FAMILY CHILD CARE PROVIDER REQUEST & APPLICATION

The following is required in order to complete your application:

☐ Completed Request for Authorization to Operate a FCC Home (2 pgs.)
☐ Background Information Form
☐ 3 Reference Forms
  Forms may be faxed to 808-257-5242 or mailed to:

  Marine Corps Base Hawaii
  Family Child Care Program
  Box 63073 MCBH Bldg. 5082
  Kaneohe Bay, HI 96863-3073

Complete Background checks forms - Provider:

☐ Authorization for release of information/Privacy Act statement form
  Installation Record Check Forms:
    ☐ Housing
    ☐ Provost Marshall Office (2 forms)
    ☐ Substance Abuse Counseling Center
    ☐ Family Advocacy Program
☐ Contingent Worker Transfer request form
☐ Child Care Supplemental Questionnaire
☐ MCCS Personnel Security Investigation Info. Form
☐ Basic Criminal History & Statement form (DD form 2981) (2 pgs.)
☐ Declaration of Federal Employment (2 pages)

Completed Background check forms – Family Members 18 yrs. and older:

☐ Authorization for release of information/Privacy Act statement form
☐ Contingent Worker Transfer request form
☐ Basic Criminal History & Statement form (DD form 2981) (2 pgs.)

A current Power of Attorney (POA) will be required in the event of sponsor absence.

Completed applications may be returned to Family Child Care Office Bldg. 6111, or Resource & Referral Office Bldg. 5082, M-F 0730-1630. Any questions can be directed to the FCC Director at 808-257-3525/1388.

Thank you for your interest in becoming a Family Child Care Provider.

Applicant contact information: ________________________________________

  Last, First, Middle Initial

Email address: ____________________________ Phone #: ____________________________
REQUEST FOR AUTHORIZATION TO OPERATE A FAMILY CHILD CARE (FCC) HOME FACILITY ABOARD MARINE CORPS BASE HAWAII OR MANANA HOUSING

Data required by the privacy Act of 1974

Authority: Title 10, United States Code, Section 3012
Principal Purpose: Information is used to identify potential FCC providers and services to be provided. Provide household information, background and reference.
Routine Uses: No information is disclosed outside DoD.
Disclosure: Disclosure of required information is voluntary; however, if information is not provided, certification of the candidate may be denied.

<table>
<thead>
<tr>
<th>Name (Last, First, MI)</th>
<th>Date of Birth</th>
<th>Place of Birth</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver's License Number</td>
<td>State</td>
<td>Home Phone</td>
<td></td>
</tr>
</tbody>
</table>

Street Address

City/State/Zip Code

<table>
<thead>
<tr>
<th>Housing Area</th>
</tr>
</thead>
</table>

Name of Sponsor (Last, First, MI)

<table>
<thead>
<tr>
<th>Unit</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

Duty Station

<table>
<thead>
<tr>
<th>Rate/Grade</th>
<th>Duty Phone</th>
</tr>
</thead>
</table>

Employment history for the past five years to include employer, supervisor's name, and phone number.

Household Information (List ALL members of your household, including yourself)

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Date of Birth</th>
<th>Relationship</th>
</tr>
</thead>
</table>

List all pets and type:
1. We will request permission in writing to make any modifications to the facility (house or surrounding yard). We will return the facility to its original state before vacating the premises.

2. We will be responsible for any negligence in the operation of our FCC facility.

3. We will be financially responsible for all damages to family quarters beyond normal "wear and tear".

4. Maximum capacity for FCC remains at six children, including the provider's own children under the age of 8 years. Child care is authorized for 6 week-old infants in FCC. The FCC home shall be limited to no more than 2 infants under 2 years of age.

5. We agree that our quarters are subject to unannounced inspections by the FCC Director's staff and appropriate MCBH agencies.

6. We acknowledge that the privilege to use our assigned military quarters for an FCC Home facility may be withheld or withdrawn by the Commanding General, Marine Corps Base Hawaii for failure to comply with the MCO 1710.30E or in the interest of good order or neighborhood relations. We also acknowledge that failure to comply with MCO 1710.30E or base regulations concerning FCC may result in our termination of assignment to quarters.

SIGNATURE OF SPONSOR

SIGNATURE OF APPLICANT
BACKGROUND INFORMATION

1. Are all members of your household in favor of you becoming a part of the Family Child Care Program?  [ ] YES  [ ] NO

2. Why do you want to become a Family Child Care Provider?

3. Education Level: ________________________________
   (i.e. Last grade completed, high school graduate, college, # of years completed, degrees earned)
   **please attach a copy of diploma or certificate

4. Since graduating from high school, please describe any training or experiences you have had working with children (i.e. workshops, employment, volunteering, college courses, etc.)

5. Have you ever been certified or licensed to provide Family Child Care?  
   [ ] YES  [ ] NO  
   If yes: Where were you certified?
   Has your certification/license ever been suspended or revoked?  [ ] YES  [ ] NO  
   If yes, please explain:

6. Are you involved in any home business operation or do you have a second job outside the home?  
   [ ] YES  [ ] NO  
   If yes, please explain:

7. Do you have any medical condition, or are you currently taking any medication that may affect your performance as a child care provider?  [ ] YES  [ ] NO  
   (If yes, please provide a physician’s statement.)

8. Have you ever been convicted of a felony offense?  [ ] YES  [ ] NO  
   If yes, please explain:

9. Have you ever been convicted of a drug or alcohol related crime? [ ] YES [ ] NO  
   If yes, please explain:
FAMILY CHILD CARE REFERENCE FORM

DISCLOSURE: Disclosure of requested information is voluntary, however, if information is not provided, certification of the candidate may be denied.

Name of Applicant: ___________________________ Date: ________________

Applicant has applied for certification as a Family Child Care (FCC) Home Provider within the _____________________ Housing Area. This office must pursue all means to verify the competency of the applicant in order to provide for the physical, social, emotional and cognitive needs of young children in a caregiving situation within his/her home.

CHARACTER REFERENCE INFORMATION:

To your knowledge does this individual...

1. Relate well to children and adults in a sensitive and positive manner? Yes ______ No ______

2. Have the stamina, patience and capabilities to care for children for sustained periods? Yes ______ No ______

3. Show evidence of reputable character? Yes ______ No ______

4. Act responsibly in crisis situations? Yes ______ No ______

5. Maintain a safe and sanitary home? Yes ______ No ______

6. Speak, read and write English to the extent that he/she can execute health and safety procedures and plan program activities for children? Yes ______ No ______

7. Show evidence of mental health problems which could adversely affect the health or safety of children in her/his care? Yes ______ No ______

8. Have any animals which would pose a threat to children's well being? Yes ________ No _________

9. To your knowledge has there been any conviction of, admission to, or substantive evidence of an act of child abuse, i.e. battering, molesting etc. or neglect, use of illegal drugs or alcohol abuse by this individual or any resident of the home? Yes ______ No ______

10. Hold another job either full time or part time, during the hours children would be in care? Yes ________ No ________

REMARKS: ______________________________________________________________

______________________________________________________________

Name: ____________________________
Address: ____________________________
Phone Number: ____________________________
Signature: ____________________________
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__________________________________________________________________________

__________________________________________________________________________

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____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Name: _______________________________ Address: _______________________________

Phone Number: _______________________________ Signature: _______________________________