

9. Yes No **Have you ever applied for a foster care or adoption license in Connecticut or in any other state? If yes, when and where?** _____

Agency Name: _____

Agency Address: _____

Agency Telephone Number: _____

10. Yes No **Have you ever been licensed for foster care or adoption in Connecticut or in any other state? If yes, when and where?** _____

Agency Name: _____

Agency Address: _____

Agency Telephone Number: _____

11. Yes No **Have you ever been employed at a licensed child care facility? If yes, when and where?** _____

Facility Name: _____

Facility Address: _____

Facility Telephone Number: _____

12. Yes No **Have you or any person living in your home ever been convicted of any crime in Connecticut or any other state? If yes, please indicate when, where and what the conviction(s) was:**

13. Yes No **Are you currently employed outside of home? If yes, describe the job and your hours of employment:** _____

14. Yes No **Do you plan to continue outside employment after you are licensed/approved? If yes, please explain:** _____

15. What will be your customary business hours?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

16. 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: _____ Phone (_____) _____

Street Address: _____ City/Town: _____ State: _____ Zip Code: _____

Work Address: _____ City/Town: _____ State: _____ Zip Code: _____

17. Please list all the adults and children who reside in the family day care home (INCLUDING YOURSELF):

Full Name	Relation to You	Date of Birth	Times Present in the Home per Day

18. Yes No Do you, or does any person living in the home used for child day 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:

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

20. 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:** _____

21. Yes No **Have you, or an person living in the home being used for child care, ever been investigated/questioned by representatives of the Department of Children and Families (DCF) or any other child protection agency, concerning the care of children, including alleged child abuse or neglect in Connecticut or any other state? If yes, please explain:** _____

22. Yes No **List four persons (no more than one relative) who have known you for at least three years. Include people who know how you interact and care for young children. These references will be contacted by this Department.**

Name	Relation to You	Complete Mailing Address Including Zip Code	Telephone
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			()
			()
			()

23. **List all staff (assistants, and substitutes) in the family day care home. (All staff must be pre-approved by the department. Please request a staff application if you intend on using individuals as staff to work at your program)**

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

24. Yes No Will you provide care in the home in which you live? If no, please provide us with the following information:

Name of Home Owner: _____

Facility Address: _____

Facility Telephone Number: _____

25. Yes No Was the residence in which you will be providing child day care constructed before 1978?

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

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

27. Yes No Does the home have an 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)).

Yes No Inspection report enclosed.

28. 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).

Yes No Water test enclosed.

29. 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?

Yes No 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.

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FAMILY DAY CARE PROGRAM APPLICATION**

STATEMENT OF COMPLIANCE

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(c). I am currently in compliance with, and will maintain my family day care home in compliance with these regulations, and I will allow home visits by Department staff to the family day care home.

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