



**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 entitled “*An Introduction to Early Education and Care in Massachusetts*” posted on the EEC website.

- ☐ 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 basic training in USDA Nutrition Requirements and food choking hazards.

- ☐ Evidence of having completed the FCC Orientation, Module II. (If first licensed or certified after August 2010).

- ☐ A signed and completed Background Record 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 all 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).] A copy of all training hours must be maintained by the Provider you will be working with.

***Please note that you must list your Professional Qualifications (PQ) Registry number on your Application (Please note this is different from the Teacher Qualification Number). If you do not have a number, please visit the PQ website at: <https://www.eec.state.ma.us/PQRegistry/>



**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)

Mailing Address _____
(Street) (Town/City) (Zip Code)

E-Mail Address _____

Please list your Professional Qualification Registry Record Number issued by EEC _____.

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 provider for whom they are working; and who may replace a provider 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 ___6___8___10 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 provider 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 ___6___8___10 capacity

For Office Use Only

ID# _____

Licensur Code _____

Expiration Date _____

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

	Months/Years	Hours per week
Caring for your own children:	_____	_____
Caring for other people's children in your home with a valid license Daycare center/nursery school/	_____	_____
Kindergarten:	_____	_____

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. Have you 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 ☐

2. Have you 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 ☐

3. Have you 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 ☐

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

Yes ☐ No ☐

5. 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 ☐

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.**