



STATE OF CONNECTICUT



TO: Child Care Operator Applicants

FROM: Licensing Division

The **Initial Application** for licensure was designed to meet the requirements of the Regulations for Connecticut State Agencies for Child Care Centers and Group Child Care Homes, Sections 19a-79-1a to 19a-79-13, inclusive.

A **Complete Application** shall be submitted to the Agency at least 60 days prior to the anticipated date of opening. However, submission does not guarantee approval within this timeframe.

Please retain one copy of the completed application for your own records and submit one copy to the Local Health Department of the town in which the child program will be located.

The Initial Application for the licensure packet consists of

1. Coordinating Check List
2. Initial Application Fee Form
3. Affidavit
4. Property History Questionnaire – The property history form submitted with this application will be referred to the DPH Child Day Care Screening Assessment for Environmental Risk (SAFER) Program for review. review. If any issues of environmental concern are identified at the property, further action may be required. This review is required and may cause delays in the final approval of your application.
<https://portal.ct.gov/DPH/Environmental-Health/Environmental-and-Occupational-Health-Assessment/Child-Day-Care-SAFER-Program>
5. Initial Application for Licensure Including Supplementary Application for Infant/Toddlers (if applicable)
6. Related Application Forms
7. “Sample” Consultant Agreements

IMPORTANT: Background checks are required for all child care staff members, including employees and volunteers age 16 and older who care for children or have unsupervised access to children

Once your application has been submitted and accepted by the Licensing Division for processing, you will receive an email invite from the Legal Division to start the background check process. Visit the Legal Division website at <https://www.ctoec.org/background-checks/>. If you have questions regarding the background check process, please contact the Background Check Information System (BCIS) at <https://helpdesk.oecit.org/>

EACH ATTACHMENT MUST HAVE THE ATTACHMENT NUMBER ON THE UPPER RIGHT HAND CORNER OF EACH PAGE.

Coordinating Check List for Initial Child Care Center/Group Home Applications

Program Name _____ Town _____ App Date _____

- ☐ **Application Fee** ☐ **Application** ☐ **Application Fee Form** (Must include Worker's Comp. Ins. info as appropriate)
- ☐ **Affidavit** (Original only)
- ☐ **Property History Form** – (Form will be sent upon receipt to the CT Department of Public Health/SAFER Program for review)
- ☐ **Fire Marshal Inspection Certificate (Attachment # 5a)**
- ☐ **Building Approval (Attachment #5b) * See Below**
- ☐ **Zoning Approval (Attachment #5c) * See Below**
 (Per Public Act 23-142, effective 10/1/23, zoning regulations shall not require any special zoning permit or special zoning exception to operate a group child care home located in a residence. Please provide written verification from the local zoning official that the municipal zoning ordinances are in compliance with this act.
- ☐ **Local Health Environmental Inspection Report (Attachment # 5e)** Date application sent to Local Health: _____
- ☐ **Comprehensive Lead Inspection, completed within the last 12 months** See Below, for buildings constructed Pre-78 (Attachment # 11d)** ☐ XRF ☐ Dust Wipes ☐ Soil ☐ Abatement/Correction ☐ Letter of Compliance from Local Health
☐ Management Plan
- ☐ **Days/Weeks program is scheduled to be CLOSED (Attachment # 7)**
- ☐ **Staff Work Schedule which includes Head Teacher & Director (Attachment # 8a)**
- ☐ **Head Teacher Verification**
- ☐ **Organizational Chart (Attachment # 8d)**
- ☐ **Certificates for Approved First Aid Training (Attachment # 8e)**
- ☐ **Certificates for Approved CPR Training (Attachment # 8e)**
- ☐ **Background Checks-** Background checks are required for each staff member 18 years of age or older. Once your application has been submitted and accepted by the Licensing Division for processing, you will receive an email invite from the Legal Division to start the background check process. Visit the Legal Division website at <https://www.ctoec.org/background-checks/>. If you have questions regarding the background check process, please contact the Background Check Information System (BCIS) at <https://helpdesk.oecit.org/>
- ☐ **Consultant Data Sheet (Attachment # 9e)**

Education	Health	Dietician	Social Service	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(# 9a)	(# 9b)	(# 9c)	(# 9d)	Consultant Agreement Services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signed & dated w/in year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual review of written policies, plans, procedures that relate to the services provided by the consultant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Availability by telecommunication for advice regarding problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Availability, in person, of the consultant to the program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consult with administration and staff about specific problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Act as a resource person to staff and the parents, including, but not limited to, coordinating services and assisting families and program staff in identifying necessary resources
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Document the activities and observations required in a consultation log that is kept on file at the facility for two years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seeking and supporting the collaboration of multiple consultants serving the program
-	-	-	<input type="checkbox"/>	Resume (Social Service Consultant verification of experience)
<input type="checkbox"/>	-	-	-	Making, at a minimum, annual site visits to the facility
<input type="checkbox"/>	-	-	-	Reviewing daily plans, curriculum documents, and educational policies for the developmental and age appropriate practices
<input type="checkbox"/>	-	-	-	Observing program staff interactions, use of materials and equipment, implementation of plans and approaches to classroom management
<input type="checkbox"/>	-	-	-	Providing feedback on documentation review and classroom observations to the director and head teacher

☐ **Health Consultant Agreement/Contract (must include the following in addition to items listed above)**

- ☐ Make at a minimum, quarterly site visits to facilities that serve children three years of age and older; or facilities that enroll only school age children, semi-annual site visits. Facilities that are closed during the summer months may omit the summer quarterly visit. Site visits shall be made by the health consultant during customary business hours when the children are present at the facility.
- ☐ Review health and immunization records of children and staff
- ☐ Review the contents, storage, and plan for maintenance of first aid kits
- ☐ Observe the indoor and outdoor environments for health and safety
- ☐ Observe children's general health and development
- ☐ Observe diaper changing and toileting areas and diaper changing, toileting and hand washing procedures
- ☐ Review the policies, procedures and required documentation for the administration of medications, including petitions for special medication authorizations needed for programs that administer medication
- ☐ Assist in the review of individual care plans for children with special health care needs or children with disabilities as needed
- ☐ Quarterly review of all injury, illness, incident and accident report

- ☐ Minimum weekly visits - ***Required for Infant/Toddler***

☐ **Food Service Certificate (Attachment # 10) (If applicable)**

- ☐ **Floor Plan – Indoor (Attachment # 11a)** ☐ dimensions of each program area/classroom in FEET ☐ function of each room
- ☐ entrances/exits ☐ doors/windows ☐ corridors ☐ storage areas ☐ child bathrooms ☐ office ☐ isolation area
 - ☐ kitchen/food prep area ☐ sinks (Please indicate which sinks will be used for drinking, beverage & food preparation)

