



**CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING**



Notification of Proposed Changes

Child Care Centers and Group Child Care Homes

NOTE: Any change that requires a new application must be submitted to the agency at least 60 days prior to the anticipated opening.

Name of Program: _____

Date: _____

Program Email: _____

License: _____

NEW MAILING ADDRESS _____

PHYSICAL PLANT CHANGES (Description) _____

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

a. Current Licensed Capacity: _____ a. Proposed Licensed Capacity: _____

Comments: _____

b. Current Under 3 Capacity: _____ b. Proposed Under 3 Capacity: _____

Comments: _____

d. Current Ages Served: _____ d. Proposed Ages Served: _____

e. Current Schedule: _____ e. Proposed Schedule: _____

(e.g., Sept.-Dec., MWF – 9:00 a.m.-12:00 p.m.)

f. **CURRENT LICENSE CATEGORIES**

PROPOSED LICENSE CATEGORIES

- 1. Under Three
- 2. Preschool
- 3. School Age
- 4. Night Care

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- 2. Preschool
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NEW LEGAL REPRESENTATIVE

Name: _____

Remove former Legal Representative

Date of Change for this Position: _____

Legal Representative Email Address: _____

Legal Representative Home Address: _____

(new notarized affidavit must also be submitted)___

NEW DIRECTOR

Name: _____ Remove former Director

Date of Hire for this Position: _____ Date of Birth _____ Work Schedule (Days/Hours): _____

Director Email Address: _____

Director Home Address: _____

NEW HEAD TEACHER

Name: _____ Remove former Head Teacher

Date of Hire for this Position: _____ Date of Birth _____ Work Schedule (Days/Hours): _____

Head Teacher Email Address: _____

Head Teacher Home Address: _____

Other: _____

Name of person submitting this form: _____

Title of person submitting this form: _____

RETURN THIS FORM TO:

Office of Early Childhood, Division of Licensing

Mailing Address: 450 Columbus Boulevard, Suite 302, Hartford, CT 06103

Email Address: oeclicensing@ct.gov or to your specialist

Questions? Help Desk-(800)282-6063 or (860)500-4450