



## **Important Notice regarding your Family Child Care License Renewal**

Your Family Child Care License is due for renewal. In order to maintain your status as a licensed program, please follow these steps:

- Complete and sign the enclosed Family Child Care Application
- Attach a check or money order payable to the **“Commonwealth of Massachusetts”** for \$100.00
- Complete and attach the enclosed Background Record Check (BRC) request form for you and any household member 15 years of age or older or anyone that is regularly on the premises
- Attach your completed medical form
- Complete the attached checklist to ensure your application is complete and mail your completed application to your EEC regional office

New since your last renewal:

- The Family Child Care Application is now only 4 pages. You no longer need to attach your training certificates and first aid and CPR cards (these documents will be reviewed during the site visit)
- EEC no longer requires you to submit three personal references
- All the forms and regulations and technical assistance papers can be found on our website [www.mass.gov/eec](http://www.mass.gov/eec)

This process has been developed to ensure that you will be able to submit your application at least 30 days prior to expiration. If you are not providing child care and do not wish to renew your family child care license please contact your regional office with this information.

Dear Family Child Care Licensee,

The EEC regulations require that all educators working in licensed family child care homes register each year in the Professional Qualifications (PQ) Registry [606 CMR 7.09(4)]. Please make sure that you and all educators working in your home have registered and that their registry status is *Active* (not *Pending*) so your home will be in compliance with this requirement. To register go to <https://www.eec.state.ma.us/PQRegistry/>. For assistance with the registration process, please contact [EECPQRegistry@massmail.state.ma.us](mailto:EECPQRegistry@massmail.state.ma.us) or your regional EEC office. Thank you.

## **Renewal Application Checklist**

Please use the checklist below to assure that you have the documents necessary to complete the renewal process.

- 1: \_\_\_\_ A signed and complete application.
- 2: \_\_\_\_ A signed check or money order made payable to the **Commonwealth of Massachusetts** for \$100.00.
- 3: \_\_\_\_ A medical statement including evidence that you have been immunized in accordance with the recommendations of the Department of Public Health. (please refer to enclosed form)
- 4: \_\_\_\_ Background Record Check forms (BRC forms must be filled out and signed by each adult household member and any persons regularly on the premises, 15 years of age and over, including yourself.) If you need additional forms please copy the ones provided.
- 5: \_\_\_\_ If your water used for drinking and washing is from a well and not a town water supply, submit documentation of a well water test conducted by a Massachusetts Dept. of Environmental Protection (DEP) approved lab indicating your water meets Drinking Water Standards.
- 6: \_\_\_\_ If you have a fuel burning stove, including but not limited to wood, coal, pellet, or gas, when used during child care, the stove must meet all applicable local and state codes. You must submit approval documentation to the Office.

**Please note that you must list your Professional Qualification Registry Record Number on your Renewal application. (Please note this is a different number from the Teacher Qualification Number).**

**If you do not have a number, please visit the PQ Registry at <https://www.eec.state.ma.us/PQRegistry>.**

***You must have the following documents available for review at the time of your Renewal Visit:***

**Training Requirements for Family Child Care Providers:** Please note that the regulations which became effective in January 2010 require that all Educators have at least 10 hours of training per year one third of which must address diverse learners.

- Remember to list your training on the renewal application form in the space provided to satisfy the training requirements. You must meet the training requirement for the number of children you are approved to care for. (Please note, you do not have to submit this documentation, but must have it available for review at the time of your renewal visit.)

- Evidence of having completed the online trainings listed on the EEC Website entitled:
  - “Reducing the Risk of SIDS in Child Care”*
  - “Medication Administration: The five Rights”*
  - “Look Before you Lock”*
  
- Evidence of having completed the FCC Orientation, Module II. (If first licensed or certified after August 2010).
  
- Evidence of basic training in USDA Nutrition Requirements and food choking hazards.  
If you currently belong to a USDA food program, you do not need to complete an additional training.
  
- Evidence of current certification in both basic First Aid and CPR for infants and children (Please note: For EEC purposes, CPR certification is only valid for one year from the date of issuance.)
  
- If upgrading to increase your capacity to 8 (w/ 2 school aged) or 10 children at renewal time you must submit evidence of completion of the training entitled “Serving 7-10 Children in Family Child Care” posted on the EEC Website
  
- A copy of the written information that is to be given to parents prior to enrollment, as required by regulation 606 CMR 7.08(6). [NOTE: If you are using the EEC Parent Handbook (available on the EEC Website, [www.mass.gov/eec](http://www.mass.gov/eec)) to fulfill this requirement, you must have a copy of the handbook with your program-specific information available for the Licensor to review.]
  
- Forms to record the information required in children records by regulation 606 CMR 7.04(7). (Sample Enrollment Forms are available on the EEC Website: [www.mass.gov/eec](http://www.mass.gov/eec))
  
- If you utilize volunteers in your program, a written plan that speaks to the requirements of 606 CMR 7.03(7)(a-d).