- ☐ **Sketch – Outdoor Space (Attachment # 12a)** ☐ dimensions in FEET ☐ location of facility ☐ major play equipment
- ☐ type of surface(s) ☐ fencing ☐ storage areas

☐ **Supplementary Information for Under Three Endorsement** ☐ N/A (If applicable)

- ☐ **Floor Plan – Infant/Toddler (If applicable)** ☐ dimensions + total square footage in FEET of each room/program area
- ☐ relationship of this space to any other program space ☐ how groups of 8 infants/toddler or 10 2-year-olds will be divided by physical barriers
 - ☐ where sinks and changing tables are located

☐ **Water Supply Form (Attachment # 11b)**

- ☐ **Water Bill (Attachment # 11b)** (not required if on well water)

- ☐ **Lead/Chemical Water Test *** See Below (Lead water samples are required from each drinking, beverage, and food prep sink)**

- ☐ **Radon Test, completed within the last 12 months, (Cap date November-April) (Attachment # 11e) *** See Below**

- ☐ **Pool Approval – Local Health (Attachment # 12b) (If applicable)**

* Not required for programs serving school age children only and operating in approved public or private schools

** See section 11d of Application for more details

***Not required for programs operating in approved public or private schools



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)500-4450. 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): _____, CT _____

Street Address *City/Town* *Zip Code*

6. E-mail Address: _____

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

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

IMPORTANT: If you did not provide a Social Security # or a Federal Employer ID # above, please give an explanation of why you have not been issued such # _____

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) \$500.00	<input type="checkbox"/> 4-year license (new program) \$250.00	<input type="checkbox"/> 4-year license (new provider) \$40.00

Updated 2-16-2024

Phone: (860) 500-4450 · Fax: (860) 326-0552

450 Columbus Boulevard, Suite 302

Hartford, Connecticut 06103

www.ct.gov/oec

Affirmative Action/Equal Opportunity Employer

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

**APPLICATION FOR INITIAL LICENSE
CHILD CARE CENTER OR
GROUP CHILD CARE HOME**

Complete **original** application, answering all items as they apply to your program.

Please submit: The original application to the Division of Licensing and 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 _____

(Number & Street)

Town/City/State: _____, CT **Zip Code:** _____

Phone: (____) _____ **Email:** _____

- **Was the building/structure in which you will be providing child care constructed prior to 1978?** ☐ Yes ☐ No (if yes, please refer to question #11d)

Mailing Address: (if different, i.e., RFD or P.O. Box, or central office)

OPERATOR'S (Owner's) INFORMATION: In order to operate a child care center or group child care home, your business **MUST** be registered with the State of Connecticut and be current with the filing obligations of the Secretary of the State, **or** be operating as a sole proprietor. The information below must match the business entity on the Secretary of State's website, or your personal tax information.

Ownership Type: ☐ Registered business entity with the State of Connecticut ☐ Sole Proprietor
(Include proof with application. A screenshot from the website of Connecticut's Secretary of the State is acceptable)

2. **OPERATOR'S Name:** _____

(As registered with the Secretary of State, unless Sole Proprietor)

Operator's Mailing Address: _____

Town/City/State: _____ **Zip Code:** _____

Business Phone: (____) _____

3. **DESIGNATED DIRECTOR'S NAME:** _____

Home Address: _____

Town/City/State: _____ **Zip Code:** _____

Home Phone: (____) _____

4. **HEAD TEACHER'S NAME:**(designated for site) _____

Home Address: _____

Town/City/State: _____

Home Phone: (_____) _____ Date of Birth: _____

5. **LOCAL APPROVALS:**

a. FIRE approval (**Attachment #5a**)

b. BUILDING approval (**Attachment #5b**)

c. ZONING approval (**Attachment #5c**)

IMPORTANT: Per Public Act 23-142, effective 10/1/23, zoning regulations shall not require any special zoning permit or special zoning exception to operate a group child care home located in a residence. The municipal zoning ordinances are in compliance with this Act

d. DATE you sent a complete copy of application to LOCAL HEALTH DEPARTMENT

e. LOCAL HEALTH Approval (Environmental Inspection Report)

6. **ENROLLMENT:**

Requested licensed capacity: _____

Ages of children you will accept: _____

SERVICES PROVIDED:

☐ Infant/Toddler 6 weeks-3 years

☐ Preschool 3-5 years

☐ School Age 5 years & over
(Attending Elementary School)

☐ 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 of Operation: _____ (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):**

- 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. To complete your background checks, please visit the website at <https://resources.211childcare.org/backgroundcheck/> If you have questions regarding the background check process, contact <https://helpdesk.oecit.org/>
- c. Head Teacher: Individuals seeking head teacher approval must submit their application and supporting documentation, on-line, directly to the Office of Early Childhood, through the Early Childhood Professional Registry. To begin the process, go to the www.ctoec.org and click on Early Childhood Professional Registry 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 courses. (**Attachment #8e**)

9. **CONSULTANTS:**

- a. Early Childhood/School Age Education Consultant:
Individuals seeking Early Childhood/School Age Education Consultant approval, must submit their application and supporting documentation, on-line, directly to the Office of Early Childhood, through the Early Childhood Professional Registry. To begin the process, go to the www.ctoec.org. Registry or call 800-832-7784.
- b. Health Consultant (**Attachment #9b**)
- c. Registered Dietitian Consultant (required if meals are served) (**Attachment #9c**)
- d. Social Service Consultant (**Attachment #9d**)
- e. Consultant/Head Teacher Data Sheet (**Attachment 9e**)

10. **FOOD SERVICE:**

- a. Meals and snacks served: (check **All** that apply):

<u>Meals</u>	<u>Snacks</u>
_____ Breakfast meal	_____ A.M. snack
_____ Midday meal	_____ P.M. snack
_____ Evening meal	_____ Snack brought by children
_____ Meals brought by children	

Please submit a copy of your Food Service Certificate (If applicable)
(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, kitchens/food prep areas, office, staff bathrooms, isolation area and sinks (label all sinks to be used for drinking, beverage and food preparation). (**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 within the last 12 months** for **all** sinks used for drinking, beverage and food preparation. (**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. **LEAD TESTING:** (check one)

A full comprehensive lead inspection completed within the last year is required for buildings constructed prior to 1978**. The DPH licensed lead consultant/local health department's Lead Inspection Report must be submitted.

