

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH Community Based Regulation Section

FAMILY DAY 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) Nontransferability of the Registration:

When the provider moves the family day care home to another facility, the old registration is no longer valid as issued.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 Department immediately. No fee is charged for this application, but A HOME VISIT IS REQUIRED TO OPERATE. The provider must notify the Department immediately to schedule a home visit.

Provider's Name:_	first	middle	last
License #:	3		
Home Telephone: (e: ()
Location/Street Address:			
City, Town, Zip:			
Mailing Address (if dif	ferent):		
☐ Yes ☐ No		ly employed outside of hor he job and your hours of e	
☐ Yes ☐ No		s any person living in the h convicted of any crime in (



6.	What will b	e vour	customary	child day	care hours?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

7.	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

8. If you are applying for the family day care home license, list all the adults and children who reside in the family day care home:

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

9.	care, have any ose a risk to ling them with			
10.	☐ Yes ☐ No	Do you, or does any person living in the ho medication(s) that would affect your ability of children? If yes, please explain:		
11.	☐ Yes ☐ No	Have you ever had any children (including and adoptive children) removed from your household member by the police or a child please explain:	care or the care of	of any other
12.	☐ Yes ☐ No	Have you, or any person living in the home been investigated/questioned by representa Children and Families (DCF) or any other concerning the care of children, including a Connecticut or any other state? If yes, plea	atives of the Depar child protection a alleged child abuse	rtment of agency,
13.		istants, and substitutes) in the family day car e pre-approved by the Department. Please r		tion.)
Nan	ne	Complete Mailing Address Including Zip Code	Telephone #	Expiration Date
			()	
			()	

14.	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:
15.	Yes	□ No	Was the residence in which you will be providing child day care constructed
			before 1979?
			PLEASE NOTE: Samples of peeling paint chips will be collected for lead sampling at the time of your initial inspection.
16.	Yes	□ No	Does the residence in which you will be providing child day care consist of three (3) or more dwelling units (apartments?)
17.	Yes	If yes,	Does the home have auxiliary heating device, i.e., wood stove, space heater? you must enclose written proof that it was inspected and approved oper and safe installation. (Section 19a-87b-9(d)(8)).
18.	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).
19.	_		tions to the home from the closest major highway intersection. Use extra

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH FAMILY DAY CARE HOME – CHANGE OF ADDRESS

STATEMENT OF COMPLIANCE

Applicant's Name:_	First	Middle	Last					
Address of Essility								
Address of Facility:	Street	Town	State	Zip				
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 nome visits by Department staff to the family day care home. 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.								
Under the law, al accompanying this a	l information p	NALTY FOR FALS rovided on this appli be truthful. Any false st	cation form, or atements could ca	in any statements use the denial of this				
	-	a Class A Misdemeanor l by the Connecticut Ger						
Understanding the ptrue, to the best of m		statements, I attest that belief.	t my statements in	this application are				
X								
(Signa	ture of Applicant)		(Do	ute)				
Return To:	State of Conne Department of 410 Capitol Av							

S:\Division\Licensure\Family\Change Forms\Change of Address.doc 8/11/08

P. O. Box 340308

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