



STATE OF CONNECTICUT



RENEWAL COVER LETTER & APPLICATION

NOTE: the renewal application is due sixty (60) days prior to the expiration of your license

Dear Operator:

The license for your child care facility is due to expire shortly.

Simply complete and return the Renewal Fee Invoice form and a check made payable to Treasurer, State of Connecticut to:

Connecticut Office of Early Childhood
450 Columbus Boulevard
Suite 302
Hartford, CT 06103

The regulations require that certain **records must be maintained on the premises**. These records will be reviewed by agency staff during an inspection and should be made readily available. Attached is a list of RECORDS TO BE MAINTAINED ON PREMISES for your review. Please read through it carefully. In addition, **it is your responsibility to have a current local health inspection and fire marshal inspection onsite for agency review**. Should you have any questions or concerns, please contact us at 1-800-282-6063 or 1-860-500-4450.

IMPORTANT: When completing the "Renewal Fee Invoice Form", please be sure to list the Legal Operator the same way that it appears on your current license.

**RECORDS TO BE MAINTAINED ON PREMISES
AS REQUIRED BY CHILD CARE CENTER & GROUP CHILD CARE HOME REGULATIONS**

ITEMS TO BE POSTED ON SITE

1. Connecticut Office of Early Childhood License (current)
2. Fire Marshal Certificate
3. Agency Complaint Procedure
4. Food Service Certificate as Required by the Director of Local Health (if applicable)
5. Menus (snacks and/or meals, 1 week in advance)
6. Emergency Plans (fire, weather, medical, evacuation)
7. No Smoking Signs (at all entrances)
8. Agency Inspection Report (for 30 operating days)
9. Radon Test Results Posted with the License (conducted between November and April)
10. Emergency Telephone Numbers (adjacent to phone)
11. Diapering and Hand Washing procedures (in each diapering area)

ITEMS TO BE KEPT IN CHILDREN'S FILES

1. Enrollment Information (child's name, address, date of birth, date enrolled and residence, business address and telephone numbers of the parent(s))
2. Name and Telephone Number of the Child's Physician or Other Primary Health Care Provider
3. Authorized Emergency Medical Permission (to be taken on field trips)
4. Authorized Released Permission for Alternate Pick Up
5. Authorized Permission for Activities Away from the Premises (if applicable)
6. Authorized Transportation Permission (if applicable)
7. Health Record (including screening for risk factors for TB)
*annual physical required for children under age 5
*for school age children as required and accepted by the local school system
8. Immunization Records (including documentation of annual flu vaccine by Dec. 31st each year)
9. Administration of Medication Permission Forms - Including Written Orders (if applicable)
10. Injury/Illness/Accident Reports (Kept on file for 2 years)
11. Individual Care Plan (signed by parent & staff)

ITEMS TO BE KEPT IN STAFF FILES

1. Health Record (updated every 2 years) and Tuberculin Test (negative test and/or chest x-ray)
2. Professional Development
3. New Employee Orientation & Annual Training for Current Staff on Policies, Plans & Procedures
4. Disciplinary Actions
5. First Aid Certificates/CPR Training Certificates (OEC approved courses)
6. Administration of Medication Training Approval (if applicable)
7. Copies of Completed Fingerprint Cards and Forms for Checks of the State Child Abuse Registry

ADDITIONAL RECORDS TO BE KEPT ON FILE

1. Daily Attendance Records for Children and Staff (showing specific hours present) – keep for two years
2. Current Licensing Application, Including Changes, and all Policies and Procedures including: Discipline, Supervision, Child Protection, General Operating Policies, Personnel Policies, Closing Time Policy Educational Program Plan with Written Plan for Daily Program
3. OEC Inspection Reports, all Correspondence Related to Licensure
4. Local Health Environmental Inspection (every 2 years)
5. Consultant Logs, Including Documentation of Annual Review of Written Policies, Plans and Procedures
6. Written Plan for Consultation Services (signed annually by the consultant)
7. Documentation of Behavior Management Techniques Discussed with Parents
8. Administration of Medication Policies, Procedures, Certificates and Training Outline
9. Lead Water Tests (every 2 years) Copy Kept on File at Program
10. Bacterial & Chemical (every 2 years wells only)
11. Lead Inspection Reports, Abatement/Correction Plans, Letter of Compliance, and Management Plans (if applicable)

