APPLICATION FOR REGULAR OR CERTIFIED
FAMILY CHILD CARE ASSISTANT
CHECKLIST

Please review the items below to assure that you have submitted the required documents necessary to process your application. Failure to submit the required documentation may cause an unnecessary delay in the processing of your application. If all required documentation is not received by EEC within 90 days, the application file will be CLOSED.

☐ A signed and completed application.

☐ A signed check or money order made payable to the Commonwealth of Massachusetts for the full amount due. (For Certified Assistants Only)—NOTE: THIS IS NON-REFUNDABLE

☐ Evidence of having completed within one year of application, the required pre-service training. (Certified Assistants must take the Family Child Care Orientation training class, and Regular Assistants must take the online orientation offered at www.eec.state.ma.us)

☐ A signed and completed Background Check (BRC) form.

☐ Copies of CPR and First Aid Certificates (For Certified Assistants Only)

*A COPY OF THE MEDICAL FORM THAT CAME WITH YOUR APPLICATION MUST BE GIVEN TO THE PROVIDER YOU WILL BE WORKING WITH.

**PLEASE NOTE THE EEC REGULATIONS CONTAIN TRAINING REQUIREMENTS THAT ALSO APPLY TO ASSISTANTS. [INFORMATION ABOUT SPECIFIC TRAINING REQUIREMENTS CAN BE FOUND IN REGULATIONS 606 CMR 7.09(9), 7.09(15)(d-f), 7.11(1)(a-b), and 7.12(2(a-b)).]
APPLICATION FOR A FAMILY CHILD CARE ASSISTANT CERTIFICATE or LETTER OF APPROVAL

Name______________________________ Date of Birth________________

Address__________________________________________
(Street) (Town/City) (Zip Code)

Telephone__________________________ ____________________________
(Home) (Work) (Cell)

Do you have access to a computer that you use regularly? Yes____ No____

Do you have access to the internet? Yes____ No____

Mailing Address__________________________________________
(Street) (Town/City) (Zip Code)

E-Mail Address__________________________________________

Can you communicate in English: Yes □ No □ Preferred Language_______________

Do you wish to be listed on the EEC Website as a resource for licensed providers? Yes ____ No ____

If you are intending to work with a specific Family Child Care educator, please list that person’s name and address:
___________________________________________________________________________________
___________________________________________________________________________________

Check one:

I am applying to be approved or certified as a:

Regular Assistant:______ (A Regular Assistant is a person who holds a regular assistant certificate issued by the Department; who does not meet the qualifications of the licensee for whom they are working; and who may replace a licensee or certified assistant on a limited basis in a family child care home as allowed under 606 CMR 7.09(15)(c)2a.)

Certified Family Child Care Assistant for (capacity)______ (A Certified Assistant is a person who holds a certified assistant certificate issued by the Department; who, at minimum, meets the qualifications of a provider licensed to care for six children; and who works with or substitutes for the licensee in a family child care home, depending on his/her level of qualification.)

Check One:

I am currently approved as a Regular Assistant ______
I am currently a Certified Assistant for (capacity)______

ID#_________________________ Licensor Code__________________________ Expiration Date________________

Page 2 of 6 FCCAssistantApplication20100326
EXPERIENCE (Certified Assistants Only): Complete information for each category you wish to be considered in meeting the experience requirement. Include the total number of Months/Years and Hours Per Week you have cared for children.

PLEASE NOTE: BABYSITTING EXPERIENCE DOES NOT COUNT

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<thead>
<tr>
<th></th>
<th>Months/Years</th>
<th>Hours Per Week</th>
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<tbody>
<tr>
<td>Caring for your own children:</td>
<td></td>
<td></td>
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<tr>
<td>Caring for other people’s children in your home with a valid license</td>
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<tr>
<td>Daycare center/nursery school/</td>
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<tr>
<td>Kindergarten:</td>
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Employment History: (New Certified Assistants) List all child care related positions which you have held in the past five years. Care for children in your home is considered child care related and must be included. If more space is needed, attach another paper and follow the same format below.

(1) Exact title of your last position: ____________________________________________

Name and address of your previous employer: ____________________________________________

________________________________________________________________________________

Telephone Number: ( )

From (Month/Year): ________________ To (Month/Year): ______________________

Reason for leaving: _____________________________________________________________

(2) Exact title of your last position: ____________________________________________

Name and address of your previous employer: ____________________________________________

________________________________________________________________________________

Telephone Number: ( )

From (Month/Year): ________________ To (Month/Year): ______________________

Reason for leaving: _____________________________________________________________
PLEASE ANSWER THE FOLLOWING QUESTIONS (All Assistants):

1. Describe in detail how you would plan a day’s activities in the child care home where you would work. Include activities for all age groups - infant through school age, meals, snacks, diapering, toileting, outdoor play, naps, and special events.

2. What steps would you take in a medical emergency if something happened to you, the educator, a child care child, or an immediate family member?

3. Describe in detail the steps you take when guiding the behavior of children of various and differing ages:

BACKGROUND INFORMATION (All Assistants)

1. Are you currently under investigation for physical and/or sexual abuse or neglect of a child?
Yes ______  No____

2. Have you ever been found to have physically and/or sexually abused or neglected a child?
Yes_______  No____

3. Have you been identified to be the parent of a child who has been adjudicated (legally found) to be in need of care and protection? Yes____ No____

4. Have you had a restraining order issued against you or requested a restraining order for protection?
   Yes______ No____

   If you have answered yes to any of the above statements please explain (include dates and any other relevant information):

5. Have you been arrested or charged with a crime of any kind? Yes____ No____ If yes, please explain:

6. Are there any outstanding defaults or warrants against you? Yes____ No____ If yes, please explain:

7. Do you use alcoholic beverages, narcotics or other drugs to an extent or in a manner that impairs your ability to care for children properly? Yes____ No____ If yes, please explain:

8. Have you ever been listed on any sexual offender record registry? Yes____ No____

   If yes, please explain:
PLEASE READ CAREFULLY AND SIGN BELOW

I am applying to be a Family Child Care Assistant.

I have read and understand the questions in this application. I have reviewed my answers to the application questions, and, to the best of my knowledge, the information I have provided and the responses I have given are true.

I understand that my application is valid for 90 days from the date it is received by EEC. If I do not complete the application process within that 90 days, my file will be closed. If I still want to pursue being a Family Child Care Assistant, I will have to re-apply for and pay the any applicable application fees again.

I understand that furnishing or making any misleading or false statements or reports anywhere in this application is grounds to revoke, suspend, refuse to issue or refuse to renew a Family Child Assistant certificate or approval.

I have read 606 CMR 7.00 Standards for the Licensure or Approval of Family Child Care; Small Group and School Age and Large Group and School Age Child Care Programs, and I agree operate in compliance with the Department of Early Education and Care.

Signed under pains and penalties of perjury:

____________________________  ______________________________
Date                                             Signature of Applicant

TAX CERTIFICATION STATEMENT

Pursuant to M.G.L. Chapter 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed state tax returns and paid all state taxes required under the law.

____________________________  ______________________________
Social Security # or Federal ID# **                                             Name

____________________________
Date

By: ______________________________
    Signature

The certificate or approval will not be issued unless this certification clause is signed by the applicant.

**EEC is required to furnish your Social Security Number or Federal ID # to the Massachusetts Department of Revenue to determine whether you have met tax filing and tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law c62c s.49A.