



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
COMMUNITY BASED REGULATION SECTION

FAMILY DAY CARE HOME LICENSE INITIAL APPLICATION CHECK LIST

Dear Family Day Care Applicant: Thank you for your interest in Family Day Care Home licensing. Please follow the instructions below to apply for the license.

Submit an Application Packet Complete each form listed below in blue or black ink and answer all the questions completely. We will begin processing your application as soon as we receive the Application Fee and the Application Form. You may send the rest of the forms as soon as they are completed. Since the **fingerprint responses can take at least 90 days**, it is beneficial to submit them as early as possible.

- **Application** Be sure to answer all of the questions completely.
 - **\$80 Application Fee** Make your check payable to "Treasurer State of Connecticut". This fee is not refundable.
 - **"Proof of Workers Compensation Insurance"** This form is required even if you will not be employing any individuals.
 - **"Adult Medical Statement for Child Day Care"** for all household members 18 years of age or older. Physical examination and TB test must have been within the past year.
 - **"CT Early Childhood Health Assessment Record"** for all household members under 18 years of age. Physical examination must have been within the past year and immunizations must be up to date.
 - **First Aid Certification:** Copy of both sides of a current certificate for an approved First Aid course. Be sure your course is on the enclosed "Approved First Aid Courses" list.
- If you have a well**, you must also submit a well water test by a state certified laboratory completed within the past year: See Regulation Section 19a-87b-9(i) for a list of required tests.
- **Fingerprints** Submit two fingerprint cards for each household member 16 years of age or older.
 - * **Fingerprint Fee** Enclose a \$19.25 check payable to "Treasurer, State of Connecticut" for each person's fingerprints. This fee is not refundable.
 - **DCF "Authorization for Release of Information"** one for each household member 16 years of age or older.

Send **FINGERPRINTS, FINGERPRINT FEE & RELEASE OF INFORMATION FORM** to:
Legal Office CT Department of Public Health
410 Capitol Avenue MS #12 LEG
P.O. Box 340308
Hartford, CT 06134-0308

Send **ALL OTHER APPLICATION MATERIALS** to:
Child Day Care Application Unit
CT Department of Public Health
410 Capitol Avenue MS #12 CBR
P.O. Box 340308
Hartford, CT 06134-0308

If you have obtained this application over the Internet, please call the Department of Public Health, Legal Office @ (860) 509-7600 to obtain background check/fingerprint cards.

Once your application is complete, we will contact you to schedule an inspection of your home.

Please read and be familiar with the Regulations before your appointment. You can access them online at www.ct.gov/dph/daycare under Statutes/Regulations or call 800-282-6063 to request a copy in the mail.