



STATE OF CONNECTICUT



To: Family Child Care Home Staff Applicants

From: Licensing Division

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

The initial application packet consists of:

1. Initial Application Fee Form (including fee) - Make your check payable to "Treasurer State of Connecticut". **This fee is not refundable.**
2. Initial Application for Licensure – be sure to answer all the questions completely, including signing the attestation that you have read and understand the Regulations.
3. 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.
4. Adult Medical Statement for Child Care –must be signed by a physician, physician assistant or advanced registered practical nurse within with in the past twelve months.
5. References - Submit three Request for Reference Forms that are complete, current and signed by individuals (no more than one relative) who have known you for at least three years.
6. First Aid Training certificate (for Substitutes only) - a copy of a certificate documenting current certification by the American Red Cross, the American Heart Association, the National Safety Council, American Safety and Health Institute, or Medic First Aid International, Inc. or a current certification based on a first aid course approved on or before March 17, 2018 by the Office.
7. CPR Training certificate (for substitutes only) - a copy of a certificate documenting current certification in CPR appropriate for all of the children to be served at the family child care home.

PLEASE NOTE: You may not begin working as a staff member until you have received your approval with a credential number.

IMPORTANT

Background checks are required. 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/>

Please read and understand the Regulations. You can access them online at: www.ct.gov/oec or call 800-282-6063 to request a copy in the mail. In addition, please view our on-line video titled

Maintaining Compliance: Family Child Care Homes, which will provide you with valuable information.

Phone: (860) 500-4450 · Fax: (860) 326-0552
450 Columbus Boulevard, Suite 302
Hartford, Connecticut 06103
www.ctoec.org

Affirmative Action/Equal Opportunity Employer



STATE OF CONNECTICUT



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

1. Name: _____
2. Address: _____, CT _____

StreetCity/TownZip Code
3. Mailing Address (if different):
_____, CT _____

Street AddressCity/TownZip Code
4. Home Phone Number: (____) _____ - _____ Cell Phone Number: (____) _____ - _____
5. E-mail Address: _____ 6. Expiration Date: _____

(for renewals only)
7. Enclosed Check/Money Order: \$ _____ Check #: _____ Check Date ____/____/____
8. Social Security # : _____ - _____ - _____

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

Important: If you did not provide a Social Security # above, please give an explanation of why you have not been issued such #. _____

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

	Family Child Care Home Staff Assistant (Account #42431)	Family Child Care Home Staff Substitute (Account #42431)
	<input type="checkbox"/> 2-year approval (new) \$15.00	<input type="checkbox"/> 2-year approval (new) \$15.00
	<input type="checkbox"/> 2-year approval (renewal) \$15.00	<input type="checkbox"/> 2-year approval (renewal) \$15.00

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6. ☐ Yes ☐ No Have you ever applied for or held a child care license in Connecticut or in any other state?
If yes:

When and where (what address)? _____

License # _____

Licensing Agency Name: _____

Licensing Agency contact information (Address, Telephone number, email): _____

7. ☐ Yes ☐ No Have you been employed as a child care staff member at a child care program in Connecticut or have been separated from child care employment within the past 180 days?

If yes, list the name of the program: _____

License #: _____

If no, you are required to complete a comprehensive background check even if you have had one within the past five years.

NOTE: You must complete a comprehensive background check prior to your licensure.

8. ☐ 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.

9. ☐ 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: _____

10. ☐ 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:

11. ☐ 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:

CONNECTICUT OFFICE OF EARLY CHILDHOOD
Division of Licensing

STATEMENT OF COMPLIANCE

Applicant's Name: _____
First Middle Last

Address: _____
Street
Town
State
Zip

I certify that I am familiar with, have read and understand sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies, and that I agree to abide by them. I will be familiar with the operating procedures of the licensed family child care home(s) in which I work

I shall allow the Office immediate access during customary business hours to the facility whenever the Office seeks to perform an inspection. I understand that failure to allow immediate access during customary business hours to the entire facility is deemed substantial noncompliance and is an automatic ground for the commissioner to initiate suspension or revocation proceedings.

NOTICE OF PENALTY FOR FALSE STATEMENTS

I understand that all information provided on this application form, or in any statements accompanying this application, must be truthful. Any false statements made herein are punishable in accordance with Section 53a-157b of the Connecticut General Statutes and may also be grounds for the denial of the license/approval.

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

(Signature of Applicant)

(Date)



STATE OF CONNECTICUT



Foster Care License Verification

Important: If you answered “yes” to question # 8 on the 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 or is applying to be a staff person working at a licensed family child care home 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 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

ADULT MEDICAL STATEMENT for CHILD CARE

Please check one of the following boxes:

- ☐ Family Child Care Home Applicant
- ☐ Family Child Care Home Staff Assistant Applicant
- ☐ Family Child Care Home Staff Substitute Applicant
- ☐ Family Child Care Home Provider - License # _____ Expiration Date _____
- ☐ Family Child Care Home Staff Assistant – Approval # _____ Expiration Date _____
- ☐ Family child Care Home Staff Substitute – Approval # _____ Expiration Date _____
- ☐ Adult Member of Household
- ☐ Group Child Care Home Employee / Child Care Center Employee

****Please provide this form to the patient, do not send directly to the Office of Early Childhood

Patient's Name _____

Phone # _____ Date of Birth ____/____/____

Street Address _____

Town _____ Zip Code _____

This section must be completed by a Physician, Physician Assistant or Advanced Practice Registered Nurse:

This medical clearance is an important requirement in child care licensing laws designed to protect the health, safety and welfare of the children in day care.

1. To the best of your knowledge, does this person have any medical or emotional illness or disorder that would currently pose a risk to children in their care or would interfere with or jeopardize a caregiver's ability to render proper care for children in the child care facility? ☐ YES ☐ NO

If yes, please explain:

2. Date of patient's MOST RECENT examination: _____

3. Medical Provider's Information Name: _____

Address: _____

Phone #: _____

4. _____ / _____

Signature of MD, APRN or PA

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
Division of Licensing**

Return to:

Connecticut Office of Early Childhood -Family Child Care-Application Unit
450 Columbus Boulevard, Suite 302
Hartford, CT 06103

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

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

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	Date:	Street:
	Telephone:	City, State, Zip: