriate immunizations in accordance with Section 19a-87b-10(k) of the regulations for the licensure of family day care homes.

I understand that a licensed child day care center or group day care home must notify the Department of Public Health within five (5) business days of any personnel changes and within thirty (30) days of a change related to ownership, location, licensed capacity, fee, services or voluntary closing. A licensed family day care home must notify the Department of Public Health in writing within five (5) working days of any change in circumstances which alters or affects the day care services as previously stated in the application.

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 or family day care home.

Any false statements made herein are punishable in accordance with Section 53a-157 of the Connecticut General Statutes and may also be grounds for the denial of the license.

All of the above statements contained herein are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
**Signature of Operator or Legal Representative**

\_\_\_\_\_  
**Printed Name of Operator or Legal Representative**

\_\_\_\_\_  
**Date**

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

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

12. Enclosed Check/Money Order: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Check Date: \_\_\_\_/\_\_\_\_/\_\_\_\_