



STATE OF CONNECTICUT

Division of Licensing



TO: Family Child Care Home Incubator Site Applicants

Thank you for your interest in Family Child Care Home licensing as part of the Incubator Bill. The **Initial Application** for licensure is designed to meet the requirements of the Regulations for Connecticut State Agencies for Family Child Care Homes, Sections **19a-87b-1 through 19a-87b-18**, inclusive. Per C.G.S. §19a-87b(1), the “Incubator Bill,” the application for a license under this subsection shall also include a copy of the current fire marshal certificate of compliance with the Fire Safety Code, and written verification of compliance with the State Building Code, local zoning and building requirements and local health ordinances. Additional conditions for a license under this subsection relating to the health and safety of the children who will be served in such facility are listed below. Once the application has been received by the Agency, you will receive an acknowledgement letter by email indicating the status of your application.

Please retain a copy of the completed application for your own records.

The Initial Application for the licensure packet consists of:

1. Coordinating Check List
2. Initial Application Fee/Form - Make your non-refundable check payable to “Treasurer State of Connecticut”.
3. Initial Application for Licensure – be sure to answer all the questions completely, including signing the attestation that you have read and understand the Regulations.
4. Foster Care Verification Form
5. Adult Medical Statement for Child Care
6. References
7. Water Test – lead water test for public/well water; bacterial/chemical test – well water only. Required for each sink used for drinking, beverage or food prep.
8. Background checks are required. Once your application has been submitted and accepted by the Licensing Division for processing, you will receive an email from the Legal Division to start the background check process. If you don’t receive an email within 14 days of receipt of the acknowledgement letter, please contact the BCIS Help Desk using the link below. Please check your email including your spam folder for a message from “OEC-BCIS” with instructions about how to get a background check. You can visit the Background Checks section of our 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/>.

Additional Conditions

9. Local Fire Marshal approval (one per building)
10. Local Health Department approval (one per building)
11. Local Building approval (one per building)
12. Local Zoning approval (one per building)
13. Property History Form (DPH SAFER program) (one per building)
14. Radon Test (conducted between Nov-April if in basement or on first floor) (one per building)
15. Full Comprehensive Lead Inspections for all licensed spaces pre-78 (one per building)
16. Indoor Floor Plan – include all spaces used

17. Handwashing Sink/Diapering Area
18. Child Toilets/Sinks – 1:16
19. Bathrooms – mechanical ventilation
20. Separate Sink for food prep
21. Glass protected up to 36” or verification of shatterproof
22. Lighting – Shatterproof/protected
23. Openings for ventilation screened
24. No Weapons or facsimile of a firearm allowed on site
25. Outdoor Play Space Sketch
26. Fenced in Outdoor Space; if barring access to hazardous condition – fencing must be 4’ high
27. Shock Absorbing materials – 8” under climbers, swings, slides, etc.

Once your application is complete, we will contact you to schedule an inspection of your facility. During the inspection we will discuss the Family Child Care Home Regulations with you, answer any questions you may have and make sure your facility complies with the Regulations and additional requirements.

Please read and be familiar with the Family Child Care Home Regulations and the additional requirements as listed above, before your appointment. You can access them online at: <https://www.ctoec.org/licensing/statutes-and-regulations/> or call 800-282-6063 for the Licensing Help Desk to request a copy in the mail.

In addition, please view our on-line videos titled; **How to Become a Licensed Family Child Care Provider and Maintaining Compliance: Family Child Care Homes**. These videos will provide you with valuable information. You can access them online at: <https://www.ctoec.org/licensing/tutorial-videos/>.