- ☐ Lead-based paint or lead hazards are not identified; therefore, no additional documents are required.
- ☐ Lead-based paint was identified, but all painted surfaces are intact, and there are no lead hazards; therefore, the following additional documents must be submitted: (a) Letter of Compliance from the local health department and (b) Lead Management Plan, current within the last 12 months.
- ☐ Lead-based paint was identified and lead hazards are present (defective paint); therefore, all painted surfaces must be made intact by an EPA RRP certified firm. Once all surfaces are rendered intact, the following additional documents must be submitted: (a) Letter of Compliance from the local health department and (b) Lead Management Plan, current within the last 12 months.
- ☐ ** The building previously had a comprehensive lead inspection conducted, the same space is being used, and no lead was found or if identified lead was abated; therefore, a copy of the test and documentation of abatement must be submitted.
- ☐ ** The building previously had a comprehensive lead inspection conducted within the past five years, lead paint was identified and a lead management plan was approved by local health, and no construction/renovation to the tested space has been done during this time period; therefore, clearance dust wipes conducted within the past year, along with a management plan approved by the local health department must be submitted.

e. **RADON TESTING:** If the program is located in a basement level or ground floor submit copy of radon test. **Radon test must be completed within the last 12 months** and the results must be posted. **Testing must be done between the months of November and April.** (Attachment #11e)

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)

CONNECTICUT OFFICE OF EARLY CHILDHOOD
Division of Licensing

STATEMENT OF COMPLIANCE

Program Name:

Program Location Address:

<hr/>	<hr/>	<hr/>	<hr/>
<i>Street</i>	<i>Town</i>	<i>State</i>	<i>Zip Code</i>

I certify that I have read and understand the regulations for the licensure of child care centers and group child care homes adopted by the Commissioner of the Office of Early childhood pursuant to Connecticut General Statutes Section 19a-79. I am currently in compliance with and will maintain the child care center or group child care home in compliance with these regulations, and I will allow visits by Agency staff to the child care center or group child care home.

I certify that all children enrolled in the child care center or group child care home have received age-appropriate immunizations in accordance with Section 19a-87b-10(l) of the regulations for the licensure of child care centers and group child 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 Section 19a-80(a) of the Connecticut General Statutes.

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 Operator or Legal Representative (as indicated on the Affidavit)	Date

Printed Name of Operator or Legal Representative



CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING



CHILD CARE CENTER OR GROUP CHILD CARE HOME
AFFIDAVIT ESTABLISHING LEGAL REPRESENTATIVE AND AFFIDAVIT OF COMPLIANCE

Parts B & C of this Affidavit must be notarized and the original notarized copy submitted to the Agency

This Affidavit pertains to License # _____ or ☐ Pending License

Name of Program: _____

Address: _____ Phone: _____

PART A: REASON FOR CHANGE OR ESTABLISHMENT OF LEGAL REPRESENTATIVE

The submission of this Affidavit is the result of the following (check all that apply):

- ☐ New License
☐ Change to Legal Representative only "Legal representative" means a person authorized by the operator to represent and act on behalf of the operator, including but not limited to, the signing of licensure applications and renewals.
☐ Change to Name and/or Address of the Child Care Center/Group Child Care Home
☐ Change to Name of the Operator (including change in legal entity type)
☐ Changes to Members of Operator Board (not the result of any sale of a beneficial interest)
☐ Changes in beneficial ownership, members, corporate officers, and/or partners of Operator

PART B: AFFIDAVIT ESTABLISHING LEGAL REPRESENTATIVE

I, _____, am the _____, of _____,
(Printed Name) (Official Position or Title)* (Name of Operator – provide full legal name of legal entity/trade name/sole proprietor)**

located at _____, _____, CT, _____.
(Operator's Address) (City) (Zip Code)

The above-named Operator is a:

- ☐ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Limited Liability Company
☐ Limited Partnership ☐ Limited Liability Partnership ☐ Other _____

I hereby submit this affidavit to the Office of Early Childhood as evidence of the authority of _____ to act on behalf of the above-named Operator in all matters described in General Statutes § 19a-77, et seq., and § 19a-77-1a., et seq., of the Regulations of Connecticut State Agencies regarding the operation of the above named Child Care Center or Group Child Care Home.

(Name of Legal Representative)

Signature of Affiant Date

Signature of Legal Representative Date
(named above)

Printed Name of Legal Representative: _____

Address of Legal Representative: _____

Phone Number: _____ Email Address: _____

Subscribed and sworn to before me on _____ day of _____
Day Month Year

Signature of notary public, commissioner of superior court
or other proper official as noted in General Statutes § 1-24

* For example, member, managing member, principle, partner, managing partner, sole proprietor, etc.

** For example, Mother Duck Daycare, LLC; Mother Duck Daycare, Inc.; Mother Duck Daycare, LLP
PLEASE ATTACH VERIFICATION, UNLESS OPERATOR IS A SOLE PROPRIETOR

PART C: AFFIDAVIT OF COMPLIANCE

I, _____, as the legal representative authorized to act on behalf of the Operator named in
(Name of Legal Representative)

Part B of this Affidavit in all matters described in General Statutes § 19a-77, et seq., and § 19a-77-1a., et seq., of the Regulations of Connecticut State Agencies regarding the operation of the child care center/group child care home named in Part B of this Affidavit, do hereby attest to the following:

- I have read the Connecticut General Statutes and Regulations of Connecticut State Agencies relating to the licensure and operation of a child care center/group child care home.
- I understand that the child care center/group child care home must be operated in compliance with the Connecticut General Statutes and Regulations of Connecticut State Agencies relating to the licensure and operation of a child care center/group child care home.
- I understand that failure to comply with the Connecticut General Statutes and Regulations of Connecticut State Agencies relating to the licensure and operation of a child care center/group child care home may result in enforcement action against the license, up to and including revocation.
- I understand that the license is subject to renewal every 4 years. I understand that compliance with the regulations is required in order for the license to be renewed. I understand that renewal is necessary for the continued operation of the child care center or group child care home. I understand that it is the Operator's responsibility to timely submit a complete renewal to the Office of Early Childhood.
- I understand that it is the Operator's responsibility to submit a new Affidavit Establishing Legal Representative and Affidavit of Compliance in the event of a change in legal representative and as otherwise required by the Office of Early Childhood.
- I understand that the Office of Early Childhood shall be granted immediate access to the child care center or group child care home during customary business hours in order to conduct any inspection and/or investigation. I understand that the failure to grant immediate access to the child care center or group child care home may result in enforcement action against the license, up to and including revocation.
- I understand that any false statements made herein are punishable under General Statutes § 53a-157b.

(Signature of Legal Representative)

Date

(Printed name of Legal Representative)

Subscribed and sworn to before me on _____ day of _____
Day Month Year

Signature of notary public, commissioner of superior court
or other proper official as noted in General Statutes § 1-24



Property History Questions for Child Care Center and Group Child Care Home Applicants

The Child Daycare SAFER Program is an initiative to:

1. Safely site new child care facilities
2. Identify and address contamination at or near child care centers or group child care homes
3. Help child care facilities to be environmentally safe & green

Please complete the form on the next page after reading the instructions on this page.

This form collects information about how the property and buildings at your child care center or group child care home were used in the past. Some past uses such as agricultural or manufacturing/industrial could have left chemicals behind on the land or in the buildings. The information you provide will help the Department of Public Health identify whether residual chemicals may be present at your child care property and will help the Department ensure that actions are taken (if needed) to make the property safe. Please note that if you are Family Child Care Home applicant and your program will operate in a private residential structure, you do not need to complete this form.

Please answer the questions on the next page to the best of your ability and go back in time as far as readily available information allows. We strongly recommend that you talk with the following people to help you complete this questionnaire.

- Property Owner (if applicable)
- Local health department (LHD). For help finding your LHD:
<http://www.ct.gov/dph/cwp/view.asp?a=3123&q=397740>
- Town Planner/Town Zoning Office
- Town Engineer/Town Building Department

Other resources that may be helpful to you:

- Town tax assessor
- Town land records
- Local fire marshal
- Local economic development agency

If you have questions about completing this form, please contact Sharee Rusnak of the CT Department of Public Health Environmental and Occupational Health Assessment Program at 860-509-7740 or sharee.rusnak@ct.gov. For answers to questions regarding child care licensing regulations, requirements and applications, call the Office of Early Childhood at (860) 500-4450.

General Information

Applicant Name

Name of Child Care Center/Group Child Care Home

Child Care Center/Group Child Care Home Address

Property History Questions

1. Current owner of Child Care Center/Group Child Care Home property _____

2. Has the Child Care Center/Home ever gone through a SAFER referral before? Yes No Unknown
If yes, when and under what name _____

3. Child Care Center/Group Child Care Home building was constructed in what year?

4. Was the Child Care Center/Home land or buildings ever used in the past for any of the following?

Dry Cleaner	Metal Plating	Retail/Commercial
Gas Station	Shooting Range	Undeveloped
Auto Repair/Auto Painting Shop	Farming/Agriculture	La Child Care
Landfill/Dump	Hair Salon/Nail Salon	Unknown
Factory/Manufacturing/Industrial	Funeral Home	
Other (Please Describe) _____		

5. For any past use boxes you check, provide additional information, to the best of your ability. Attach additional pages if providing information for more than one type of past use.

a. Name of property owner _____

b. Owned/operated during what years? _____

c. Company/Business name _____

d. If factory/manufacturing past use, describe the type of manufacturing/products manufactured. For any other past uses, provide details about the business, if known:

6. Have any of the following documents or notifications ever been prepared for the child care property?

Phase I/II Environmental Site Assessment	<input type="checkbox"/>	Phase III Environmental Site Assessment
Significant Environmental Hazard		Unknown

Department of Public Safety
Division of Fire, Emergency & Building Services
Office of State Fire Marshal



STATE OF CONNECTICUT

On (date) _____, the (Town/City) _____ Office of the Fire Marshal conducted an inspection of (name of facility) _____ located at (address) _____ in the City/Town of _____ to determine the degree of compliance with the fire safety requirements of Connecticut General Statutes Chapter 541 as authorized by Section 29-305 of the statutes. This facility was evaluated as a (new/existing) _____ (occupancy classification) _____ as classified by the *CONNECTICUT FIRE SAFETY CODE*. As a result of this inspection, the following conditions were found:

- I. At the time of inspection, no code violations were identified. **Certificate of approval recommended.**
- II. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. An acceptable plan of correction was submitted. (See attached information) **Certificate of approval recommended.**
- III. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. No approved plan of correction was submitted. (See attached information) **Certificate of approval NOT recommended.**
- IV. Based on the extreme hazard to public safety discovered at the time of inspection, this office is currently seeking an injunction from the court through out Town/City Attorney for the purpose of closing or restricting usage of this facility by the public. (See attached information) **Certificate of approval NOT recommended.**

Fire Marshal

Date

City or Town: _____

GENERIC APPROVAL FORM

☐ Child Care Center: _____ License #: _____

☐ Group Child Care Home: _____ License #: _____

☐ Family Child Care: _____ License #: _____
(Incubator Sites ONLY)

☐ Reason for Approval Request: _____

Address/City: _____

THE ABOVE FACILITY IS CONSTRUCTED IN ACCORDANCE WITH APPROPRIATE USE GROUPS AND:

☐ CONNECTICUT STATE BUILDING CODE (CGS sec. 29-252)

Town/City Building Official _____
(printed name) (signature) (date)

☐ Inspection ☐ Architectural Review ☐ Administrative Review

☐ PRELIMINARY APPROVAL IS GRANTED ☐ FINAL APPROVAL IS GRANTED

Comments/Restrictions:

☐ CONNECTICUT FIRE SAFETY CODE (CGS sec. 29-292)

Town/City Fire Marshal _____
(printed name) (signature) (date)

☐ Inspection ☐ Architectural Review ☐ Administrative Review

☐ PRELIMINARY APPROVAL IS GRANTED ☐ FINAL APPROVAL IS GRANTED

Comments/Restrictions:

☐ CONNECTICUT HEALTH ORDINANCES (this form is not accepted for new applications or change of location)

Director of Health _____
(printed name) (signature) (date)

☐ Inspection ☐ Architectural Review ☐ Administrative Review

☐ PRELIMINARY APPROVAL IS GRANTED ☐ FINAL APPROVAL IS GRANTED

Comments/Restrictions:

☐ CONNECTICUT ZONING REGULATIONS

(Per Public Act 23-142, effective 10/1/23, zoning regulations shall not require any special zoning permit or special zoning exception to operate a group child care home located in a residence. The municipal zoning ordinances are in compliance with this Act)

Town/City Zoning Official _____
(printed name) (signature) (date)

☐ Inspection ☐ Architectural Review ☐ Administrative Review

☐ PRELIMINARY APPROVAL IS GRANTED ☐ FINAL APPROVAL IS GRANTED

Comments/Restrictions:

LOCAL HEALTH CHILD CARE FACILITY ENVIRONMENTAL INSPECTION REPORT

☐ INSPECTION
 ☐ FOLLOW-UP INSPECTION
 ☐ COMPLAINT

Program Name:	License Number:	Date of Inspection:
Address:	Expiration Date:	Licensed Capacity:
Town:	Telephone:	Under Three Endorsement:
Operator:	# of Staff Present:	# of Children Present:

Licensed For:
☐ Under Three (6wks-36m)
☐ Preschool (3y-5y)
☐ School Age (5y&up)
☐ Night Care (6wks&up)

