

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

ALERT: 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) _____

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 department 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): _____
Director Email Address: _____

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:** _____