Coordinating Check List for Initial Family Child Care Home Incubator Site Application

Provider Name _____ Town _____

- ☐ **Application**
- ☐ **Application Fee**
- ☐ **Application Fee Form**
- ☐ **Foster Care Verification Form** - required if you have ever applied for, held or currently hold, a foster care license in CT or any other state.
- ☐ **Adult Medical Statement for Child Care** - Physical examination must have been within the past year.
- ☐ **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.
- ☐ **Certificate for Approved First Aid Training** - 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.
- ☐ **Certificates for Approved CPR Training** - 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.
- ☐ **Lead Water Test** - a lead water test 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).
- ☐ **Well Water Test (Bacteria and Chemical)** - If you have a well, you must submit a well water test by a state certified laboratory completed within the past year. (Refer to Regulation Section 19a-87b-9(i) for a list of required tests)

Additional requirements:

- ☐ **Property History Form** (SAFER program)
- ☐ **Local Fire Approval** – inspection and certificate of approval from the local fire marshal
- ☐ **Building Approval** - inspection and certificate of approval from the local building official
- ☐ **Zoning Approval** – approval from the local zoning commission
- ☐ **Local Health Approval** - inspection and certificate of approval from the local health department

- ☐ **Comprehensive Lead Inspection** – for buildings constructed pre-1978 including ☐ XRF ☐ dust wipes ☐ soil
 - ☐ abatement/correction ☐ letter of compliance from local health ☐ management plan
- ☐ **Radon Test** – conducted between November through April, test required if located in basement or on first floor, one test required for building
- ☐ **Floor Plan** – Indoor ☐ dimensions of each program area/room ☐ label the function of each room ☐ entrance and exits ☐ doors and windows ☐ corridors ☐ storage areas ☐ bathrooms ☐ sinks ☐ kitchen/food prep area
 - ☐ office
- ☐ **Outdoor Space Sketch** – ☐ dimensions ☐ location of facility ☐ major play equipment ☐ type of surfacing
 - ☐ fencing ☐ storage areas
- ☐ **Supervision and Schedule Plans for shared spaces** ☐ supervision plan if bathrooms are shared by children and adults ☐ schedule if sharing outdoor play area or indoor activity space with other licensed providers

Connecticut Office of Early Childhood Family Child Care Home Incubator Site

Initial Application for Licensure

GENERAL INFORMATION

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

1. **Applicant's Name:** _____

first
middle
last

 2. **Date of Birth:** _____ **Home Telephone:** (____) _____
Work Telephone: (____) _____
Cell Telephone: (____) _____

 3. **List all former names you have been known by:**

 4. **Location/Street Address:** _____

 5. **City, Town, Zip:** _____ **CT** _____

city/town
zip code

Mailing Address (if different): _____

 6. **List all your addresses for the past five years:**

 7. **Association, organization, corporation, institution or agency partner:** _____

 8. **What is your primary language?** _____

 9. ☐ **Yes** ☐ **No** **Have you ever applied for or held a child day 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): _____

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

11. ☐ 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: _____

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

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

14. What will be your customary business hours?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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

Name: _____ Phone (_____) _____

Street Address: _____ City/Town: _____ State: _____ Zip Code: _____

Work Address: _____ City/Town: _____ State: _____ Zip Code: _____

16. ☐ 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:

17. ☐ 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:

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

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

19. ☐ Yes ☐ No Was the building 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 owner 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.

20. ☐ Yes ☐ No 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).

☐ Yes ☐ No Lead Water Test enclosed.

21. ☐ Yes ☐ No Is the building served by a private well?
If yes, you must also submit water tests (conducted no more than twelve months prior to the date of this application) for bacteria, physical parameters and sanitary chemicals (analyzed by a state certified laboratory). The water supply must be deemed potable, adequate and safe.

☐ Yes ☐ No Water test enclosed.

22. ☐ 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?

FAMILY CHILD CARE HOME INCUBATOR - STATEMENT OF COMPLIANCE

(Printed Name)

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) _____ (occupancyclassification) _____ 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: _____

APPROVAL FOR CHILD CARE

- ☐ Town Zoning Department
 - ☐ Town Building Department
 - ☐ Town Fire Marshal Expiration Date: _____
 - ☐ Director of Health

AN		Inspection	Reason for Approval Request
	<input type="checkbox"/>	Architectural Review	_____
	<input type="checkbox"/>	Administrative Review	_____

HAS BEEN COMPLETED ON:

- ☐ **Child Care Center – Program Name:** _____ **Lic.#** _____
- ☐ **Group Care Home – Program Name:** _____ **Lic.#** _____
- ☐ **Family Child Care Home Incubator Site**

LOCATED AT: _____
(Street Address)

(Town) (State) (Zip)