Instructions: Check = Compliance Circle = Non-Compliance 3 = Not Applicable

<p style="text-align: center;"><u>Physical Plant/Indoor Space 19a-79-7a</u></p> <p><input type="checkbox"/> 1. License premises clean/good repair</p> <p><input type="checkbox"/> 2. Equipment clean, in good repair, safe/non-toxic</p> <p><input type="checkbox"/> 3. Free from observable hazards</p> <hr/> <p><input type="checkbox"/> 4. Water Supply in compliance</p> <p style="margin-left: 20px;"><input type="checkbox"/> 4a. Customer of a Water Company</p> <p style="margin-left: 40px;">Water Company Name: _____</p> <p style="margin-left: 40px;">Lead Water Test Date: _____</p> <p style="margin-left: 60px;"><input type="checkbox"/> Within Limits <input type="checkbox"/> Exceeds Limits</p> <p style="margin-left: 60px;">-or-</p> <p style="margin-left: 20px;"><input type="checkbox"/> 4b. On-Site Well</p> <p style="margin-left: 40px;"><u>Classification of Well – Check One:</u></p> <p style="margin-left: 60px;"><input type="checkbox"/> Public Well – Well supplies 25 or more adults and Children, daily at least 60 days per year. (If not, then private well)</p> <p style="margin-left: 60px;"><input type="checkbox"/> Private Well – Serves less than 25 adults & children</p> <p style="margin-left: 40px;"><u>Review of Water Quality Test Results</u></p> <p style="margin-left: 60px;">i. Lead Water Test Date: _____</p> <p style="margin-left: 80px;"><input type="checkbox"/> Within Limits <input type="checkbox"/> Exceeds Limits</p> <p style="margin-left: 60px;">ii. Bacteriological Analysis Test Date: _____</p> <p style="margin-left: 80px;"><input type="checkbox"/> Within Limits <input type="checkbox"/> Exceeds Limits</p> <p style="margin-left: 60px;">iii. Chemical Analysis Test Date: _____</p> <p style="margin-left: 80px;"><input type="checkbox"/> Within Limits <input type="checkbox"/> Exceeds Limits</p> <p style="margin-left: 60px;">iv. Other (as recommended by DPH): _____</p> <p style="margin-left: 80px;"><input type="checkbox"/> Within Limits <input type="checkbox"/> Exceeds Limits</p> <p style="margin-left: 40px;"><u>Inspection of Well</u></p> <p style="margin-left: 60px;">Well meets construction and separation distance requirements of CT Public Health Code Sections 19-13-B51a-m. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 60px;">Well meets requirements for any added treatment systems <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;"><input type="checkbox"/> 4c. Other (Please specify) _____</p> <p><input type="checkbox"/> 5. Required toilets/sinks/supplies</p> <p><input type="checkbox"/> 6. Adequate ventilation in toilet room</p> <p><input type="checkbox"/> 7. Sewage disposal adequate</p> <p style="text-align: center;"><u>Physical Plant/Outdoor Space 19a-79-7a</u></p> <p><input type="checkbox"/> 8. Swimming pool complies with PHC 19-13-B33b</p> <p><input type="checkbox"/> 9. Playground free from observable hazards</p> <p><input type="checkbox"/> 10. Drinking water available, adequate, safe</p>	<p style="text-align: center;"><u>Health and Safety 19a-79-6a</u></p> <p><input type="checkbox"/> 11. Refrigeration no more than 41°</p> <p><input type="checkbox"/> 12. Food prep area clean/good repair</p> <p><input type="checkbox"/> 13. Food safely stored</p> <p><input type="checkbox"/> 14. Food prep hand washing</p> <p><input type="checkbox"/> 15. Adequate dishwashing</p> <p><input type="checkbox"/> 16. Kitchen separated</p> <p><input type="checkbox"/> 17. Mark as appropriate:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Snacks served <input type="checkbox"/> Cold breakfast</p> <p style="margin-left: 20px;"><input type="checkbox"/> Meals served <input type="checkbox"/> Meals transported</p> <p><input type="checkbox"/> Other _____</p> <hr/> <p style="text-align: center;"><u>Lead Paint</u></p> <p><input type="checkbox"/> Building: Pre-78 Construction (Lead Inspection Required)</p> <p><input type="checkbox"/> Building: Pre-78 Renovated (dust wipes/soil samples Required)</p> <p style="margin-left: 20px;"><input type="checkbox"/> No Lead-Based Paint Identified</p> <p style="margin-left: 20px;"><input type="checkbox"/> Lead Hazards Identified and Corrected (Plan of correction on file with Local Health Dept. (LHD))</p> <p style="margin-left: 20px;"><input type="checkbox"/> Intact Lead-Based Paint Identified (Management Plan on file with LHD)</p> <p><input type="checkbox"/> Building: 1978 or newer construction</p> <hr/> <p style="text-align: center;"><u>Please check one of the following:</u></p> <p><input type="checkbox"/> Approval recommended. No code violations identified.</p> <p><input type="checkbox"/> Approval recommended with conditions (see below).</p> <p><input type="checkbox"/> Approval not recommended due to existing serious code violations.</p> <p><u>Comments:</u></p> <p style="margin-top: 20px;"><input type="checkbox"/> Check here if additional comments attached</p>	
Signed (Inspector)	Date Corrections Due	Signed (Person in Charge)
Printed Name (Inspector)		Printed Name (Person in Charge)

Child Care Center/Group Child Care Home STAFF WORK SCHEDULE

[illegible]

Place a * (an asterisk) by each person's name who has current First Aid training

Place a ♥ (a heart) by each person's name who has current CPR training

RETURN TO: _____

Prepared By: (please print) _____ **Date:** _____

CONNECTICUT OFFICE OF EARLY CHILDHOOD FIRST AID COURSES 10-16-24

*****Please Note:** You must submit verification of current certification in first aid by the American Red Cross, the American Heart Association, the National Safety Council, American Safety and Health Institute, or Medic First Aid International, or a current certification based on a first aid course approved on or before March 17, 2018 by the Connecticut Office of Early Childhood. Courses must include a hands-on demonstration of your ability to provide first aid.

