

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH**

**APPLICATION FOR INITIAL LICENSE  
CHILD DAY CARE CENTER OR  
GROUP DAY CARE HOME**

Complete **original** application, answering all items as they apply to your program.

Please submit: **original** application to the **Department of Public Health – Child Care Licensing**

Please submit: **one** complete copy **to your Local Health Department**

Please keep: **one** complete copy **on file at the licensed premise**

1. **Name of Program:** \_\_\_\_\_

**Program Location Address** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
(Number & Street)

**Town/City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Mailing Address: (if different, i.e., RFD or P.O. Box, or central office)**

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

- **Was the building/structure in which you will be providing child care constructed prior to 1978?**  Yes  No (if yes, please refer to question #5e)

2. **OPERATOR:** \_\_\_\_\_

Operator's Mailing Address: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

Town/City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. **DESIGNATED DIRECTOR:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Town/City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. **HEAD TEACHER** \_\_\_\_\_  
(designated for site)

5. **LOCAL APPROVALS:**

- a. LOCAL FIRE approval (**Attachment #5a**)
- b. LOCAL BUILDING approval (**Attachment #5b**)
- c. ZONING approval (**Attachment #5c**)
- d. DATE you sent copy of application to LOCAL HEALTH DEPARTMENT \_\_\_\_\_
- e. LOCAL HEALTH Approval (Environmental Inspection Report)

A full comprehensive lead inspection is required for buildings constructed prior to 1978. If a comprehensive lead inspection is required the local health department/private licensed lead inspector's Lead Inspection Report must be submitted. If lead-based paint or lead hazards are not identified, no additional documents are required to be submitted. If lead-based paint or lead hazards are identified, any of the following documents that are generated based upon the inspection results must be submitted: **(a) Plan of Abatement/Correction, (b) Letter of Compliance from local health department, (c) the Management Plan.**

6. **ENROLLMENT:**

Requested licensed capacity: \_\_\_\_\_  
 Ages of children you will accept: \_\_\_\_\_

**SERVICES PROVIDED:**

- Infant/Toddler 6 weeks-3 years
- Kindergarten 5-6 years  
(Attending Kindergarten at your facility)
- Night Care
- Preschool 3-5 years
- School Age 5 years & over  
(Attending Elementary School)

7. **OPERATIONS OF CENTER/HOME:** (Indicate time open each day)

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
 Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_  
 Sunday \_\_\_\_\_ (i.e., Mon. 9 AM-12 PM; Tues. 10 AM-12 PM; Wed. 2-4 PM)

Months Center/Home Operates: \_\_\_\_\_ (i.e., September to June)

Days/Weeks program is scheduled to be CLOSED : (i.e., holidays, in-service, vacations).  
**(Attachment 7)**

8. **STAFF - (paid or volunteer):**

Attach copies of the following:

- a. List name, date of birth, position, work schedule, date of employment for each employee, including substitutes (use enclosed staff work schedule form.) (**Attachment #8a**)
- b. **Important:** Background Check Fingerprint Cards (To be returned to the Legal Department @ the Department of Public Health, Legal Office, 410 Capital Avenue. MS#12 LEG, P. O. Box 340308, Hartford, CT 06134-0308.)

- c. Head Teacher: (Use enclosed required experience form.) Supply evidence of required supervised experience and education or attach a copy of Head Teacher Approval. (**Attachment #8c**)
- d. Written organizational chart that establishes the line of authority and responsibility in all matters relating to the management and maintenance of the center or group home and care of children. Attach copy of the organizational chart. (**Attachment #8d**)
- e. Copies of staff certificates from approved first aid courses and approved CPR course. (**Attachment #8e**)

9. **CONSULTANTS:**

- a. Early Childhood/School Age Education Consultant (submit enclosed application) (**Attachment #9a**)
- b. Health Consultant (**Attachment #9b**)
- c. Dental Consultant (**Attachment #9c**)
- d. Registered Dietitian Consultant (required if meals are served) (**Attachment #9d**)
- e. Social Service Consultant (**Attachment #9e**)
- f. Consultant/Head Teacher Data Sheet (**Attachment 9f**)

10. **FOOD SERVICE:**

- a. Meals and snacks served: (check **All** that apply):

_____ Breakfast meal	_____ A.M. snack
_____ Midday meal	_____ P.M. snack
_____ Evening meal	_____ Snack brought by children
_____ Meals brought by children	

**If meals are served, please submit a copy of your Food Service Certificate (Attachment #10)**

- b. Who plans food service? \_\_\_\_\_  
Where is food prepared? \_\_\_\_\_

- c. Eating, serving and drinking utensils (check **All** that apply):

Disposable	<input type="checkbox"/>	Reusable	<input type="checkbox"/>
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Dishwashing facilities:

Machine	<input type="checkbox"/>	Hand	<input type="checkbox"/>
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11. **PHYSICAL PLANT - INDOORS:** (attach copies of the following)

a. **PROGRAM SPACE:** Submit a floor plan for the entire day care center/home. Show the dimensions in **FEET** of each program area/classroom. Indicate the functions of each room. Indicate on the floor plan, entrances and exits, doors, windows, corridors, storage areas, child bathrooms, sinks, kitchens/food prep areas, office, staff bathrooms, isolation area. (**Attachment #11a**)

b. **WATER SUPPLY:** (check one) (**Attachment #11b**)

City/Municipal                       Well                       Other

1. **If water source is City/Municipal**, submit copy of most recent bill or other documentation for verification purposes - with program's location address on it. (**Attachment #11b**)

2. Submit copy of Lead Water Test completed every 2 years for **All** water supplies. (**Attachment #11b**)

3. **If water source is a well**, submit a copy of the Bacterial and Chemical Test every two years. (**Attachment #11b**)

4. **If water source is a well and facility will serve 25 or more adults and children for over 60 days per year**, the facility must be in compliance for required water quality testing and well construction for non community public water systems per CT Public Health Code Sections 19-13-B102 and 19-13-B51, respectively. Information must be verified with DPH Drinking Water Section at (860) 509-7333.

- Water Supply Engineer Contact Person: \_\_\_\_\_  
Print Name

c. Number of toilets for children: \_\_\_\_\_ Number of toilets for staff/adults: \_\_\_\_\_  
Number of sinks for children: \_\_\_\_\_ Number of sinks for staff/adults: \_\_\_\_\_

d. **RADON TESTING:** If the program is located in a basement level or ground floor submit copy of radon test. Results must be posted. **Testing must be done between the months of November and April.** (**Attachment #11d**)

12. **OUTDOOR PLAY SPACE:** (attach copies of the following)

a. Sketch showing dimensions in **FEET**. Include information on location of facility, major play equipment, type of surface(s), fencing and storage areas. (**Attachment #12a**)

b. Copy of official swimming pool approval to indicate compliance with Public Health Code, if applicable. (**Attachment 12b**)

The licensing authority (Department of Public Health) must be notified of any change in plan of operation involving facility, staff, children served at any one time from that indicated on this application. Additional approval is required for continued licensure if there are any changes in the conditions on which any earlier licensure is granted. The official license to operate a child day care center/home must be posted on the premises of the center/home in a conspicuous manner.

The facts as stated in completion of this application are true

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Signature of Operator or Legal Representative (as indicated on the Affidavit)

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Printed Name of Operator or Legal Representative

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Date