



# STATE OF CONNECTICUT



## FAMILY CHILD CARE HOME APPLICATION CHANGE OF ADDRESS

### GENERAL INFORMATION

*Please type or print. Use an extra page if necessary*

**IMPORTANT:** Please be aware of Regulation Section 19a-87b-5(c)(2):

**Non-transferability of the License:**

A family child care home license is only valid for the residence for which it has been issued. If the provider desires to change the residence, the provider shall immediately provide notice to the Office, submit an application, successfully complete an inspection at the new residence and obtain approval by the Office.

You may not operate the family child care home at the new address until all requirements have been met and the Office issues approval to operate at the new address.

1. Provider's Name: \_\_\_\_\_  
*first middle last*

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

Cell Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

2. Current/approved Location/Street Address: \_\_\_\_\_

City, Town, Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

3. PROPOSED Location/Street Address: \_\_\_\_\_

City, Town, Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Anticipated date of move to new location: \_\_\_\_\_

**NOTE:** A family child care home is a private family home (residence) occupied by the provider or approved for occupancy as a home as evidenced by a valid certificate of occupancy.

4. Do you reside at this address? ☐ Yes ☐ No

If no, attach a valid certificate of occupancy to this application. Please contact your local building authority.

☐ Yes ☐ No Certificate of occupancy enclosed

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Affirmative Action/Equal Opportunity Employer

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

6. What will be your customary child care hours?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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

Name_____	Phone (____)_____
Street Address_____	City/Town_____ State_____
Work Address_____	City/Town_____ State_____

8. List all the adults and children who reside in the family child care home (INCLUDING YOURSELF)

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

9. ☐ Yes ☐ No Was the residence in which you will be providing child care constructed before 1978? (Please check the town Assessor's Office website or with your Town Building Department if you or the homeowner do not know this information).

**PLEASE NOTE:** Samples of peeling paint chips will be collected for lead testing at the time of your initial inspection if the building was constructed before 1978.

10. ☐ Yes ☐ No Is the residence in which you will be providing child care designated as a multi-family home by the Town? If so, how many dwelling units (apartments) are there? \_\_\_\_\_



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

☐ Yes ☐ No Inspection report enclosed

12. **Lead water test** - a lead water test must be conducted no more than twelve months prior to the date of this application, analyzed by a state certified laboratory (found at this website: <https://portal.ct.gov/DPH/Environmental-Health/Environmental-Laboratory-Certification/Environmental-Laboratory-Certification>) from a sink used for drinking, beverage and food prep. The water shall have been standing in plumbing pipes at least six hours (Section 19a-87b-9i).

13. ☐ Yes ☐ No Is the home served by a private well?

If yes, you must submit a well water tests (conducted no more than twelve months prior to the date of this application) by a state certified laboratory. The water supply must be deemed potable, adequate and safe. Refer to Regulations Section 19a-87b-9(i) for a list of required tests.

Well Water test enclosed ☐ Yes ☐ No

14. ☐ Yes ☐ No Is there 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?

## STATEMENT OF COMPLIANCE