



CHILD CARE LICENSING PROGRAM

Division of Public Assistance
Child Care Program Office

Office Use Only

CHILD CARE ASSOCIATE DESIGNATION AND QUALIFICATION FORM

Name of Child Care Associate Applicant: _____

Name of Facility: _____

This form provides the department with information supporting the individual identified by the facility meets the qualifications to be designated as a Child Care Associate (CCA).

1. Read, mark, and attach for each qualification, supporting documentation showing compliance with licensing regulations. Supporting documentation includes but is not limited to, proof of:
 - **Age** – such as birth certificate, passport or passport card, driver's license, or state identification card;
 - **Education and/or training** – such as transcripts, certificates of completion, training or employment training attendance records;
 - **Experience in child care, handling finances, and planning and evaluating programs** – such as a resume documenting employment history summarizing job duties performed.
2. Attach three completed *Child Care Center-Child Care Associate Reference* CC59 forms signed and dated by the person making the recommendation. At least one reference must be from an individual who can attest to your professional skills. Two of the references must be from individuals who are not related to you.
3. Submit this form and all applicable attachments to the department for approval.

The Child Care Associate must provide supporting documentation showing they meet the following requirements:

- Must be at least 21 years of age.
- Must have at least 12 semester hours of college credit in early childhood development, child development, child psychology, or the equivalent, or hold a current Child Development Associate (CDA) credential, or Montessori Certificate.
- Must have an understanding of the development of children.
- Must have the ability to care for children;
- Must have the skills to work with:
 - Children;
 - Family members;
 - Department staff;
 - Community agencies; and, if applicable
 - Staff of the child care facility.
- Must have the skills necessary to handle finances and plan and evaluate programs.

I certify that the contents of this form and information provided are true, accurate and complete.

Printed Name of Administrator

Signature of Administrator

Date

Printed Name of Child Care Associate

Signature of Child Care Associate

Date