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Air Force Home Community Care (HCC) Program CHILD CARE PROVIDER ELIGIBILITY APPLICATION

Provider/Program Doing Business As (DBA) Name:

As it appears on license/registration

Type of Provider/Program (Check one)

Family Child Care Home Group Home

Regulatory Status (Check one)

Licensed (All approved providers must be able to provide care on Saturday and Sunday from 6:00am - 6:00pm)

Other _____

Child Capacity _____

Age Group Served _____

Regulatory Category

State County

Municipal Other _____

Provider/Program Taxpayer Identification Number (TIN): _____

Provider/Program Contact Information

Address where care is to be provided:

Street Name and Number _____ City _____ State _____ Zip Code _____

County in which care is provided: _____ Contact Name: _____

Provider Telephone Number: _____

Email address (to be used for all communication): _____

Accreditation Information If Applicable

Nationally Accredited Program In Accreditation Self-Study or Renewal Phase

Family Child Care Home

National Association for Family Child Care (NAFCC) Child Development Associate Credential

Maryland State Department of Education (MSDE) Oklahoma 3-Star

Early Childhood Education or Child Development Degree North Carolina 4/5 - Star

Adults Over 18 Living in the Home

Please identify all adults in the facility including the license holder, employees, assistants, volunteers and family members

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Children Under 18 Years Living in the Home

Persons 18 years of age and older living in the home must have a background check

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

** Provider may care for up to 6 children, including his/her own children under the age of 8 and only two children under the age of 2, or the number in compliance with state child care ratios. The program will abide by the lowest number.*

Background Checks

Has a background check been completed and approved for persons in the household 18 years of age and over?

Provider: _____ Yes (date): _____ No (If no, have you begun the process?): Y N

Name: _____ Yes (date): _____ No (If no, have you begun the process?): Y N

Name: _____ Yes (date): _____ No (If no, have you begun the process?): Y N

Name: _____ Yes (date): _____ No (If no, have you begun the process?): Y N

Name: _____ Yes (date): _____ No (If no, have you begun the process?): Y N

Name of Agency Conducting Checks: _____

Name and Phone # of Agency Contact: _____

How long is the background check valid? (i.e.- 1 year, 2 years, 3 years, etc.): _____

If you or your employees have been granted variances, allowances or forgiveness in your current state or other states for past misdemeanor or felony convictions, documentation must be provided.

Licensing Information

Licensing Agency Contact Name: _____

Licensing Agency Contact Phone #: _____

Date of Last Inspection: _____ Licensing Capacity: _____

Personal Liability Insurance

Personal liability insurance coverage of \$500,000 is required to be an HCC provider.

Do you currently have a policy/policies for this amount? Yes No

If no, are you willing to change your coverage to this amount? Yes No

If yes, please provide the following information:

Name of Insurance Company (ies): _____

Policy Amounts (if combination): _____

Name and Phone # of Insurance Agent(s): _____

CPR and First Aid Certification

HCC Providers and their employees must have current CPR and First Aid certifications.

Do you have a current CPR certification? Y N

If yes, which organization certified you? _____ Exp Date: _____

If no, are you in the process of renewal? Y N

Do you have a current first aid certification? Y N

If yes, which organization certified you? _____ Exp Date: _____

If no, are you in the process of renewal? Y N

Do your employees have current CPR certifications? Y N

Name: _____ Organization: _____ Exp Date: _____

Name: _____ Organization: _____ Exp Date: _____

Name: _____ Organization: _____ Exp Date: _____

Do your employees have current first aid certifications? Y N

Name: _____ Organization: _____ Exp Date: _____

Name: _____ Organization: _____ Exp Date: _____

Name: _____ Organization: _____ Exp Date: _____

If no, are they in the process of renewal? Y N

Please read the following questions, circle your response, and sign and date this section.

Have you had any documented complaints as an FCC provider in the past 12 months: Y N

Have you ever had your FCC child care license suspended, revoked or subjected to enforcement action?: Y N

Have you ever been arrested/convicted of any crime involving children, drugs or alcohol?: Y N

Signature

Date

Provider/Program Responsibilities And Certification


In addition to this application, I will submit the documents below for review:
(Fax, mail, or email these documents to Child Care Aware of America- Provider Services.)

- Child Care License
- If applicable, an accreditation certificate. See page 1 for a listing
- Background Check and State Child Abuse/Neglect Registry Check Documentation
- CPR/First Aid Documentation
- Liability Insurance Policy Documents
- Licensing Inspection Report
- High School Diploma/GED or continuing education documents

I [the Provider/Program] understand/agree that **(please check all boxes):**

- All of the information submitted on this application as well as the supporting are true and correct to the best of my knowledge.
- Provider/program will continue to meet all minimum requirements set by the state and agrees to comply with all AF HCC policies necessary for reimbursement.
- Provider/program will notify Child Care Aware ® America of any and all changes of program information or status while enrolled in the program.
- Provider/program understands the Air Force reserves the right to inspect any approved family child care home.
- Failure to comply with the policies and regulations of The United States Air Force Home Community Care Program and Child Care Aware ® of America will result in involuntary dismissal from the program.

I have read all of the above and understand its content. I also understand that non-compliance with any of the above may result in termination of my participation in NACCRRA Military Programs.



Signature
(Provider/Program Owner or authorized agent of owner)

Date