



STATE OF CONNECTICUT

OFFICE OF EARLY CHILDHOOD



FAMILY CHILD CARE HOME LICENSE STAFF INITIAL APPLICATION CHECKLIST

Dear Family Child Care Staff Applicant: Thank you for your interest in wanting to become Family Child Care Home Staff. Please follow the instructions below to apply for the approval.

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.

ALONG WITH THIS APPLICATION, YOU MUST INCLUDE:

- **\$15.00 Application Fee and Fee Invoice Form** - Make your check payable to “Treasurer State of Connecticut”. This fee is not refundable.
- “**Adult Medical Statement for Child Care**”- Physical examination and TB test must have been within the past year. Adult Medical Statement forms can be found at: www.ct.gov/oec/daycare
- **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. (For substitutes only) A list of approved First Aid Courses can be found at: www.ct.gov/oec/daycare
- **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).
- **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”**

If you have obtained this application on-line, please call the Connecticut Office of Early Childhood @ 860-509-8303 to obtain a fingerprint packet.

Send **FINGERPRINTS, FINGERPRINT FEE & RELEASE OF INFORMATION FORM** to:

Connecticut Office of Early Childhood
Legal Division
410 Capitol Avenue #12 CBR
P.O. Box 340308
Hartford, CT 06134-0308

Send **ALL OTHER APPLICATION MATERIALS** to:

Connecticut Office of Early Childhood
Licensing Division
410 Capitol Avenue MS #12 CBR
P.O. Box 340308
Hartford, CT 06134-0308



STATE OF CONNECTICUT

OFFICE OF EARLY CHILDHOOD



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 NON-REFUNDABLE.**

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 Office of Early Childhood at the address on the bottom of this form.**

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)
<input type="checkbox"/> 2-year approval (new) \$15.00 <input type="checkbox"/> 2-year approval (renewal) \$15.00	<input type="checkbox"/> 2-year approval (new) \$15.00 <input type="checkbox"/> 2-year approval (renewal) \$15.00

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

8. Yes No **Have you ever applied for a foster care or adoption license in Connecticut or in any other state? If yes, when and where?** _____

Agency Name: _____

Agency Address: _____

Agency Telephone Number: _____

9. Yes No **Have you ever been licensed for foster care or adoption in Connecticut or in any other state? If yes, when and where?** _____

Agency Name: _____

Agency Address: _____

Agency Telephone Number: _____

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.**

Facility Name: _____

Facility Address: _____

Facility Telephone Number: _____

11. Yes No **Have you 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 **Do you 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:**

13. Yes No **Do you take any medication(s) that would affect your ability to provide for the proper care of children? If yes, please explain:**

14. Yes No **Have you ever had any children (including your own, foster and adoptive children) removed from your care by the police or a child protection worker?**
If yes, please explain: _____

15. Yes No **Have you 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: _____

**Connecticut Office of Early Childhood
Division of Licensing**

Return to:

Connecticut Office of Early Childhood -Family Day Care-Application Unit
410 Capitol Ave. MS#12 CBR - P.O. Box 340308
Hartford, CT 06134-0308

REQUEST FOR REFERENCE

Regarding the following person:	Who is an applicant for the position of:
name	<input type="checkbox"/> Main child caregiver in a Family Day Care Home
address	
town, zip state	<input type="checkbox"/> Substitute or Assistant caregiver in Family Day 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. If you have questions or information you wish to discuss directly with staff of the Child Day Care Licensing Program, please feel free to contact the Department at (860) 509-8045 or (800) 282-6063.</p>	
	Signature:	Printed Name:
	Date:	Street:
	Telephone:	City, State, Zip:

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