

**Worcester Comprehensive Child Care Services, Inc.  
Home Based Child Care System Application**

1. Name: \_\_\_\_\_ If referred by a WCCCS Provider give name: \_\_\_\_\_  
Provider Name

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email address: \_\_\_\_\_

2. Department of Early Education & Care License Number: # \_\_\_\_\_

Expiration date: \_\_\_\_\_ License Capacity: \_\_\_\_\_

3. Date available for work: \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

4. Have you ever worked with WCCCS before?  Yes Date: \_\_\_\_\_  No

Have you ever applied for employment with this agency?  Yes  No

5. What languages can you speak fluently?  English  Spanish  Other: \_\_\_\_\_

What languages can you write fluently?  English  Spanish  Other: \_\_\_\_\_

6. Dates of: CPR: \_\_\_\_\_ First Aid: \_\_\_\_\_

7. Special licenses, certificates or training: \_\_\_\_\_

Do you Possess Liability insurance?  Yes  No

If yes, Company Name \_\_\_\_\_ Expiration Date \_\_\_\_\_

All Household members over the age of 15 must have a valid CORI on record with DEEC

**Please list the information below for each household member**

NAME	RELATIONSHIP	DATE OF BIRTH

**EDUCATION**

	Name and address of school	Graduated:	Degree and / or Date
High School or G.E.D.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2- Year College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4- Year College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate Studies		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade/Business School		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**HEALTH INFORMATION**

- Are you and your family in good health?            Yes    No
- Are your children’s immunizations up to date?    Yes    No
- Date of your last physical examination: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**EMPLOYMENT HISTORY:**

**List most recent employer first. (You may include verifiable volunteer work)**

Dates	Name & Address of Employer	Job Title	Reason for Leaving	Office use only Reference Check
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

- Are you currently employed?  Yes  No
- If yes, may we contact your present employer?  Yes  No

If Yes, Provide Contact Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

- Are you presently caring for children?  Yes  No
- Are you presently under contract with another Home Based Child Care System?  Yes  No

**NUTRITION**

Describe a typical meal you would serve to the children. Breakfast _____ Snack _____ Lunch _____
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**GENERAL AREAS OF CHILDCARE**

1. Describe any experience, training or education you have that qualifies and prepares you to care for children... (You may Attach a copy of your resume).

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2. How much time do you feel is appropriate for children to watch television on a daily basis?  
 \_\_\_ Less than 1/2 hr. \_\_\_ 1/2 hr. \_\_\_ 1hr. \_\_\_ 1 1/2 hrs. \_\_\_ 2 hrs. \_\_\_ More than 2 hours

3. Are you willing to spend at least 1/2 hour outdoors on a daily basis with the children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Can you think of anytime that would make it impossible to supervise children while in your care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Would you be willing to cooperate with a parent in toilet training a child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are there family members home during the day hours when children would be in your care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you consider yourself as any of the following? <b><u>Check all that apply</u></b> <input type="checkbox"/> Educator <input type="checkbox"/> Child Care Professional <input type="checkbox"/> Organized <input type="checkbox"/> Detail Oriented <input type="checkbox"/> Friendly <input type="checkbox"/> Babysitter <input type="checkbox"/> Parent Friendly <input type="checkbox"/> Enjoys reading <input type="checkbox"/> Enjoys writing <input type="checkbox"/> Enjoys Social activities	

9. Give the name of a television show you feel is appropriate for children between the ages of 2 and 4 years old.

• \_\_\_\_\_

10. Give three examples of what makes the above program appropriate for this age

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. How do you handle a child's unacceptable behavior? (Temper tantrums, biting, hitting, and vulgar language)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **CURRICULUM**

According to DEEC regulations, providers must develop a curriculum that engages children in developmentally appropriate activities by planning specific learning experiences.

This curriculum must include:

- (a) Learning self-help skills that foster independence.
- (b) Opportunities to gain problem solving and decision-making competencies, and leadership skills.
- (c) Opportunities to experiment, create, and explore concepts in math, science, art, music, movement, language and literacy.
- (d) Opportunities to learn about proper nutrition, good health and personal safety.
- (e) Learning social skills, such as kindness, empathy, responsibility and respect for self and for the feelings and rights of others.

Please list an activity that would help a 17 month-old child, develop in each of the following areas

Language Development \_\_\_\_\_

Large Motor \_\_\_\_\_

Fine Motor \_\_\_\_\_

Cognitive \_\_\_\_\_

Social-Emotional \_\_\_\_\_

**SPACE AND EQUIPMENT**

1. Do you own your own house?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your Landlord approve of you caring for children on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you understand that you must remain in full compliance with all Department of Early Education and Care regulations in order to contract with our Home Based System? <b>Your home must continue to meet these regulations as long as you contract with Worcester Comprehensive Child Care Services</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you agree to receive regular announced and unannounced visits ( <b>During scheduled Work Hours</b> ) from WCCCS Home Based Child Care Staff, Director of Social Services, Consultants and Executive Director?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Application received on: _____ <span style="float: right;">Submitted to CCS on: _____</span>
System Administrator Recommendations: <input type="checkbox"/> File <input type="checkbox"/> Call for Interview

**Worcester Comprehensive Child Care Services, Inc.  
Home Based Child Care System Reference Form**

**Reference must not be a relative**

I have applied to Worcester Comprehensive Child Care Services, Inc. as an independent Home Based Child Care Provider

I authorize you to complete this form, and/or discuss in a telephone interview, information and/or reference of personal qualities.

I hereby release, \_\_\_\_\_, from any, and all liability in providing a reference.  
(Please Print name of reference)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**The Information you provide will not be shared with the applicant and will be held in strict confidence.  
Please print the information requested on this form**

Please check **all** that apply. Is the applicant:

A friend

Current employee

Former employee

Neighbor

Co-worker

Other \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ to \_\_\_\_\_ Number of Years \_\_\_\_\_

1. In your opinion, does the applicant have the health and physical stamina to do this job, which includes lifting young children?

Excellent

Average

Might be difficult

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. In your opinion, will the applicant be dependable for work daily?

Excellent

Average

Might be difficult

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. In your opinion, is the applicant able to provide activities for different ages of children in care?

Excellent

Average

Might be difficult

Give example, if you can: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. In your opinion, is the applicant able to become involved in activities and positive conversation with children and adults?

Excellent

Average

Might be difficult

Give example, if you can: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. In your opinion is the applicant able to handle emergency situations?

Excellent

Average

Might be difficult

Give example, if you can: \_\_\_\_\_

6. Would you have the applicant care your own children?

Yes

No

Additional comments \_\_\_\_\_

7. Please comment on the applicant's strengths or weaknesses:

**8. If the applicant is an employee or a prior employee of your agency, complete this section.**

Name of agency: \_\_\_\_\_

Have you personally supervised this applicant?  Yes  No

Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Position(s) and responsibilities: \_\_\_\_\_

Would you rehire this candidate?  Yes  No, Why? \_\_\_\_\_

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Relationship or Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address: Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Best time to call: \_\_\_\_\_

**Form may be mailed or faxed directly to:**

Attn: Maribel. Torres

Worcester Comprehensive Child Care Services

Home Based Child Care Office

160 Tacoma St.

Worcester, Ma. 01605

Fax: 508-853-5325

**Official Use Only:**

Reference contacted on \_\_\_\_\_ By: \_\_\_\_\_  
(Print Name Signature)

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\_\_\_\_\_  
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\_\_\_\_\_  
Relationship or Title

\_\_\_\_\_  
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\_\_\_\_\_  
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