



FAMILY CHILD CARE PROVIDER APPLICATION

The following is needed in order to complete your application:

- Completed Request for Authorization to Operate an FCC Home
- Completed Background Information form
- 3 Reference Forms
(Reference forms may be mailed directly to the FCC Office at:
Marine Corps Base Hawaii
Family Child Care Program
Box 63073
Kaneohe Bay, HI 96863-3073
They may also be faxed to the FCC Office at (808) 257-5242
- Completed Background Check forms
Authorization for Release of Information forms (5 total)
Screening forms (5 plus CO Screening)
(Please fill in all information above dotted line on all forms)
CO Screening must be given directly to Sponsor's Commanding Officer, completed and signed.
- \$50.00 Training Fee
Covers the cost of SFA and CPR training
- Signed Power of Attorney (POA), if applicable

Completed applications may be turned in to the Resource and Referral Office at MCBH, Bldg 5082, M-F 0730-1700.

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.

Name (Last, First, MI)	Date of Birth	Place of Birth	Social Security Number
Driver's License Number	State	Home Phone	

Street Address

City/State/Zip Code	Housing Area
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Name of Sponsor (Last, First, MI)	Unit	Social Security Number
Duty Station	Rate/Grade	Duty Phone

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)

Full Name	Date of Birth	Relationship

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

DATE

SIGNATURE OF APPLICANT

DATE

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 can 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: _____

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.

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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 _____
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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: _____

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.

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3. Show evidence of reputable character? Yes _____ No _____
4. Act responsibly in crisis situations? Yes _____ No _____
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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: _____

Substance Abuse Counseling (SACC)
PRIVACY ACT AND NONDISCRIMINATION AGREEMENT

PRIVACY ACT STATEMENT

The authority for requesting social security numbers is Executive Order 9397. Social security numbers will be used by the Family Child Care (FCC) Director to complete background checks that will determine if you meet the qualifications required by OPNAVINST 1700.9C. Disclosure of this information is voluntary; however, failure to do so will result in disapproval of the applicant to provide childcare services in government housing.

APPLICANT'S NAME (Last, First, MI) Former Names

TIME IN
SPONSOR'S NAME (Last, First, MI) SSN UNIT RANK SERVICE

ADDRESS

HOME PHONE HOUSING AREA NO. OF BEDROOMS

HOUSEHOLD MEMBERS (include all persons)

NAME DATE OF BIRTH RELATIONSHIP HEALTH

DECLARATION OF NONDISCRIMINATION

I, _____ holder of certificate number _____, issued to care for _____ child(ren) as a FCC Provider, hereby state that the services of the home will be made available to all persons without regard to race, color, religion, national origin, ancestry or sex, within the limits of my certification. We acknowledge that failure to comply with this statement is cause for revocation of said certificate.

APPLICANT'S SIGNATURE/SSN/DATE

SPONSOR'S SIGNATURE/SSN/UNIT/RANK/DATE



From: Director, Family Child Care
To: Substance Abuse Counseling Center (SACC)

Subj: SCREENING FAMILY CHILD CARE (FCC) PROVIDER APPLICANTS

1. Please run a name check to determine if the applicant below has a history of child/spouse abuse, drug/alcohol abuse or family violence.

Sponsor's

Last Name: _____ First: _____ Middle: _____

Circle one: Male Female DOB: _____ POB: _____ Race: _____ SSN: _____

Rank: _____ Home Phone: _____ Work Phone: _____

List Security Clearances

(i.e., Top Secret/Secret/Confidential or None): _____

Full Duty Station Address

(i.e., C CO, 2nd Bn, 1st Marines, 1st MarDiv, Camp Pendleton, CA):

List prior duty station addresses:

(dating back 2 years)

Home Address: _____

List prior home addresses:

(dating back 2 years)

Spouse's

Last Name: _____ First: _____

Middle: _____

Circle one: Male Female DOB: _____ POB: _____ Race: _____ SSN: _____

AMY LABOY

Date: _____

FIRST ENDORSEMENT

From: Substance Abuse Counseling Center (SACC)

To: Director, Family Child Care

1. The above applicant has been screened and there is/is not a record of child/spouse abuse, drug/alcohol abuse or family violence.

Signature

Substance Abuse Counseling (JPAS)
PRIVACY ACT AND NONDISCRIMINATION AGREEMENT

PRIVACY ACT STATEMENT

The authority for requesting social security numbers is Executive Order 9397. Social security numbers will be used by the Family Child Care (FCC) Director to complete background checks that will determine if you meet the qualifications required by OPNAVINST 1700.9C. Disclosure of this information is voluntary; however, failure to do so will result in disapproval of the applicant to provide childcare services in government housing.

APPLICANT'S NAME (Last, First, MI) Former Names

TIME IN
SPONSOR'S NAME (Last, First, MI) SSN UNIT RANK SERVICE

ADDRESS

HOME PHONE HOUSING AREA NO. OF BEDROOMS

HOUSEHOLD MEMBERS (include all persons)

NAME DATE OF BIRTH RELATIONSHIP HEALTH

DECLARATION OF NONDISCRIMINATION

I, _____ holder of certificate number _____, issued to care for _____ child(ren) as a FCC Provider, hereby state that the services of the home will be made available to all persons without regard to race, color, religion, national origin, ancestry or sex, within the limits of my certification. We acknowledge that failure to comply with this statement is cause for revocation of said certificate.