NATIONWIDE COURSE PROVIDERS

TOWN	ASSOCIATIONS	WEB ADDRESS	PHONE / CONTACT
Nationwide	American Heart Association	www.americanheart.org	1-888-277-5463
Nationwide	American Red Cross	www.ctredcross.org	1-800-733-2767
Nationwide	American Safety & Health Inst.	www.emergencycare.hsi.com	1-800-682-5067
Nationwide	Medic First Aid International, Inc.	www.emergencycare.hsi.com	1-800-800-7099
Nationwide	National Safety Council	www.nsc.org/safety-training/first-aid/courses	630-775-2262

OTHER APPROVED COURSES

TOWN	PROGRAM	COURSE NAME	E-MAIL ADDRESS	PHONE / CONTACT
Coventry	First Aid Training for CT Child Care	First Aid Training for CT Child Care	https://firstaidct.webs.com/	860-836-5015 Stephanie Knutson goldKnut@yahoo.com
Guilford	VNA Community Health Care, Inc	First Aid Course for Day Care Providers		203-458-4233 Laurie Weinberg-Rockwell, R.N.
Guilford	Community Nurse Consultant Services	First Aid for Child Care Providers	bethccnc@gmail.com	203-533-9109 Beth Capobianco, RN
Hartford / Revere, MA	Pro Health Care Services, Inc.	First Aid and Safety for Infants and Children (available in Spanish)	ggalindo54@hotmail.com	617-233-6573 Guillermo Galindo
Manchester	Manchester CPR Programs	First Aid for Child Care Providers & Parents	manchestercpr@gmail.com	860-474-3734 Dawn Sinclair
North Granby/ Ellington	Nurse Consultants, LLC	First Aid for Child Care Providers	info@nurseconsultantsllc.com Website: NurseConsultantsLLC.com	860-500-9042 Robin Young-Cournoyer
Vernon	Eastern CT Health Network	First Aid For Parents & Child Care Providers	ecrayton@echn.org	860-647-4790 Elizabeth Crayton
Wolcott	Heartbeats	First Aid for Day Care Providers	sheliaRN1@sbcglobal.net	203-910-2886 Sheila Kane
Woodbridge	Capasso, Renee A.	First Aid for Day Care Providers		203-387-6260 Renee Capasso

CARDIOPULMONARY RESUSCITATION (CPR) PROVIDERS FOR CHILD CARE STAFF

Section 19a-79 of Connecticut General Statutes and Section 19a-79-4a of the Regulations for Connecticut State Agencies require at all times a licensed child care center is in operation there shall be present at least one staff member who has current certification in cardiopulmonary resuscitation (CPR). Staff of child care programs that are exempt from licensing but accept Care4Kids shall also meet this requirement. Section 19a-87b-6 of the Regulations for Connecticut State Agencies requires licensed family child care home providers to maintain certification in CPR.

CPR certification shall be appropriate for all of the children served in the child care program, shall be based on a hands-on demonstration of the individual's ability to provide CPR and shall be issued by one of the following organizations.

American Red Cross

Local Chapter 877-287-3327
Training Support Center 800-Red Cross/800-733-2767
www.ctredcross.org

Adult is considered age 12 or older for CPR

American Heart Association

Local Number 203-294-0088
1-877-AHA-4CPR – National Service Center
Email: inquiries@heart.org
www.heart.org

Adult is considered age 8 or older for CPR

American Safety & Health Institute

1-800-447-3177
1-800-682-5067 X 325
www.emergencycare.hsi.com or customerservice@hsi.com

Adult is considered age 8 or older for CPR

Medic First Aid

1-800-447-3177
1-800-800-7099
www.emergencycare.hsi.com or customerservice@hsi.com

Adult is considered age 8 or older for CPR

National Safety Council

1-800-621-7615 x2336
www.nsc.org

Adult is considered at the onset of puberty for CPR

An organization using guidelines for CPR and emergency cardiovascular care published by the American Heart Association (AHA) and International Liaison Committee on Resuscitation (ILCOR).

Connecticut Office of Early Childhood (Attachment 9e)
Division of Licensing
Consultant/ Head Teacher Data Sheet

PLEASE PRINT - Please Enter Complete Information for Each Consultant and Head Teacher
Enter N/A (Not Applicable) for Questions That Do Not Apply

Name of Person completing this form: _____

Position: _____ Date form completed: _____

Program Name: _____ License # _____

Street Address: _____ Town: _____ CT Zip: _____

Telephone #: (____)____ - _____ Fax #: (____)____ - _____ E-mail: _____

Health Consultant (Required)

Last name: _____ First: _____ Middle initial: _____

Resident Street Address: _____ Town: _____ State: _____ Zip: _____

Telephone #: (____)____ - _____ Fax #: (____)____ - _____ E-mail: _____

Work Address: _____ Town: _____ State: _____ Zip: _____

Telephone #: (____)____ - _____ Fax #: (____)____ - _____ E-mail: _____

CT License held: ☐ Physician ☐ Physician Assistant ☐ AP Registered Nurse ☐ Registered Nurse

CT Professional License #: _____ License Expiration Date: _____

Early Childhood Education Consultant (Required)

Last name: _____ First: _____ Middle initial: _____

Resident Street Address: _____ Town: _____ State: _____ Zip: _____

Telephone #: (____)____ - _____ Fax #: (____)____ - _____ E-mail: _____

Work Address: _____ Town: _____ State: _____ Zip: _____

Telephone #: (____)____ - _____ Fax #: (____)____ - _____ E-mail: _____

OEC approval on file: ☐ Yes ☐ No

Name at time of approval if different: _____

PLEASE BE SURE TO COMPLETE THE REVERSE SIDE OF THIS FORM

Social Service Consultant (Required)

Last name: _____ First: _____ Middle initial: _____
Resident Street Address: _____ Town: _____ State: _____ Zip: _____
Telephone #: (____) _____ - _____ Fax #: (____) _____ - _____ E-mail: _____
Work Address: _____ Town: _____ State: _____ Zip: _____
Telephone #: (____) _____ - _____ Fax #: (____) _____ - _____ E-mail: _____
Professional degrees held: ☐BSW ☐BA/ BS - Field of study: _____
☐MSW ☐MA/MS - Field of study: _____
Professional License # (if applicable): _____ Expiration Date: _____

Registered Dietitian Consultant (If applicable)

Last name : _____ First: _____ Middle initial: _____
Resident Street Address: _____ Town: _____ State: _____ Zip: _____
Telephone #: (____) _____ - _____ Fax #: (____) _____ - _____ E-mail: _____
Work Address _____ Town: _____ State: _____ Zip: _____
Telephone #: (____) _____ - _____ Fax #: (____) _____ - _____ E-mail: _____
Professional license held: ☐RD License/ID #: _____ Expiration Date: _____

Head Teacher(s) (Required)

Please complete this section for each Agency Approved Head Teacher at this program. If your program has more than (1) Head Teacher, please submit this information as an attachment.

Last name: _____ First: _____ Middle initial: _____
Resident Street Address _____ Town: _____ State: _____ Zip: _____
Telephone #: (____) _____ - _____ Fax #: (____) _____ - _____ E-mail: _____
Work Address: _____ Town: _____ State: _____ Zip: _____
Telephone #: (____) _____ - _____ Fax #: (____) _____ - _____ E-mail: _____
Department approval on file: ☐No ☐Yes (if yes, please check) ☐Under 3 Years ☐Preschool ☐School Age
Name at time of approval if different: _____

**Please return this form to: Connecticut Office of Early Childhood, Division of Licensing,
450 Columbus Boulevard, Suite 302, Hartford, CT 06103 or Fax (860) 326-0552**

Use of Consultants

Section 19a-79-4a(i) of the Connecticut General Statutes require all licensed child care centers and group child care homes to develop and implement a written plan that includes the services of an early childhood educational consultant, health consultant, social service and registered dietitian consultant if the program serves meals.

