



# STATE OF CONNECTICUT



## Family Child Care Home Initial Application Checklist

**Dear Family Child Care Applicant:** Thank you for your interest in Family Child Care Home licensing. Please follow the instructions below to apply for the license.

**1. Submit an Application Packet** Complete each form listed below in blue or black ink and answer all the questions completely. We will begin processing your application as soon as we receive the Application Fee and the Application Form. You may send the rest of the forms as soon as they are completed. Since the **fingerprint responses can take at least 90 days**, it is beneficial to submit them as early as possible.

- **Application** Be sure to answer all of the questions completely.
- **\$40 Application Fee** Make your check payable to “Treasurer State of Connecticut”. This fee is not refundable.
- **“Adult Medical Statement for Child Care”** for all household members 18 years of age or older. Physical examination and TB test must have been within the past year. Form can be found at: [www.ct.gov/oec](http://www.ct.gov/oec)
- **“CT Early Childhood Health Assessment Record”** (for children ages birth to 5) or **Health Assessment Record** (for school age children) for each household member under 18 years of age. Physical examination must have been within the past year or up to date with the school’s requirement and immunizations must be up to date.
- **First Aid Certification** – A copy of a certificate, front and back, documenting the successful completion of an approved course in first aid approved for child care providers. A list of approved First Aid Courses can be found at: [www.ct.gov/oec](http://www.ct.gov/oec)
- **Foster Care or Adoption Verification Form** – required if you have ever applied for, held or currently hold a foster care or adoption license in CT or any other state.
- **If you have a well**, you must submit a well water test by a state certified laboratory completed within the past year. (Refer to Regulation Section 19a-87b-9(i) for a list of required tests.
- **References – Submit three Request for Reference Forms** to be completed and signed by individuals (no more than one relative) that have known you for at least three years.
- **Fingerprints** - Submit one fingerprint card (green) for each household member 16 years of age or older.
- **Fingerprint Fee** Enclose a \$12.00 check payable to “Treasurer, State of Connecticut” for each person’s fingerprints. This fee is not refundable.
- **DCF “Authorization for Release of Information”** one for each household member 16 years of age and older.

If you have obtained this application on-line, please call the Connecticut Office of Early Childhood @ 860-500-4466 to obtain a fingerprint packet.

**Send FINGERPRINTS, FINGERPRINT FEE & RELEASE OF INFORMATION FORM to:**  
Connecticut Office of Early Childhood  
Legal Division  
450 Columbus Boulevard  
Suite 303  
Hartford, CT 06103

**Send ALL OTHER APPLICATION MATERIALS to:**  
Connecticut Office of Early Childhood  
Licensing Division  
450 Columbus Boulevard  
Suite 302  
Hartford, CT 06103

**2. Have an Initial Inspection of your home**

**Once your application is complete**, we will contact you to schedule an inspection of your home. During the inspection we will discuss the Family Child Care Home Regulations with you, answer any questions you may have and make sure your home complies with the Regulations. **Please read and be familiar with the Regulations before your appointment.** You can access them online at: [www.ct.gov/oec](http://www.ct.gov/oec) or call 800-282-6063 to request a copy in the mail. Note: We cannot schedule an inspection of your home until your application is complete.

Phone: (860) 500-4450 · Fax: (860) 326-0552  
450 Columbus Boulevard, Suite 302  
Hartford, Connecticut 06103  
[www.ct.gov/oec](http://www.ct.gov/oec)

*Affirmative Action/Equal Opportunity Employer*



# STATE OF CONNECTICUT



## Initial Application Fee Form

The licensing fee along with this Initial Application Fee Invoice Form is due with your application to obtain a child 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 Connecticut Office of Early Childhood, 450 Columbus Boulevard, Suite 302, Hartford, CT 06103.**