APPLICANT'S SIGNATURE/SSN/DATE

SPONSOR'S SIGNATURE/SSN/UNIT/RANK/DATE



From: Director, Family Child Care
To: Joint Personnel Adjudication System (JPAS)

Subj: SCREENING FAMILY CHILD CARE (FCC) PROVIDER APPLICANTS

1. Please run a name check to determine if the applicant below has a history of child/spouse abuse, drug/alcohol abuse or family violence.

Sponsor's

Last Name: _____ First: _____ Middle: _____

Circle one: Male Female DOB: _____ POB: _____ Race: _____ SSN: _____

Rank: _____ Home Phone: _____ Work Phone: _____

List Security Clearances

(i.e., Top Secret/Secret/Confidential or None): _____

Full Duty Station Address

(i.e., C CO, 2nd Bn, 1st Marines, 1st MarDiv, Camp Pendleton, CA):

List prior duty station addresses:

(dating back 2 years)

Home Address: _____

List prior home addresses:

(dating back 2 years)

Spouse's

Last Name: _____ First: _____

Middle: _____

Circle one: Male Female DOB: _____ POB: _____ Race: _____ SSN: _____

AMY LABOY

Date: _____

FIRST ENDORSEMENT

From: Joint Personnel Adjudication System (JPAS)

To: Director, Family Child Care

1. The above applicant has been screened and there is/is not a record of child/spouse abuse, drug/alcohol abuse or family violence.

Signature

Substance Abuse Counseling (FAP)
PRIVACY ACT AND NONDISCRIMINATION AGREEMENT

PRIVACY ACT STATEMENT

The authority for requesting social security numbers is Executive Order 9397. Social security numbers will be used by the Family Child Care (FCC) Director to complete background checks that will determine if you meet the qualifications required by OPNAVINST 1700.9C. Disclosure of this information is voluntary; however, failure to do so will result in disapproval of the applicant to provide childcare services in government housing.

APPLICANT'S NAME (Last, First, MI) Former Names

TIME IN
SPONSOR'S NAME (Last, First, MI) SSN UNIT RANK SERVICE

ADDRESS

HOME PHONE HOUSING AREA NO. OF BEDROOMS

HOUSEHOLD MEMBERS (include all persons)

NAME DATE OF BIRTH RELATIONSHIP HEALTH

DECLARATION OF NONDISCRIMINATION

I, _____ holder of certificate number _____, issued to care for _____ child(ren) as a FCC Provider, hereby state that the services of the home will be made available to all persons without regard to race, color, religion, national origin, ancestry or sex, within the limits of my certification. We acknowledge that failure to comply with this statement is cause for revocation of said certificate.

APPLICANT'S SIGNATURE/SSN/DATE

SPONSOR'S SIGNATURE/SSN/UNIT/RANK/DATE



From: Director, Family Child Care
To: Manager, Counseling Services- Family Advocacy Program (FAP)
Subj: SCREENING FAMILY CHILD CARE (FCC) PROVIDER APPLICANTS

1. Please run a name check to determine if the applicant below has a history of child/spouse abuse, drug/alcohol abuse or family violence.

Sponsor's

Last Name: _____ First: _____ Middle: _____

Circle one: Male Female DOB: _____ POB: _____ Race: _____ SSN: _____

Rank: _____ Home Phone: _____ Work Phone: _____

List Security Clearances

(i.e., Top Secret/Secret/Confidential or None): _____

Full Duty Station Address

(i.e., C CO, 2nd Bn, 1st Marines, 1st MarDiv, Camp Pendleton, CA):

List prior duty station addresses:

(dating back 2 years)

Home Address: _____

List prior home addresses:

(dating back 2 years)

Spouse's

Last Name: _____ First: _____

Middle: _____

Circle one: Male Female DOB: _____ POB: _____ Race: _____ SSN: _____

AMY LABOY

Date: _____

FIRST ENDORSEMENT

From: Manager, Counseling Services- Family Advocacy Program (FAP)

To: Director, Family Child Care

1. The above applicant has been screened and there is/is not a record of child/spouse abuse, drug/alcohol abuse or family violence.

Signature

Substance Abuse Counseling (PMO)
PRIVACY ACT AND NONDISCRIMINATION AGREEMENT

PRIVACY ACT STATEMENT

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APPLICANT'S NAME (Last, First, MI) Former Names

TIME IN
SPONSOR'S NAME (Last, First, MI) SSN UNIT RANK SERVICE

ADDRESS

HOME PHONE HOUSING AREA NO. OF BEDROOMS

HOUSEHOLD MEMBERS (include all persons)

NAME DATE OF BIRTH RELATIONSHIP HEALTH

DECLARATION OF NONDISCRIMINATION

I, _____ holder of certificate number _____, issued to care for _____ child(ren) as a FCC Provider, hereby state that the services of the home will be made available to all persons without regard to race, color, religion, national origin, ancestry or sex, within the limits of my certification. We acknowledge that failure to comply with this statement is cause for revocation of said certificate.

