



**APPLICATION TO UPGRADE A FAMILY CHILD CARE
LICENSE OR ASSISTANT CERTIFICATE 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 complete application.
- A signed check or money order made payable to the **Commonwealth of Massachusetts** for the full amount due.—NOTE: THIS IS NON-REFUNDABLE
- Evidence of having completed, within one year of application, the required pre-service training entitled “*Servicing 7 to 10 Children in Family Child Care*” which is located on the EEC website.
- If not previously submitted, 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*”
- If not with a USDA Food Program, evidence of basic training in USDA Nutrition Requirements and food choking hazards. (If not previously submitted)
- If not previously submitted, evidence of having completed the FCC Orientation Module II training.
- Evidence of current CPR and First Aid certification. (Assistants must include copies of certifications with their application. Licensees may keep the information on file to be checked by a Licensor during the upgrade visit.)

Please note that you must list your Professional Qualification 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 Registry at: <https://www.eec.state.ma.us/PQRegistry>



**Information
About You**

Licensees—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.

Assistants—Please list your home address.

Household Members
Providers only, please list any changes in your household members (including foster children and any person regularly on the premises where you will be providing family child care).

**APPLICATION TO UPGRADE A
FAMILY CHILD CARE LICENSE OR ASSISTANT CERTIFICATE**

Name _____

Address _____
(Street) (Town) (Zip)

Telephone _____ Unlisted: Yes No

Mailing Address _____
(if different from above) (Street) (Town) (Zip)

E-mail address (optional) _____

Please list your Professional Qualification Registry number issued by EEC

- I am applying to:
- ___ Upgrade to a capacity of 8
 - ___ Upgrade to a capacity of 10
 - ___ Upgrade to an FCC Assistant Certificate with a capacity of 8
 - ___ Upgrade to a FCC Assistant Certificate with a capacity of 10

Name	Date of Birth	Relationship	Number of Hours Present During Child Care Operation

For Office Use Only

ID# _____ Licensor Code _____ Expiration Date _____ Amount Received \$ _____ Date _____

ALL EDUCATORS:

Are you providing any evening, or night care? Yes No

(Note: Regulation 606 CMR 7.09(7) states that no educator may regularly care for child care children more than 12 hours in any 24 hour period.)

LICENSEES:

Are you working with an Assistant(s) Yes No

(Note: Licensees with a capacity of 10 are required to have an Assistant prior to receiving their upgrade.)

1. Assistant's Name _____

Address _____

Certificate ID# _____ Certificate Expiration Date _____

2. Assistant's Name _____

Address _____

Certificate ID# _____ Certificate Expiration Date _____

ASSISTANTS:

Are you currently working in a licensed child care home? Yes No

1. Provider's Name _____

Address _____

License # _____ License Expiration Date _____

2. Provider's Name _____

Address _____

License # _____ License Expiration Date _____

Indoor Space (Licensees Only)

Note: Family Child Care Can Only be Provided in Approved Space

Please identify any changes in your indoor space. Please list any rooms you wish to have added for approval or have stopped using for child care.

Add/Delete	Room	Use	Size	Floor Level
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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?

Outdoor Space (Licensees Only)

Have there been any changes since your last application in what you are using for outdoor play space?

Yes No

If yes, please explain: _____

Background Information (All Applicants)

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

If yes, please explain: _____

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

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

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

5. Have you or any other person living in or 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

6. Do you, or any other persons living in or regularly on the premises of the family child care home, 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 have read and understand this application. 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 my assistant certificate. To the best of my knowledge, the information I have provided and the responses I have given are true.

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 only to operate or work in a Family Child Care home in compliance with the Department of Early Education and Care Regulations.

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# **

Program/Educator Name

Date

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.