1. Name of Applicant: \_\_\_\_\_  
*(Legal Operator)*

2. Program Name: \_\_\_\_\_  
*(Applicable For Group/Center Only)*

3. Program Location Address:  
\_\_\_\_\_  
*Street Address* *City/Town* *Zip Code*

4. Program Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Program Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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 Care Center (Account #42431)	Group Care Home (Account #42431)	Family Care Home (Account #42431)
<input type="checkbox"/> 4-year license (new program) <b>\$500.00</b>	<input type="checkbox"/> 4-year license (new program) <b>\$250.00</b>	<input type="checkbox"/> 4-year license (new provider) <b>\$40.00</b>



9.  Yes  No Have you ever applied for, held, or currently hold a foster care or adoption license in Connecticut or any other state? If yes, you are required to ensure that the enclosed "Foster Care or Adoption License Verification" form is completed by the respective Foster Care Licensing Agency and forwarded to the Office of Early Childhood.

10.  Yes  No Have you ever been disciplined, terminated or put on probation from any position you held for child care? If yes, please explain.

Program Name: \_\_\_\_\_

Program Address: \_\_\_\_\_

Program Telephone Number: \_\_\_\_\_

11.  Yes  No Have you or any person living in your home ever been convicted of any crime (including motor vehicle) in Connecticut or any other state? If yes, please indicate when, where and what the conviction(s) was:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12.  Yes  No Are you currently employed outside of home? If yes, describe the job and your hours of employment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13.  Yes  No Do you plan to continue outside employment after you are licensed/approved? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. What will be your customary business hours?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

15. Identify an emergency back up caregiver, a responsible adult (at least 20 years of age) who is able to arrive at the facility within ten (10) minutes:

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

16. Please list all the adults and children who reside in the family day care home (INCLUDING YOURSELF):

Full Name	Relation to You	Date of Birth	Times Present in the Home per Day (Please be very specific)

17.  Yes  No Do you, or does any person living in the home used for child day care, have any known medical or emotional illness or disorder that would pose a risk to children in care or would interfere with or jeopardize providing them with proper care? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18.  Yes  No Do you, or does any person living in the home used for child day care, take any medication(s) that would affect your ability to provide for the proper care of children? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19.  Yes  No Have you ever had any children (including your own, day care, foster and adoptive children) removed from your care or the care of any other household member by the police or a child protection worker? If yes, Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20.  Yes  No Have you, or a person living in the home being used for child care, ever been investigated/questioned by representatives of the Department of Children and Families (DCF) or any other child protection agency, concerning the care of children, including alleged child abuse or neglect in Connecticut or any other state? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. List all staff (assistants and substitutes) in the family day care home. (All staff must be pre-approved by the Agency. Please request a staff application if you intend on using individuals as staff to work at your program.

Name	Complete Mailing Address Including Zip Code	Telephone #	Expiration Date
		( )	
		( )	
		( )	

22.  Yes  No Will you provide care in the home in which you live? If no, please provide us with the following information:

Name of Home Owner: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Telephone Number: \_\_\_\_\_

23.  Yes  No Was the residence in which you will be providing child day care constructed before 1978?

PLEASE NOTE: Samples of peeling paint chips will be collected for lead sampling at the time of your initial inspection.

24.  Yes  No Does the residence in which you will be providing child day care consist of three (3) or more dwelling units (apartments)?

25.  Yes  No Does the home have an auxiliary heating device, i.e., wood stove, space heater? If yes, you must enclose written proof that it was inspected and approved for proper and safe installation. (Section 19a-87b-9(d)(8)).

Yes  No Inspection report enclosed.

26.  Yes  No Is the home served by a public water supply? If no, you must enclose written proof from a state certified laboratory that the water was tested within the last year and is potable, adequate and safe (Section 19a-87b-9i).

Yes  No Water test enclosed.

27.  Yes  No Is the outdoor play area protected from traffic, bodies of water, gullies and other hazards by barriers, in a manner safe for children?

