



STATE OF CONNECTICUT



Family Child Care Staff- Renewal Application Cover Letter/Checklist

Dear Family Child Care Home Staff:

Your approval for your staff position is due to expire shortly. Enclosed is a copy of the renewal package to renew your staff approval. Please return the enclosed renewal application to the Connecticut Office of Early Childhood Health (OEC) at least **THIRTY (30) DAYS PRIOR TO THE EXPIRATION** of your staff approval and retain one copy for your files. If you do not submit a complete renewal application before your staff approval expires your approval will be considered **CLOSED** as of the expiration date. If your staff approval expires you will need to submit an initial application to be approved as a staff person.

All required documents must be included with your renewal application in order for your approval to be renewed. Please reply directly to: Connecticut Office of Early Childhood at the address below.

ALONG WITH THIS APPLICATION, YOU MUST INCLUDE THE FOLLOWING:

- **\$15.00 Application Fee and Fee Invoice Form** - Make your check payable to "Treasurer State of Connecticut". This fee is non-refundable.
- **Adult Medical Statement for Child Care** - Physical examination required every two years. www.ct.gov/OEC
- **First Aid Certification** - A copy of a certificate, front and back, documenting the successful completion of an approved course in first aid appropriate for child care providers - required for substitutes only. A list of approved First Aid Courses can be found at www.ct.gov/OEC.

Phone: (860) 500-4450 · Fax: (860) 326-0552
450 Columbus Boulevard, Suite 302
Hartford, Connecticut 06103
www.ct.gov/oec

Affirmative Action/Equal Opportunity Employer

CONNECTICUT OFFICE OF EARLY CHILDHOOD

Division of Licensing

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

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 Connecticut Office of Early Childhood, 450 Columbus Blvd., Suite 302, Hartford, CT 06103**

1. Name: _____

2. Address: _____, CT _____

Street

City/Town

Zip Code

3. Mailing Address (if different):

_____ , CT _____

Street Address

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)

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

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



STATE OF CONNECTICUT



STATEMENT OF COMPLIANCE

Applicant's Name: _____
First Middle Last

Address of Facility: _____
Street Town State Zip

I certify that I have read and understand the regulations for the licensure of family child care homes adopted by the Commissioner of Public Health pursuant to Connecticut General Statutes Section 19a-87b(c). I will maintain the family child care home in compliance with these regulations, and I will allow home visits by Agency staff to the family child care home when I am present at the family child care home.

NOTICE OF PENALTY FOR FALSE STATEMENTS

Under the law, all information provided on this application form, or in any statements accompanying this application, must be truthful. Any false statements could cause the denial of this application and may be punished as a Class A Misdemeanor under Section 53a-157b of the Penal Code. This notice is given as required by the Connecticut General Statutes, Section 19a-87b(a).

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

X _____
(Signature of Applicant) (Date)