



8.  Yes  No **Have you ever been disciplined, terminated or put on probation from any position you held for child care? If yes, please explain.**

**Program Name:** \_\_\_\_\_

**Program Address:** \_\_\_\_\_

**Program Telephone Number:** \_\_\_\_\_

9.  Yes  No **Have you ever applied for, held, or currently hold a foster care or adoption license in Connecticut or any other state? If yes, you are required to ensure that the enclosed "Foster Care or Adoption License Verification" form is completed by the respective Foster Care Licensing Agency and forwarded to the Office of Early Childhood.**

10.  Yes  No **Do you have any known medical or emotional illness or disorder that would pose a risk to children in care or would interfere with or jeopardize providing them with proper care? If yes, please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11.  Yes  No **Do you take any medication(s) that would affect your ability to provide for the proper care of children? If yes, please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONNECTICUT OFFICE OF EARLY CHILDHOOD**  
**Division of Licensing**

**STATEMENT OF COMPLIANCE**

Applicant's Name: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*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 the Office of Early Childhood (OEC) pursuant to Connecticut General Statutes Section 19a-87b(f). I will be familiar with the operating procedures of the licensed family child care home(s) in which I work. I will allow home visits by Agency staff to the family child care home when I am present at the family child care home.

I agree to cooperate with the OEC with any investigation and/or review of a family child care home in which I work to verify that the requirements of the regulations that govern family child care homes are met.

**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)*