



# STATE OF CONNECTICUT



## FAMILY CHILD CARE HOME APPLICATION CHANGE OF ADDRESS

### GENERAL INFORMATION

*Please type or print. Use an extra page if necessary.*

**IMPORTANT:** Please be aware of Regulation Section 19a-87b-5(c)(2) Non-transferability of the Registration:  
When the provider moves the family child care home to another facility, the old registration is no longer valid as issued. A new application to change the address shall be filed with the Agency immediately. No fee is charged for this application, but A HOME INSPECTION IS REQUIRED TO OPERATE. The provider must notify the Agency immediately to schedule a home inspection.

1. Provider's Name : \_\_\_\_\_  
*first middle last*

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

Cell Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

2. Location/Street Address: \_\_\_\_\_

3. City, Town, Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
\_\_\_\_\_

4.  Yes  No Are you currently employed outside of home?  
If yes, describe the job and your hours of employment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What will be your customary child care hours?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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6. Identify an emergency back-up caregiver, a responsible adult (at least 20 years of age) who is able to arrive at the facility within ten (10) minutes:

Name _____ Telephone Number (____) _____
Street Address _____ City/Town _____

7. List all the adults and children who reside in the family child care home:

Full Name	Relation to You	Date of Birth	Times Present in Home per Day (Please be very specific)

8.  Yes  No Do you, or does any person living in the home used for child care, 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: \_\_\_\_\_

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9.  Yes  No Do you, or does any person living in the home used for child care, take any medication(s) that would affect your ability to provide for the proper care of children? If yes, please explain:

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10.  Yes  No Have you ever had any children (including your own, day care, foster and adoptive children) removed from your care or the care of any other household member by the police or a child protection worker? If yes, please explain:

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11. List all staff (assistants and substitutes) in the family child care home:  
(All Staff must be pre-approved by the Agency. Please request an application if not Agency approved)

Name	Complete Mailing Address (Including Zip Code)	Telephone #	Expiration Date
		( )	

12.  Yes  No Will you provide care in the home in which you live? If no, please list the name of the homeowner and the facility address and telephone number:

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13.  Yes  No Was the residence in which you will be providing child care constructed before 1979?

**PLEASE NOTE:** Samples of peeling paint chips will be collected for lead testing at the time of your initial inspection.

14.  Yes  No Does the residence in which you will be providing child care consist of three (3) or more dwelling units (apartments?)

15.  Yes  No Does the home have auxiliary heating device, i.e., wood stove, space heater? If yes, you must enclose written proof that it was inspected and approved for proper and safe installation. (Section 19a-87b-9(d)(8)).  
Inspection report enclosed  Yes  No

16.  Yes  No Is the home served by a public water supply? If no, you must enclose written proof from a state certified laboratory that the water was tested within the last year and is potable, adequate and safe (Section 19a-87b-9i).  
Water test enclosed  Yes  No

17.  Yes  No Is the outdoor play area protected from traffic, bodies of water, gullies and other hazards by barriers in a manner safe for children?

**Note:** Where there is a swimming pool or any other body of water at the facility or near enough to the facility to attract or be accessible to children at any time of the year, there shall be a sturdy fence/barrier, four (4) feet high or higher, with locked entrances which totally and effectively bars access to the water by the day care children.

**Important:** You cannot operate the family child care home at your new address until all requirements have been met and a license for the new address has been issued by the Agency.

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

**STATEMENT OF COMPLIANCE**



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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 day care homes adopted by the Commissioner of Public Health pursuant to Connecticut General Statutes Section 19a-87b(f). I am currently in compliance with, and will maintain my family child care home in compliance with these regulations, and I will allow home visits by Agency staff to the family child care home.

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.

### 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)*