

Phone: (860) 509-8045, Fax: (860) 509-7541
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12DAC
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

6. What will be your 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. ☐ Yes ☐ No Do you, or does any person living in the home used for child 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: _____

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

11. ☐ 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: _____

12. ☐ Yes ☐ No Have you, or any 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: _____

13. List all staff (assistants, and substitutes) in the family day care home:
(All Staff must be pre-approved by the Department. Please request an application.)

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

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

17. ☐ Yes ☐ No Does the home have 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)).

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. Please give directions to the home from the closest major highway intersection. Use extra space on the back of this form to draw a map if you wish _____

STATEMENT OF COMPLIANCE