Please be sure to visit us at [www.mass.gov/eec](http://www.mass.gov/eec)



Department of  
Early Education and Care

## APPLICATION FOR RENEWAL OF FAMILY CHILD CARE LICENSE

*Please Type or Print all Answers*

### Information About You

**Please list the address where you will be providing family child care. If that address is different from your home address, complete the mailing address section**

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (Town) (Zip)

Telephone \_\_\_\_\_ listed: Yes  No

Do you live at this address? Yes  No

Do you wish to be listed on the EEC Website for referrals? Yes  No

Mailing Address \_\_\_\_\_  
(if different from above)(Street) (Town) (Zip)

E-mail address (optional) \_\_\_\_\_

Please list your Professional Qualification Registry Record Number issued by EEC  
\_\_\_\_\_

Is the drinking water in your home from: \_\_\_ Town Water Supply or \_\_\_ a Private Well?

If you have a private well, you must submit evidence of a well water test from a Massachusetts Dept. of Environmental Protection approved lab indicating that your water meets Drinking Water Standards?

Would you like to change your license status to: \_\_\_ Up to 6 children  
\_\_\_ Up to 8 children: 2 school aged  
\_\_\_ Up to 10 children

### Household Members

**Please list every household member (including foster children and any person regularly on the premises where you will be providing family child care.)**

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## License Status

Are you providing any evening, night or 24 hour care? Yes  No  (Please note that Regulation 7.09(7) states that no educator may regularly care for child care children more than 12 hours in any 24 hour period.)

Are you an approved foster care provider? Yes  No

Are you in the process of becoming a foster care provider? Yes  No

Are you currently working with a Family Child Care System? Yes  No

If yes, name of System \_\_\_\_\_

Is there any other business being operated out of your home? Yes  No

If yes, please describe: \_\_\_\_\_

Are you working with an Assistant(s)? Yes  No

If yes, Name and Certificate Number: \_\_\_\_\_

## Background Information

1. Within the past three (3) years has any child care child in your care suffered serious illness or injury, been hospitalized, or needed emergency medical treatment as a result of something that happened while in family child care?

Yes  No

2. Have you or any member of your household or any person regularly on the premises ever been arrested or charged with any crime in any state? If yes, please list the date(s), the state(s), and the nature of the charges.

Yes  No

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3. Have you or any member of your household, or any person regularly on the premises ever had any dealings with any child protection or child welfare agency in any state? If so, please describe the nature of those dealings, whether there were any findings that you abused or neglected a child, and when these dealings occurred.

Yes  No

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4. Have you or any member of your household or any person regularly on the premises ever been classified or ordered to register as a Sex Offender (any level) in any state? If so, please describe the nature of the incident(s) that required that the classification or registration occur and date that the classification or registration occurred.

Yes  No

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5. Have you or any member of your household or any person regularly on the premises of the family child care home, ever had a restraining order issued against you/them or requested a restraining order for protection?

Yes  No

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6. Do you use alcohol beverages, narcotics or other drugs to an extent or in a manner that impairs your ability to care for children properly?

Yes  No

### Training

Please list the child care related training that you have attended during the past three years as required under EEC'S Regulations. Please note: The licensor will review the applicable certificates and documentation of training at the time of the renewal visit.

Topic:	Date:	Number of Hours
<hr/>	<hr/>	<hr/>

(If additional space is needed, please attach separate sheet)

Do you currently belong to a food program? Yes  No  If yes, which one? \_\_\_\_\_  
If No, have you completed a basic training in USDA recognized nutrition requirements for the healthy growth and development of children and in food choking hazards.

Have you taken these online trainings which are posted on the EEC Website?:

“Medication Administration: The Five Rights” Yes \_\_\_\_\_ Date \_\_\_\_\_

Transportation Training, “Look Before You Lock” Yes \_\_\_\_\_ Date \_\_\_\_\_

SIDS Training, “Reducing the Risk of SIDS in Child Care” Yes \_\_\_\_\_ Date \_\_\_\_\_

If upgrading capacity “Serving 7-10 Children in Family Child Care” Yes \_\_\_\_\_ Date \_\_\_\_\_

FCC Orientation, Module II Yes \_\_\_\_\_ Date \_\_\_\_\_

CPR: Yes \_\_\_\_\_ Issuance Date \_\_\_\_\_ First Aid: Yes \_\_\_\_\_ Issuance Date: \_\_\_\_\_

### Technical Assistance

If you have concerns, questions, or would like information about regulations or policy issues, or other topics that affect your child care, please list below. (For example, information on behavior management, planning activities for mixed-age groups, setting up your environment, reflecting the cultural diversity of the children in your care, etc.) This will assist you in preparing for your renewal process and enable your licensor to bring or send you resource materials, if available.

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### PLEASE READ CAREFULLY AND SIGN BELOW

I am applying to renew my Family Child Care License;

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 to operate my family child care home in compliance with the Dept. of Early Education and Care. I understand my responsibilities as a family child care provider regarding: supervision of children; managing children's behavior; protecting children from abuse and neglect; cooperation with the Dept. of Early Education and Care during investigations of my child care program; other responsibilities required by law, list of required notifications, numbers of children, staffing, and emergency back-up people. 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 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 care license.

Signed under pains and penalties of perjury:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## 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.

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Social Security # or Federal ID# \*\*

Program/Provider Name

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Date

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Signature

This license 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.