STATE OF CONNECTICUT
OFFICE OF EARLY CHILDHOOD

Connecticut Office of Early Childhood

Family Day Care Staff- Renewal Application Cover Letter/Checklist

Dear Family Day Care Home Staff:

Your approval for your staff position is due to expire shortly. Enclosed is a copy of the renewal package to renew your staff approval. Please return the enclosed renewal application to the Connecticut Office of Early childhood Health (OEC) at least **THIRTY (30) DAYS PRIOR TO THE EXPIRATION** of your staff approval and retain one copy for your files. If you do not submit a complete renewal application before your staff approval expires your approval will be considered **CLOSED** as of the expiration date. If your staff approval expires you will need to submit an initial application to be approved as a staff person.

All required documents must be included with your renewal application in order for your approval to be renewed. Please reply directly to: Connecticut Office of Early Childhood at the address below.

ALONG WITH THIS APPLICATION, YOU MUST INCLUDE THE FOLLOWING:

- **$15.00 Application Fee and Fee Invoice Form -** Make your check payable to "Treasurer State of Connecticut". This fee is non-refundable.
- **Adult Medical Statement for Child Care -** Physical examination required every two years. **www.ct.gov/OEC**
- **First Aid Certification** - A copy of a certificate, front and back, documenting the successful completion of an approved course in first aid appropriate for child care providers - required for substitutes only. A list of approved First Aid Courses can be found at **www.ct.gov/OEC.**

Phone: (860) 509-8045 • Fax: (860) 509-7541
P.O. Box 340308, MS #12CBR
410 Capitol Avenue
Hartford, Connecticut 06134
www.ct.gov/oec
Affirmative Action/Equal Opportunity Employer

CONNECTICUT OFFICE OF EARLY CHILDHOOD

Division of Licensing

Child Day Care – Staff Application Fee Form

The licensing fee along with this Staff Application Fee Invoice Form is due with your application to obtain a Family Day Care Home Staff Approval. **THE FEE of fifteen $15.00 IS NONREFUNDABLE**.

Please complete items 1 through 9 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 *Connecticut Office of Early Childhood,*** *410 Capitol Ave., MS#12CBR, Hartford, CT 06134-0308.*

1. Name:_____

2. Address:_____ _____, CT _____

   Street ***City/Town*** ***Zip Code***

3. Mailing Address (if different):

   _____ _____, CT _____

   Street Address ***City/Town*** ***Zip Code***

4. Home Phone Number: (_____)_____ -_____Cell Phone Number: (_____) _____ -_____

5. E-mail Address: _____ 6.ExpirationDate:_____

   (for renewals only)

7. Enclosed Check/Money Order: $_____ Check #: _____Check Date_____/_____/____

8. Social Security # : _____ - _____ - _____

   (3 digits) (2 digits) (4 digits)

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

	Family Day Care Home Staff Assistant (Account #42431)	**Family Day Care Home Staff Substitute** (Account #42431)
	☐ 2-year approval (new) $15.00 ☐ 2-year approval (renewal) $15.00	☐ 2-year approval (new) $15.00 ☐ 2-year approval (renewal) $15.00

STATEMENT OF COMPLIANCE

Applicant's Name: _____ _____
First *Middle* *Last*

Address of Facility: _____ _____
Street *Town* *State* *Zip*

I certify that I have read and understand the regulations for the licensure of family day care homes adopted by the Commissioner of Public Health pursuant to Connecticut General Statutes Section 19a-87b(c). I will maintain the family day care home in compliance with these regulations, and I will allow home visits by Agency staff to the family day care home when I am present at the family day care home.

NOTICE OF PENALTY FOR FALSE STATEMENTS

Under the law, all information provided on this application form, or in any statements accompanying this application, must be truthful. Any false statements could cause the denial of this application and may be punished as a Class A Misdemeanor under Section 53a-157b of the Penal Code. This notice is given as required by the Connecticut General Statutes, Section 19a-87b(a).

Understanding the penalties for false statements, I attest that my statements in this application are true, to the best of my knowledge and belief.

X_____ _____
(Signature of Applicant) *(Date)*