****REFER TO THE REGULATIONS FOR COMPLETE REQUIREMENTS****



STATE OF CONNECTICUT



The license for your child care center, group child care home or family child care home is due to expire shortly. The licensing fee for your child care center or group child care home is due sixty (60) days prior to the expiration of your license along with this Fee Invoice Form in order to renew the license. The licensing fee for your family child care home is due prior to the expiration date of your license along with this Fee Invoice Form. **THE FEE IS NON-REFUNDABLE** and the license to operate a child care center, group child care home or family child care home is valid for four (4) years.

Please complete items 1 through 12 of this form. Make your payment by check or money order payable to: **TREASURER-STATE OF CONNECTICUT**. Mail this form along with your payment to the **Connecticut Office of Early Childhood at the address on the bottom of this form.**

1. Name of Applicant: _____
(Legal Operator)

2. Program Name: _____
(Applicable For Group/Center Only)

3. Program Location Address:

Street Address _____, _____ *City/Town* _____ *Zip Code*

4. Program Phone Number: (____) _____ - _____ Program Fax Number: (____) _____ - _____

5. License #: _____ Expiration Date: _____

6. Mailing Address (if different):
_____, CT _____
Street Address _____ *City/Town* _____ *Zip Code*

7. Program E-mail Address: _____

8. Social Security #: _____ - _____ - _____ Federal Employer ID _____ - _____
(3 digits) *(2 digits)* *(4 digits)* *(2 digits)* *(7 digits)*

9. **Proof of Worker's Compensation Insurance:** Do you hire employees in your program that require Worker's Compensation? Yes No **If yes, please complete the following:**

Name of Insurer _____ Insurance Policy # _____
Effective Dates of Worker's Compensation Coverage ____/____/____ to ____/____/____

IMPORTANT – Please complete the other side of this form

10. I have read the Connecticut General Statutes and Regulations of Connecticut State Agencies (Public Health Code) that govern the license I am renewing; for child care centers/group child care homes, Sections 19a-79-1a through 19a-79-13 and for Family Child Care Homes, Sections 19a-87b-1 through 19a-87b-18. As a licensed child care provider, I will maintain a copy of these statutes and regulations at the facility.

I will ensure that this program will be operated in compliance with the aforementioned Statutes and Regulations and with any Consent Order executed with the Connecticut Office of Early Childhood or any successor agency.

I understand that failure to grant the agency immediate access to the licensed child care program, its staff or its records, upon request of the agency shall be grounds for suspension, revocation or other discipline against the license.

As a licensed family child care provider, I certify that all children enrolled in the family child care home have received age-appropriate immunizations in accordance with Section 19a-87b-10(k) of the regulations for the licensure of family child care homes.

I understand that the license is time limited, is subject to review, and that renewal is necessary for continued operation of the child care center/group child care home or family child care home.

Any false statements made herein are punishable in accordance with Section 53a-157 of the Connecticut General Statutes and may also be grounds for the denial of the license.

All of the above statements contained herein are true and correct to the best of my knowledge and belief.

Signature of Operator or Legal Representative

Printed Name of Operator or Legal Representative Date

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

Child Care Center (Account #42431)	Group Child Care Home (Account #42431)	Family Child Care Home (Account #42431)
<input type="checkbox"/> 4-year license (new/renewal) \$500.00	<input type="checkbox"/> 4-year license (new/renewal) \$250.00	<input type="checkbox"/> 4-year license (new/renewal) \$40.00

12. Enclosed Check/Money Order: \$ _____ Check #: _____ Check Date: ____/____/____