



# 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 License:**  
A family child care home license is only valid for the residence for which it has been issued. If the provider desires to change the residence, the provider shall immediately provide notice to the Office, submit an application, successfully complete an inspection at the new residence and obtain approval by the Office.  
You may not operate the family child care home at the new address until all requirements have been met and the Office issues approval to operate at the new address.

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

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

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

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

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

City, Town, Zip: \_\_\_\_\_

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

3. PROPOSED Location/Street Address: \_\_\_\_\_

City, Town, Zip: \_\_\_\_\_

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

Anticipated date of move to new location: \_\_\_\_\_

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

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 fifteen (15) minutes:

Name _____		Phone (____) _____	
Street Address _____		City/Town _____ State _____	
Work Address _____		City/Town _____ State _____	

7. List all the adults and children who reside in the family child care home (INCLUDING YOURSELF)

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

8.  Yes  No Was the residence in which you will be providing child care constructed before 1978? (Please check the town Assessor’s Office website or with your Town Building Department if you or the homeowner do not know this information).

PLEASE NOTE: Samples of peeling paint chips will be collected for lead testing at the time of your initial inspection if the building was constructed before 1978.

9.  Yes  No Is the residence in which you will be providing child care designated as a multi-family home by the Town? If so, how many dwelling units (apartments) are there? \_\_\_\_\_

10.  Yes  No Does the home have an auxiliary heating device, i.e., wood stove, pellet stove, gas insert? If yes, you must enclose written proof that it was inspected and approved for proper and safe installation. (Section 19a-87b-9(d)(9)).

Yes  No Inspection report enclosed



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11.  **Lead water test** - a lead water test must be conducted no more than twelve months prior to the date of this application, analyzed by a state certified laboratory (found at this website: <https://portal.ct.gov/DPH/Environmental-Health/Environmental-Laboratory-Certification/Environmental-Laboratory-Certification>) from a sink used for drinking, beverage and food prep. The water shall have been standing in plumbing pipes at least six hours (Section 19a-87b-9i).

12.  Yes  No **Is the home served by a private well?**  
If yes, you must submit a well water tests (conducted no more than twelve months prior to the date of this application) by a state certified laboratory. The water supply must be deemed potable, adequate and safe. Refer to Regulations Section 19a-87b-9(i) for a list of required tests.

Yes  No Well Water test enclosed

13.  Yes  No **Is there 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?**

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

**STATEMENT OF COMPLIANCE**

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

Proposed Address of Facility: \_\_\_\_\_  
*Street Town State Zip*

I have read and understand the Connecticut General Statutes and Sections 19a-87b-1 through 19a-87b-18 of the Regulations of Connecticut State Agencies that govern family child care homes including maintenance of current certification of first aid and CPR. I will maintain a copy of these Statutes and Regulations at the licensed family child care home. I will ensure that this program will be operated in compliance with the aforementioned Statutes and Regulations and with any Consent Order executed with the Connecticut Office of Early Childhood (OEC) or any successor agency.

I understand that failure to grant the OEC immediate access to the licensed child care program, its staff or its records, upon request of the OEC shall be grounds for suspension, revocation or other discipline against the license.

I agree to provide and/or authorize the Office of Early Childhood's access to any information or records that the Commissioner deems necessary to investigate and/or verify that I meet the requirements of Sections 19a-87b-1 through 19a-87b-18 of the Regulations of Connecticut State Agencies that govern family child care homes.

I certify that all children enrolled in the family child care home are up to date on immunizations or otherwise exempt under Section 19a-87b-10(l) of the Regulations of Connecticut State Agencies.

I understand that the license is time limited, is subject to review, and that renewal is necessary for continued operation of the family child care home.

I understand that any false statements made herein are punishable in accordance with Section 53a-157 of the Connecticut General Statutes and may also be grounds for the denial or other action against the license.

All of the above statements contained herein are true and correct to the best of my knowledge and belief.

X \_\_\_\_\_  
*(Signature of Applicant) (Date)*

\_\_\_\_\_  
*(Printed Name)*