IS CONSTRUCTED IN ACCORDANCE WITH APROPRIATE USE GROUPS
AND:

- ☐ **Connecticut State Building Code (CGS sec. 29-252)**
 - ☐ **Connecticut State Fire Safety Code (CGS sec. 29-292)**
 - ☐ **New Child Care Occupancies**
 - ☐ **Existing Child Care Occupancies**
 - ☐ **Other _____**
(list code title, edition, and section)
 - ☐ **Town Zoning Regulations**
 - ☐ **Health Ordinances**

☐ **PRELIMINARY APPROVAL IS GRANTED**

☐ FINAL APPROVAL IS GRANTED

Signature: _____ **Printed Name:** _____

Title: _____

Town: _____

Date: _____



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

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 _____
- ☐ Group Child Care Home Employee / Child Care Center Employee
- ☐ Adult Member of Household

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. Required check for Tuberculosis: Tuberculin skin test Date _____ ☐ Positive ☐ Negative
(upon employment or initial application or Chest x-ray Date _____ ☐ Positive ☐ Negative
for Child Care Center and Group
Child Care Home staff ONLY)

4. Medical Provider's Information Name: _____
- Address: _____
- Phone #: _____

5. _____ / _____
Signature of MD, APRN or PA Date

CONNECTICUT OFFICE OF EARLY CHILDHOOD APPROVED FIRST AID COURSES FOR CHILD CARE CENTERS/GROUP CHILD CARE HOMES

*****Please Note:** The course you register for must be an approved course as listed below. Courses must include at least 6 hours of face-to-face instruction (which may be by video) and must include a hands-on demonstration of your ability to provide first aid. Upon completion of the course, the certificate issued must reflect the exact course name as listed below or it will not be accepted.

NATIONWIDE COURSE PROVIDERS

TOWN	ASSOCIATIONS	COURSE NAME	WEB ADDRESS	PHONE / CONTACT
Nationwide	American Heart Association	American Heart Association Pediatric Total First Aid CPR AED with Supplemental Materials	www.heart.org	1-877-242-4277
Nationwide	American Red Cross	Connecticut Child Care (specify this course)	www.ctredcross.org	1-800-733-2767
Nationwide	American Safety & Health Inst.	ASHI Pediatric CPR, AED, and First Aid	HSI.com	1-800-682-5067
Nationwide	Health & Safety Institute	Pediatric First Aid/CPR AED	https://emergencycare.hsi.com	1-800-447-3177 customerservice@hsi.com
Nationwide	Health and Safety Institute for Medic First Aid Brand	Medic First Aid Pediatric Plus CPR, AED, and First Aid for children, infants, and adults (available in Spanish)	HSI.com	1-800-800-7099
Nationwide	National Safety Council	NSC Pediatric First Aid Plus	www.nsc.org/safety-training/first-aid/courses	630-775-2336 Robb Rehberg, PhD

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
TOWN	PROGRAM	COURSE NAME	E-MAIL ADDRESS	PHONE / CONTACT
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

4/29/22

CARDIOPULMONARY RESUSCITATION (CPR) PROVIDERS FOR CHILD CARE PROVIDERS

Section 19a-79 of Connecticut General Statutes, as amended by Public Act 19-105, 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; and,
- Section 19a-87b-6(c) of the Regulations for Connecticut State Agencies requires that a **family child care home** applicant/provider shall have current certification in cardiopulmonary resuscitation (CPR).

The above 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
Note - Adult is considered age 12 or older for CPR
- **American Heart Association**
Local Number 203-294-0088
National Service Center 877-AHA-4CPR
www.Americanheart.org
Note - Adult is considered at the onset of puberty for CPR
- **American Safety & Health Institute**
1-800-447-3177
www.emergencycare.hsi.com or customerservice@hsi.com
Note - Adult is considered at the onset of puberty for CPR
- **Medic First Aid**
1-800-447-3177
www.emergencycare.hsi.com or customerservice@hsi.com
Note - Adult is considered at the onset of puberty for CPR
- **National Safety Council**
1-800-621-7615 x2336
www.nsc.org
Note - 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).** In such cases, there must be written confirmation that the organization follows such guidelines.

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

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

REQUEST FOR REFERENCE

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: