

# FAMILY CHILD CARE LICENSE/AFFILIATION APPLICATION

## PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 8013, Secretary of the Air Force: Powers and duties; delegation by E.O. 9397; implemented by DODI 6060.2 and AFPD 34-7.  
 PURPOSE: To record essential information on prospective Family Child Care (FCC) Providers and to be used in conjunction with background checks  
 ROUTINE USE: None  
 DISCLOSURE IS VOLUNTARY: Furnishing the information is voluntary; not providing all of the information will prevent issuing of a FCC License/Affiliation

## APPLICANT AND SPONSOR'S INFORMATION

APPLICANT'S NAME (LAST, FIRST, MIDDLE)	FORMER SURNAME(S)	SOCIAL SECURITY NUMBER (SSN)	HOME PHONE
ADDRESS	CITY	STATE	ZIP CODE
CELL PHONE			
SPONSOR'S NAME (LAST, FIRST, MIDDLE)	RANK	SPONSOR'S DUTY SECTION	SPONSOR'S SSN
		DUTY PHONE	

## HOUSEHOLD MEMBERS' INFORMATION - OTHER THAN APPLICANT AND SPONSOR

NAME (LAST, FIRST, MIDDLE)	BIRTHDATE	AGE	RELATIONSHIP	SCHOOL	SSN

## PREVIOUS HOME ADDRESS(ES) OF LAST 2 YEARS IF DIFFERENT FROM CURRENT

ADDRESS	CITY	STATE	ZIP CODE	INSTALLATION
ADDRESS	CITY	STATE	ZIP CODE	INSTALLATION

## REFERENCES - PLEASE DO NOT USE RELATIVES

1 REFERENCE NAME (LAST, FIRST)	RELATIONSHIP	ADDRESS	CITY	STATE	ZIP CODE
2 REFERENCE NAME (LAST, FIRST)	RELATIONSHIP	ADDRESS	CITY	STATE	ZIP CODE
1 REFERENCE EMAIL ADDRESS	HOME PHONE	2 REFERENCE EMAIL ADDRESS	HOME PHONE		

## EDUCATION AND CHILD CARE EXPERIENCE/TRAINING

Attach a copy of your High School or General Education Development (GED) Credential		Date Received
PREVIOUS EXPERIENCE - MAY ATTACH A RESUME	PREVIOUS TRAINING - MAY ATTACH A RESUME	

We understand by signing this application, we are authorizing the United States Air Force to conduct background investigations for initial licensing/affiliation. This may include previous installation(s) and continued licensing/affiliation on ourselves and all household members ages 12 and up.

An Installation Records Check (IRC) on the current installation and previous installation(s), if applicable, to include: Security Forces, Housing, Life Skills, Substance Abuse, and Family Advocacy with a check of the Air Force Central Services Registry - Initially; annually; and when a child turns 12 years old

A Defense Central Index of Investigations (DCII) - Initially; every 5 years; and when a household member turns 18 years old

A written statement from the Sponsor's Supervisor or Commander - Initially

A statement(s) from the School Principal/Guidance Counselor for child(ren) ages 12 years and up - Initially; annually; and when a child turns 12 years old

An IRC and DCII will be conducted on anyone, 12 years and up, who joins and remains in the household for more than 30 days

APPLICANT'S SIGNATURE	DATE
SPONSOR'S SIGNATURE	DATE
SIGNATURE OF ANY HOUSEHOLD MEMBER OVER 18 YEARS OLD	DATE



# Air Force Family Child Care License Application Continuation Statement of Conviction

In accordance with Department of Defense Instruction (DODI) 1402.5, *Criminal History Background on Individuals in Child Care Services*, paragraph E7.4.1, Family Child Care (FCC) Provider Applicants, all adults, and all children 12 years and older, who reside in the household will answer the questions listed below.

FCC Applicant's Name	_____	Spouse's Name	_____
Household Member #1's Name	_____	Household Member #2's Name	_____
Household Member #3's Name	_____	Household Member #4's Name	_____

**1. Have you ever been arrested for or charged with a crime involving a child?**

Applicant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Household Member #1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Household Member #2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Household Member #3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Household Member #4	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**2. Have you ever been asked to resign because of or been decertified for a sexual offense?**

Applicant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Household Member #1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Household Member #2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Household Member #3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Household Member #4	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**DISCLOSURE:** In accordance with DODI 1402.5, paragraph E7.4.2, we understand by signing below we are signing under penalty of perjury. In addition, a false statement rendered may result in adverse action up to and including removal as a FCC Provider.

<b>Applicant's Signature</b> _____	Date _____
<b>Spouse's Signature</b> _____	Date _____
<b>#1 Household Signature</b> _____	Date _____
<b>#2 Household Signature</b> _____	Date _____
<b>#3 Household Signature</b> _____	Date _____
<b>#4 Household Signature</b> _____	Date _____

In accordance with Air Force Instruction 34-276, *Family Child Care Program*, paragraph, A5.36.4, "There is no evidence of illegal drug use, child abuse, or domestic violence current or past in the household. The provider reports any such incidents to the FCC Coordinator." My signature below verifies there has been no current or past illegal drug use, child abuse, or domestic violence in our household. I agree to report any such incidents or knowledge of previous and/or future incidents to the FCC Coordinator.

<b>Applicant's Signature</b> _____	Date _____
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If you answered yes to either question #1 or #2 above, please provide a description of the case disposition below. If there is a current or past incident of illegal drug use, child abuse or domestic violence, please provide a brief description of below:



## AIR FORCE FAMILY CHILD CARE (FCC) PROVIDER'S HEALTH ASSESSMENT

Initial Health Assessment

Renewal Health Assessment

FCC Applicant/Provider's Name \_\_\_\_\_

In accordance with Air Force Instruction 34-276, *Family Child Care Programs*, paragraph 1.10.3, providers "Are physically and mentally capable of providing care" and paragraph A6.14.10, "The provider has a documented physical examination at least every two years." This "health assessment" should be related to the duties and activities of caring for children. The following includes but is not limited to activities FCC Providers may be required to do in order to fulfill the responsibility of a child care provider. FCC Providers need to move quickly to supervise and assist young children; lift children, equipment, and supplies; sit on the floor and on child-sized furniture; eat the same food as that served to the children (unless the FCC Provider has dietary restrictions); hear and see at a distance required for supervision or driving; be absent from work for illness no more often than a typical adult, and be able to provide continuity of care giving relationships for children in care. **NOTE: FCC Provider must be seen by a health care professional; a review of the FCC Provider's medical record does not suffice.**

Date of Physical Examination \_\_\_\_\_

**FCC Providers must be in good health in order to provide a nurturing and stable environment for children. Based on your professional examination:**

This patient is cleared to work with children.

This patient has not been cleared to work with children.  
Explanation attached.

Health Care Professional's Name/Title \_\_\_\_\_

Health Care Professional's Signature \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Date \_\_\_\_\_



# AIR FORCE FAMILY CHILD CARE (FCC) INDIVIDUAL PET ASSESSMENT

\_\_\_\_\_ Date

**NOTE: One form for each pet.**

FCC Applicant/Provider's Name \_\_\_\_\_

Name of pet \_\_\_\_\_ Type of pet \_\_\_\_\_

In accordance with *Caring for Our Children*, Standard, 3.042, "Any pet or animal present at the FCC Home shall be in good health, show no evidence of carrying any disease, be fully immunized, and be maintained on a flea, tick, and worm control program. A current (time-specified) certificate from a veterinarian shall be on file in the home, stating that the specific pet meets these conditions." Standard 3.043 states, "The FCC home shall not keep or bring in ferrets, turtles, iguanas, lizards or other reptiles, psittacine birds (birds of the parrot family), or any wild or dangerous animals."

**There is no evidence this pet is carrying any disease(s).**

**If applicable, this pet has been immunized against rabies.**

**Date rabies vaccination expires** \_\_\_\_\_

**If applicable, this pet has been immunized against distemper.**

**Date distemper vaccination expires** \_\_\_\_\_

**This pet is free of parasites and fleas.**

I have examined the above named pet and certify that it meets all the conditions stated above.

This Pet Certificate expires on \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_

Veterinarian's Signature \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Date \_\_\_\_\_