

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 Registration:

When the provider moves the family day care home to another facility, the old registration is no longer valid as issued. A new application to change the address shall be filed with the Agency immediately. No fee is charged for this application, but A HOME VISIT IS REQUIRED TO OPERATE. The provider must notify the Agency immediately to schedule a home visit.

1.	Provider's Name:	first	middle	last		
	License #: Home Telephone: ()					
	Cell Telephone: (<u> </u>	_ E-mail Address:			
2.	Location/Street Address:					
3.	City, Town, Zip:					
	Mailing Address (if diffe	Mailing Address (if different):				
4.	☐ Yes ☐ No Are you currently employed outside of home? If yes, describe the job and your hours of employments					
5.	☐ Yes ☐ No	•	ricted of any crime in C	nome used for child day Connecticut or any state?		

. Identify an emergency back-up caregiver, a responsible adult (at least 20 years of age) where able to arrive at the facility within ten (10) minutes: Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sund
List all the adults and children who reside in the family day care home: Full Name Relation to You Date of Birth Times Present in Home per Day	able to	arrive at the fa	cility within ten	(10) minutes:			
List all the adults and children who reside in the family day care home: Full Name Relation to You Date of Home per Day				7	Selephone Nur	nber ()	
Full Name Relation Date of Times Present in to You Birth Home per Day	Street AddressCity/1					Town	
	Street Add	ress			City/	Гоwn	
		the adults and	children who re	side in the fan Relation	nily day care h	ome: Times Prese Home per I	nt in Day
		the adults and	children who re	side in the fan Relation	nily day care h	ome: Times Prese Home per I	nt in Day
		the adults and	children who re	side in the fan Relation	nily day care h	ome: Times Prese Home per I	nt in Day

9.	☐ Yes ☐ No	Do you, or does any person living in the ho known medical or emotional illness or diso children in care or would interfere with or proper care? If yes, please explain:	rder that would pos	e a risk to
10.	☐ Yes ☐ No	Do you, or does any person living in the ho medication(s) that would affect your ability of children? If yes, please explain:		
11.	☐ Yes ☐ No	Have you ever had any children (including and adoptive children) removed from your household member by the police or a child please explain:	care or the care of	any other
12.	☐ Yes ☐ No	Have you, or any person living in the home been investigated and or questioned by rep Children and Families (DCF) or any other concerning the care of children, including a Connecticut or any other state? If yes, ple	oresentatives of the I child protection age alleged child abuse o	Department of ency,
13.		istants and substitutes) in the family day car pre-approved by the Agency. Please request an a		acy approved)
Na	nme	Complete Mailing Address (Including Zip Code)	Telephone #	Expiration Date
			()	

14.		Yes No	Will you provide care in the home in which you live? If no, please list the name of the homeowner and the facility address and telephone number:
15.	_	Yes No	Was the residence in which you will be providing child day care constructed before 1979?
			PLEASE NOTE: Samples of peeling paint chips will be collected for lead sampling at the time of your initial inspection.
16.		Yes No	Does the residence in which you will be providing child day care consist of three (3) or more dwelling units (apartments?)
17.		Yes No	Does the home have auxiliary heating device, i.e., wood stove, space heater? If yes, you must enclose written proof that it was inspected and approved for proper and safe installation. (Section 19a-87b-9(d)(8)). Inspection report enclosed Yes No
18.		Yes No	Is the home served by a public water supply? If no, you must enclose written proof from a state certified laboratory that the water was tested within the last year and is potable, adequate and safe (Section 19a-87b-9i). Water test enclosed Yes No
19.		Yes No	Is the outdoor play area protected from traffic, bodies of water, gullies and other hazards by barriers in a manner safe for children?
			Note: Where there is 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, there shall be a sturdy fence/barrier, four (4) feet high or higher, with locked entrances which totally and effectively bars access to the water by the day care children.

<u>Important:</u> You cannot operate the family day care home at your new address until all requirements have been met and a license for the new address has been issued by the Agency.

CONNECTICUTOFFICE OF EARLY CHILDHOOD Division of Licensing

STATEMENT OF COMPLIANCE

Applicant's Name:_				
	First	Middle	Last	
Address of Facility:				
	Street	Town	State	Zip
care homes adop General Statutes S my family day care by Agency staff to I certify that all	ted by the Co Section 19a-87b home in comp the family day children enroll nizations in ac	ed in the family day cordance with Section	Health pursua compliance with lations, and I wil care home ha	nt to Connecticut n, and will maintain Il allow home visits ave received age-
NOTICE OF PENALTY				
this application, mus may be punished as	t be truthful. An a Class A Misder	ed on this application for y false statements could o meanor under Section 53 ut General Statutes, Sect	cause the denial of a-157b of the Pen	f this application and
Understanding the p true, to the best of m		statements, I attest that l belief.	my statements in	this application are
X(Signa	ture of Applicant)		(Da	ate)