**Note: Where there is a swimming pool or any other body of water at the facility or near enough to the facility to attract or be accessible to children at any time of the year, there shall be a sturdy fence/barrier, four (4) feet high or higher, with locked entrances which totally and effectively bars access to the water by the day care children.**

**CONNECTICUT OFFICE OF EARLY CHILDHOOD**  
**Division of Licensing**

**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 the Office of Early Childhood pursuant to Connecticut General Statutes Section 19a-87b(f). I am currently in compliance with, and will maintain my family day care home in compliance with these regulations, and I will allow home visits by Agency staff to the family day care home.

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.

**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)*



# STATE OF CONNECTICUT



## Foster Care or Adoption License Verification

**Important:** If you answered “yes” to question # 9 on the Family Child Care Home application, you are required to have this form completed.

**Section 1:** This section must be completed by the applicant and forwarded to the respective Foster Care Licensing Agency.

Applicant’s Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town, State, Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_

**Section 2:** This section below must be completed by the Foster Care Licensing Agency.

The above named person is seeking licensure as a family child care home provider and has indicated that he/she has applied for, held, or currently holds a Foster Care License. Please provide the Office of Early Childhood (OEC), Division of Licensing, with the information below.

1. Has the person listed above ever applied for or held a Foster Care or Adoption license?

Yes  No If yes, please provide the OEC with the licensing status and the number of foster children the person is licensed to care for. \_\_\_\_\_

Please provide the OEC with any concerns or recommendations you have concerning the impact of foster care on the provision of child care services in this person’s home.

\_\_\_\_\_  
\_\_\_\_\_

Once you have completed this form, please return it to the Connecticut Office of Early Childhood, Licensing Division - Application Unit. Should you have any questions or concerns regarding the completion of this form, you may contact the Licensing Division directly using the contact information below.

\_\_\_\_\_  
Name (please print) Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Title (\_\_\_\_\_) Telephone # \_\_\_\_\_

**Connecticut Office of Early Childhood  
Division of Licensing  
Family Child Care**

**Return to:**  
Office of Early Childhood-Family Child Care-Application Unit  
450 Columbus Boulevard, Suite 302  
Hartford, CT 06103

**REQUEST FOR REFERENCE**

<b>Regarding the following person:</b>	<b>Who is an applicant for the position of:</b>
name	<input type="checkbox"/> Main child caregiver in a Family Child Care Home
address	
town, zip state	<input type="checkbox"/> Substitute or Assistant caregiver in Family Child Care Home

**Please answer the following questions:**

1	<p>How long have you known the applicant? (What period of time?)_____</p> <p>In what capacity? (relative? friend? employer? caregiver? neighbor?)_____</p> <p>How well do you know the applicant?_____</p>
2	<p>Is the applicant physically and emotionally capable of providing responsible child care? COMMENTS:</p>
3	<p>Is the applicant able to provide reliable and consistent child care? COMMENTS:</p>
4	<p>Is the applicant able to provide adequate and nutritious meals and snacks? COMMENTS:</p>
5	<p>Is the applicant able to deal with emergencies in a calm manner? COMMENTS:</p>
6	<p>Have you observed this person handling children's problem behaviors? How were the children treated?</p>

7	<p>In your opinion, is the applicant's family stable and harmonious?  COMMENTS:</p>
8	<p>Do you know of any reason that this person should not be caring for children?  COMMENTS:</p>
9	<p>Does the applicant demonstrate good judgment about supervision and safety for children?  COMMENTS:</p>
10	<p>Does the applicant demonstrate an interest and affection for children?  COMMENTS:</p>
11	<p>Does the applicant have a good understanding of individual children's developmental needs?  COMMENTS:</p>
12	<p>Please use this space for your personal comments and observations.</p>
	<p>Signature: <span style="float: right;">Printed Name:</span></p>
	<p>Date: <span style="float: right;">Street:</span></p>
	<p>Telephone: <span style="float: right;">City, State, Zip:</span></p>

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