

**CONNECTICUT OFFICE OF EARLY CHILDHOOD – DIVISION OF LICENSING**  
**Notification of Proposed Changes in Child Care Centers and Group Child Care Homes**

**IMPORTANT: Any change that requires a new application must be submitted to the agency 60 days prior to the anticipated date of opening.**

1. Name of Program                      Facility Address: Street & City/Town                      License #                      Phone #
2. Mailing Address: (If different or changed)

**Please Check Applicable Sections Regarding Changes**

**PHYSICAL PLANT CHANGES:** (Description) \_\_\_\_\_

**WATER SUPPLY CHANGES:** (Enclose attachment 10b)

**PROGRAM CHANGES REQUESTED:** (Notify OEC at least 30 days prior to requested change)

- a. Current Licensed Capacity: \_\_\_\_\_ Proposed Licensed Capacity: \_\_\_\_\_
- b. Current Under 3 Capacity \_\_\_\_\_ Proposed Under 3 Capacity \_\_\_\_\_
- c. Current Ages Served: \_\_\_\_\_ Proposed Ages Served: \_\_\_\_\_
- d. Current Months, Days & Hours of Operation: \_\_\_\_\_  
(e.g., Sept.-Dec., MWF – 9:00 a.m.-12:00 p.m.)  
Proposed Months, Days & Hours of Operation \_\_\_\_\_

e. **CURRENT LICENSE CATEGORIES:**    **PROPOSED LICENSE CATEGORIES:**

- |                 |                          |                   |                          |
|-----------------|--------------------------|-------------------|--------------------------|
| 1. Children 3-5 | <input type="checkbox"/> | 1. Children 3 – 5 | <input type="checkbox"/> |
| 2. Under 3      | <input type="checkbox"/> | 2. Under 3        | <input type="checkbox"/> |
| 3. School Age   | <input type="checkbox"/> | 3. School Age     | <input type="checkbox"/> |
| 4. Night Care   | <input type="checkbox"/> | 4. Night Care     | <input type="checkbox"/> |

**CHANGES IN PLANS, POLICIES & PROCEDURES** (Notify OEC within 5 days of change)  
Policies, Plans & Procedures must be kept on site at your program for agency review) – Do Not Submit a Copy  
Indicate which policy, plan or procedure changed: \_\_\_\_\_

**Changes in Service Contracts or Current Agreements with Consultants, Practitioners & Agencies**  
(Notify OEC within 10 days of change) Service Contracts/Agreements must be kept on site at your  
program for agency review)     Health     Dental     Social Service     Education     Dietician

Name of Consultant(s) \_\_\_\_\_

**NEW DIRECTOR:** Name: \_\_\_\_\_                       Remove former Director  
Date of Hire for this Position: \_\_\_\_\_                      Work Schedule (Days/Hours): \_\_\_\_\_

**NEW HEAD TEACHER:** Name: \_\_\_\_\_                       Remove former Head Teacher  
Date of Hire for this Position: \_\_\_\_\_                      Date of Birth: \_\_\_\_\_                      Work Schedule (Days/Hours): \_\_\_\_\_

**Other:** \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS FORM TO:** Office of Early Childhood, 450 Columbus Boulevard, Suite 302, Hartford, CT 06103