APPLICANT'S SIGNATURE/SSN/DATE

SPONSOR'S SIGNATURE/SSN/UNIT/RANK/DATE



From: Director, Family Child Care
To: MP Company, Security Battalion, Police Records

Subj: SCREENING FAMILY CHILD CARE (FCC) PROVIDER APPLICANTS

1. Please run a name check to determine if the applicant below has a history of child/spouse abuse, drug/alcohol abuse or family violence.

Sponsor's

Last Name: _____ First: _____ Middle: _____

Circle one: Male Female DOB: _____ POB: _____ Race: _____ SSN: _____

Rank: _____ Home Phone: _____ Work Phone: _____

List Security Clearances

(i.e., Top Secret/Secret/Confidential or None): _____

Full Duty Station Address

(i.e., C CO, 2nd Bn, 1st Marines, 1st MarDiv, Camp Pendleton, CA):

List prior duty station addresses:

(dating back 2 years)

Home Address: _____

List prior home addresses:

(dating back 2 years)

Spouse's

Last Name: _____ First: _____

Middle: _____

Circle one: Male Female DOB: _____ POB: _____ Race: _____ SSN: _____

AMY LABOY

Date: _____

FIRST ENDORSEMENT

From: MP Company, Security Battalion, Police Records

To: Director, Family Child Care

1. The above applicant has been screened and there is/is not a record of child/spouse abuse, drug/alcohol abuse or family violence.

Signature

Substance Abuse Counseling (Housing)
PRIVACY ACT AND NONDISCRIMINATION AGREEMENT

PRIVACY ACT STATEMENT

The authority for requesting social security numbers is Executive Order 9397. Social security numbers will be used by the Family Child Care (FCC) Director to complete background checks that will determine if you meet the qualifications required by OPNAVINST 1700.9C. Disclosure of this information is voluntary; however, failure to do so will result in disapproval of the applicant to provide childcare services in government housing.

APPLICANT'S NAME (Last, First, MI) Former Names

TIME IN
SPONSOR'S NAME (Last, First, MI) SSN UNIT RANK SERVICE

ADDRESS

HOME PHONE HOUSING AREA NO. OF BEDROOMS

HOUSEHOLD MEMBERS (include all persons)

NAME DATE OF BIRTH RELATIONSHIP HEALTH

DECLARATION OF NONDISCRIMINATION

I, _____ holder of certificate number _____, issued to care for _____ child(ren) as a FCC Provider, hereby state that the services of the home will be made available to all persons without regard to race, color, religion, national origin, ancestry or sex, within the limits of my certification. We acknowledge that failure to comply with this statement is cause for revocation of said certificate.

APPLICANT'S SIGNATURE/SSN/DATE

SPONSOR'S SIGNATURE/SSN/UNIT/RANK/DATE



From: Director, Family Child Care
To: Director, Housing

Subj: SCREENING FAMILY CHILD CARE (FCC) PROVIDER APPLICANTS

1. Please run a name check to determine if the applicant below has a history of child/spouse abuse, drug/alcohol abuse or family violence.

Sponsor's

Last Name: _____ First: _____ Middle: _____

Circle one: Male Female DOB: _____ POB: _____ Race: _____ SSN: _____

Rank: _____ Home Phone: _____ Work Phone: _____

List Security Clearances

(i.e., Top Secret/Secret/Confidential or None): _____

Full Duty Station Address

(i.e., C CO, 2nd Bn, 1st Marines, 1st MarDiv, Camp Pendleton, CA):

List prior duty station addresses:

(dating back 2 years)

Home Address: _____

List prior home addresses:

(dating back 2 years)

Spouse's

Last Name: _____ First: _____

Middle: _____

Circle one: Male Female DOB: _____ POB: _____ Race: _____ SSN: _____

AMY LABOY

Date: _____

FIRST ENDORSEMENT

From: Director, Housing

To: Director, Family Child Care

1. The above applicant has been screened and there is/is not a record of child/spouse abuse, drug/alcohol abuse or family violence.

Signature



From: Director, Family Child Care Program
To: Commanding Officer

Subj: COMMANDING OFFICER'S SCREENING FOR FAMILY CHILD CARE

Ref: (a) MCO P1710.30E

1. Please verify that the Service Record Book/Officer's Qualification Record Book of _____ has been screened, in accordance with the reference, and that there are no entries or charges pending in child/spouse abuse, drug/alcohol abuse or family violence.

2. Please utilize the Comments section to list all other pertinent information that may assist or delay the Family Child Care (FCC) application process.

3. Point of contact is the Family Child Care Director at 257-5525.

AMY LABOY

1755

FIRST ENDORSEMENT

From: Commanding Officer
To: Family Child Care Program

1. The above applicant has been screened and there is / is not a record of child/spouse abuse, drug/alcohol abuse or family violence.

Comments: _____

Date

Signature/Rank