The Regulations for Connecticut State Agencies require each of the above consultants to provide, at a minimum, the following services to the program:

- annual review of written policies, plans and procedures that relate to the services provided by the consultant;
- availability by telecommunication for advice regarding problems;
- availability, in person, of the consultant to the program;
- consulting with administration and program staff about specific problems;
- acting as a resource person to program staff and the parents, including but not limited to, coordinating services and assisting families and program staff in identifying necessary resources;
- documenting the activities and observations required in a consultation log that is kept on file at the facility for two years; and
- seeking and supporting the collaboration of multiple consultants serving the program

Furthermore, the regulations require additional services to be provided by the health and education consultant as listed below:

Health consultant

- making, at a minimum, quarterly site visits to facilities that serve children three years of age and older; or for group child care homes, facilities that operate no more than three hours per day, or facilities that enroll only school age children, semi-annual site visits. Facilities that are closed during the summer months may omit the summer quarterly visit. Site visits shall be made by the health consultant during customary business hours when the children are present at the facility;
- reviewing health and immunization records of children and program staff;
- reviewing the contents, storage and plan for maintenance of first aid kits;
- observing the indoor and outdoor environments for health and safety;
- observing children's general health and development;
- observing diaper changing and toileting areas and diaper changing, toileting and hand washing procedures;
- reviewing the policies, procedures and required documentation for the administration of medications, including petitions for special medication authorizations needed for programs that administer medication;
- assisting in the review of individual care plans for children with special health care needs or children with disabilities, as needed; and
- quarterly review of all injury, illness, incident and accident reports

Education consultant

- making, at minimum annual site visits of the facility;

- reviewing daily plans, curriculum documents, and educational policies for the developmental and age appropriate practices;
- observing program staff interactions, use of materials and equipment, implementation of plans and approaches to classroom management; and
- providing feedback on documentation review and classroom observations to the director and head teacher

The selection of consultants for a program should be thoughtful and deliberate. First, a program should ensure that each individual being considered for a consultant role meets the education and experience requirements as defined in Section 19a-79-1a of the regulations. The licensure status of a person serving as a health consultant may be verified by visiting www.elicense.ct.gov and the Office of Early Childhood (OEC) may be contacted to verify whether an individual has been approved as early childhood education consultant. The regulations prohibit a program staff from serving as the early childhood educational consultant at a program where they provide direct care or direct program supervision in a non-consultative role; or in a program with the same operator as a program in which they provide direct program supervision in a non-consultative role. Secondly, the education, experience and expertise of a potential consultant should be examined carefully, so that the person's qualifications match the unique needs of the program. It is also important that the program and consultant share with each other their philosophy and vision for the program. The arrangement should feel comfortable and there should be a feeling of mutual respect.

Next, a plan for consultative services that will be provided should be clearly documented and understood by both parties. This written plan will serve as the foundation for the consultative relationship. The agreement should address all of the services to be provided, including at a minimum, those services required by the regulations. The frequency and scope of the services, the roles and responsibilities, expectations, communication and documentation, etc. should all be discussed and agreed upon. The written plan should be developed and signed annually by the consultant.

Finally, the program should closely monitor the performance of all consultants to ensure that all required duties are being performed in a manner that was agreed upon. All activities and observations should be documented in a consultation log maintained at the facility.

To search for an OEC approved education consultant:

- Log in to your [OEC Registry account](#)
- Select My Role Applications > About Technical Assistance Providers > Search for a Technical Assistance Provider
- Follow the steps to search for a licensing approved Education Consultant, including by county, language spoken, and other trainer content approval, if desired.

For assistance with health consultants please contact Connecticut Nurses Association at <http://ctnurses.org>.

Sample agreement letter for Health Consultant.

Consultant Services Agreement between Day Care and _____

Consultative service shall include:

Annual review of written policies, plans and procedures that relate to the services provided by the consultant;

- Annual review of written policies, plans and procedures that relate to the services provided by the consultant;
- Availability by telecommunication for advice regarding problems;
- Availability, in person, of the consultant to the program;
- Consulting with administration and program staff about specific problems;
- Acting as a resource person to program staff and the parent(s), including, but not limited to, coordinating services and assisting families and program staff in identifying necessary resources;
- Documenting the activities and observations required in this subsection in a consultation log that is kept on file at the facility for two years;
- Seeking and supporting the collaboration of multiple consultants serving the program;
- Reviewing health and immunization records of children and program staff;
- Reviewing the contents, storage and plan for maintenance of first aid kits;
- Observing the indoor and outdoor environments for health and safety;
- Observing children's general health and development;
- Observing diaper changing and toileting areas and diaper changing, toileting and hand washing procedures;
- Reviewing the policies, procedures and required documentation for the administration of medications, including petitions for special medication authorizations needed for programs that administer medication;
- Assisting in the review of individual care plans for children with special health care needs or children with disabilities, as needed
- Quarterly review of all injury, illness, incident and accident reports
- The health consultant shall visit the program according to the following schedule:
 - Making, at a minimum, quarterly site visits to facilities that serve children three years of age and older; or for group child care homes, facilities that operate no more than three hours per day, or facilities that enroll only school age children, semi-annual site visits. Facilities that are closed during the summer months may omit the summer quarterly visit. Site visits shall be made by the health consultant during customary business hours when the children are present at the facility
 - If serving Infants and toddlers the health consultant shall visit the facility according to the following schedule: (A) Once a week for children up to twenty-four months of age; (B) Once a week if children two to three years of age attend five hours or more per day; and (C) Once a month if children two to three years of age attend less than five hours per day.

Signature

Date

Agreement shall be signed yearly

11/25/24

Sample agreement letter for social service, and registered dietician consultant.

Consultant Services Agreement between Day Care and _____

Consultative service shall include:

Annual review of written policies, plans and procedures that relate to the services provided by the consultant;

- Availability by telecommunication for advice regarding problems;
- Availability, in person, of the consultant to the program;
- Consulting with administration and program staff about specific problems;
- Acting as a resource person to program staff and the parent(s), including, but not limited to, coordinating services and assisting families and program staff in identifying necessary resources;
- Documenting the activities and observations required in this subsection in a consultation log that is kept on file at the facility for two years; and
- Seeking and supporting the collaboration of multiple consultants serving the program;

Signature

Date

Agreement shall be signed yearly

Sample agreement letter for Education Consultant.

Consultant Services Agreement between Day Care and _____

Consultative service shall include:

Annual review of written policies, plans and procedures that relate to the services provided by the consultant;

- Annual review of written policies, plans and procedures that relate to the services provided by the consultant;
- Availability by telecommunication for advice regarding problems;
- Availability, in person, of the consultant to the program;
- Consulting with administration and program staff about specific problems;
- Acting as a resource person to program staff and the parent(s), including, but not limited to, coordinating services and assisting families and program staff in identifying necessary resources;
- Documenting the activities and observations required in this subsection in a consultation log that is kept on file at the facility for two years;
- Seeking and supporting the collaboration of multiple consultants serving the program;
- Making, at a minimum, annual site visits to the facility;
- Reviewing daily plans, curriculum documents, and educational policies for the developmental and age appropriate practices;
- Observing program staff interactions, use of materials and equipment, implementation of plans and approaches to classroom management; and
- Providing feedback on documentation review and classroom observations to the director and head teacher

Signature

Date

Agreement shall be signed yearly

11/25/24

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

**SUPPLEMENTARY INFORMATION OF INFANT/TODDLER DAY CARE
PROGRAM IN DAY CARE CENTERS AND GROUP DAY CARE HOMES**

PUBLIC HEALTH CODE SECTION 19A-79-10 UNDER THREE ENDORSEMENT

“The operator of a program caring for children under three (3) years of age shall comply with sections 19a-79-1a through 19a-79-8a and section 19a-79-10 of the Regulations of Connecticut State Agencies.

Complete **original application**, answering all items as they apply to your Child Care Center/Group Day Care Home:

Please submit: **original** application to the **Connecticut Office of Early Childhood**

Please submit: **one** complete copy **to your Local Health Department**

Please keep: **one** complete copy **on file at the licensed premise**

S1. Name of Center/Home: _____

Location Address: _____
(Number & Street/Road)

Town/City/State: _____ **Zip Code:** _____

Telephone on Premises: _____

S2. LICENSED CAPACITY AND ENROLLMENT:

Requested licensed capacity for children under three years of age: _____

S3. GROUPING OF INFANTS/TODDLERS:

Sketch indoor program space and specify the following: **(Attachment #S3)**

- a. Dimensions + total square footage (in **FEET**) of each room/program area.
- b. Relationship of this space to any other program space.
- c. How groups of eight are divided with physical barriers.
- d. Where sinks and changing tables are located.

S4. NURSE CONSULTATION: Attach a copy of the following: **(Attachment #S4)**

S4 Name, resume and copy of current registered nurse's license

S5. HEALTH AND HYGIENE:

You are required to develop and post on site the following written policies and procedures. Do not submit these policies and procedures to the department.

S5a. Diapering and toileting, including a description of the diapering procedure, the disposal of soiled diapers, hand washing procedures and sanitizing procedures.

S5b. If cloth diapers are used, you are required to develop a plan describing the procedures used to handle soiled non-disposable diapers and clothing. This plan should be kept on site and not submitted to the department.

**CONNECTICUT OFFICE OF EARLY CHILDHOOD - Division of Licensing
STATEMENT OF COMPLIANCE**

Program Name: _____

Program Location Address: _____
Street Town State Zip Code

I certify that I have read and understand the regulations for the licensure of child day care centers and group day care homes adopted by the Commissioner of the Office of Early childhood pursuant to Connecticut General Statutes Section 19a-79. I am currently in compliance with and will maintain the child day care center or group day care home in compliance with these regulations, and I will allow visits by Agency staff to the child day care center or group day care home.

I certify that all children enrolled in the group day care home/child day care center have received age-appropriate immunizations in accordance with Section 19a-79-6a(e)1 of the regulations for the licensure of child day care centers and group 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 Section 19a-79-2a(2)(B).

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 Operator or Legal Representative (as indicated on the Affidavit) Date

Printed Name of Operator or Legal Representative

Water Supply Attachment #11b (for new programs, changes in location & increase in capacity)

Program Name: _____
Location Address: _____
City or Town: _____

License #: _____
Capacity: _____
(If **New** program, indicate “**New**” next to the license #.)

PLEASE BE SPECIFIC:

- Months of Operation (i.e. September-June): _____
- Days/Hours of Operation: Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Are there multiple sessions provided daily? Yes or No

Name of **Property Owner**: _____
Address: _____
City or Town: _____
Phone #: _____

Section 1

Are you or your landlord a Customer of a Water Company? Yes No

- **If Yes**, complete Section 2 and provide the name of the Water Company: _____
- **If No**, complete Section 3

Section 2

Lead Water Test – Required for all new programs, changes of address and when there are changes in water supply.

*** Not required for programs operating in an approved public or private school*

Along with this form you **MUST ATTACH** the following:

- A copy of the program’s most **recent water bill or other documentation**, for verification purposes, with the program location address on it.
- A copy of First draw **lead water test results - samples from each drinking, beverage & food prep sink.**

*If you answered yes to Section 1 and completed Section 2, **DO NOT continue on to Sections 3 and 4***

Section 3

The Facility has an on-site well and serves less than 25 adults and children Yes No

- If **YES**, along with this form **YOU MUST ATTACH** the following:
 - A copy of the program’s **first draw lead water test results - samples from each drinking, beverage & food prep sink.**
 - A copy of the program’s **bacterial and chemical test results – water analysis must include tests for bacteria, physical parameters** (color, odor, turbidity, pH) **and sanitary chemicals** (nitrogen series, chloride, hardness, iron, manganese, sodium).
Additional tests may be required as deemed necessary.
- **If No**, complete Section 4

Do other businesses share this on-site well? (coffee shop, restaurant, etc.) Yes No

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Section 4

The Facility has an on-site well and serves 25 or more adults and children *at least 60 days of the year.*

Please Note: Your facility meets the classification of a Public Water Supply System and will be Referred to the Department of Public Health, Drinking Water Section.

Along with this form **YOU MUST ATTACH** the following:

- A copy of the program's **first draw lead water test results**** - samples from each drinking, beverage & food prep sink.
- A copy of the program's **bacterial and chemical test results**** – **water analysis must include tests for bacteria, physical parameters** (color, odor, turbidity, pH) **and sanitary chemicals** (nitrogen series, chloride, hardness, iron, manganese, sodium).
Additional tests may be required as deemed necessary.

PLEASE NOTE that **first draw Lead Water test results**** are required for all programs every two years (and when there are changes in water supply) – samples from at least one drinking fountain or drinking, beverage and food prep sink, and from two such sources if the facility has more than one.

In addition, whenever water is obtained from other than a public water system that is regulated by the Connecticut Department of Public Health, **it shall be of a safe and sanitary quality and tested every two years for bacterial and chemical quality**** as detailed in Section 3 above.

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