

**REMOTE LEARNING ENRICHMENT PROGRAM  
APPLICANT ATTESTATION  
(RESIDENCE)**

*Please read all sections before signing below. For each section, check each box to acknowledge your understanding of the requirements of the Municipal Approving Authority (MAA) and the corresponding certifications and release(s).*

**Eligibility**

- My program is not currently licensed by the Department of Early Education and Care (EEC) at any site or location.
- My program will only operate during the hours of a traditional in-person school day.
- I hereby acknowledge that this MAA must confirm to the EEC that the applicant will only care for children who are of minimum school age, which is defined as enrolled in kindergarten or at least of sufficient age to enter first grade the following year, or children not more than 14 years of age (or not more than 16 years of age if they have special needs).
- My program will only care for children who are of minimum school age, which is defined as enrolled in kindergarten or at least of sufficient age to enter first grade the following year, or children not more than 14 years of age (or not more than 16 years of age if they have special needs).
- I hereby acknowledge that this MAA must confirm to the EEC that the applicant will only care for children who are enrolled in a public or private school, or who are receiving education in a program approved by the local education authority.
- My program will only care for children who are enrolled in a public or private school, or who are receiving education in a program approved by the local education authority.

**Staffing**

- I hereby acknowledge that this MAA must confirm to the Massachusetts Department of Early Education and Care (EEC) that applicant's staff members, volunteers, household members (age 15+) and any other adults who will be around children have completed a background record check consisting of a Criminal Offender Record Information (CORI) check, Sex Offender Registry Information (SORI) check, and Department of Children and Families (DCF) child welfare check, and been found suitable, before the submission of this document and before they are permitted to be around children.

- I understand that Newton is neither conducting its own background checks nor making any determinations as to the suitability of any associated individual to be around or interact with children. Newton is therefore relying on the applicant's representation that the background checks have been completed and are satisfactory.
- I confirm that all staff members, volunteers, and other adults and household members (age 15+) associated with my Remote Learning Enrichment Program have completed a background check consisting of a Criminal Offender Record Information (CORI) check, Sex Offender Registry Information (SORI) check, and Department of Children and Families (DCF) child welfare check. Fingerprinting is strongly encouraged, but not required.
- I have reviewed the results of each background check, and have found each individual to be suitable to interact with or be around children in my program. I understand and agree that any individual whose background check reveals a finding of violent crimes, sexual crimes or any crimes against children must be disqualified.
- Should additional staff members, volunteers or other adults be added to my program in the future, I agree to conduct the required background checks, determine suitability, and alert this MAA of the additions, prior to allowing the individuals to be around children.
  
- RELEASE:** I hereby release and discharge the City of Newton and its departments, officers, employees, and agents (hereinafter collectively referred to as "Newton") from any and all claims, demands, losses or expenses of whatever kind or nature which I may have or acquire arising out of or resulting from, directly or indirectly, the Program's background checks performed on staff, volunteers or other adults regarding the suitability of staff members, volunteers or associated adults to be around or interact with children. I agree to indemnify and defend Newton against any claim, damage, loss or expense of whatever kind or nature that Newton may have to pay that arises from or in connection with the suitability of any such individual to be around or interact with children.

### **Ratios and Group Size**

- I hereby acknowledge that this MAA must confirm to the Massachusetts Department of Early Education and Care (EEC) that applicant will maintain a ratio of no less than 1:8 staff members to children, including a maximum group size of 8 children, as defined in early childhood program guidance, if physical distance requirement can be maintained.
- My program will maintain a ratio of no less than 1:8 staff members to children, including a maximum group size of 8 children, as defined in early childhood program guidance, if physical distance requirement can be maintained.

### **Health and Safety**

- I hereby acknowledge that this MAA must confirm to the Massachusetts Department of Early Education and Care (EEC) that applicant will follow either the the Department of Elementary and Secondary Education (DESE) or EEC health and safety guidance, including masking, physical distancing and hand hygiene requirements.
- My program will follow either the DESE or EEC health and safety guidance, including masking, physical distancing and hand hygiene requirements. The information provided in my program's Self-Attestation Form is true and complete.
  - My program will follow the DESE health and safety guidance; or
  - My program will follow the EEC health and safety guidance
- My program is prepared to implement all applicable health and safety requirements.

**By signing below**, I confirm that I am duly authorized to act as the official agent of \_\_\_\_\_ (“Applicant”). I confirm agreement with all acknowledgements and release statements above.

I confirm that information provided to the City of Newton is true, correct and complete to the best of my knowledge. I further understand that any false statements may result in denial or revocation of the City's approval of my application.

I understand that any breach of the provisions of this Attestation Form, any failure of the program to comply with Newton's standards for operation, or any determination that the program is operating in a manner that presents a danger to public health, safety, or welfare, may result in the possible revocation of approval, and/or immediate closure of the Remote Learning Enrichment Program listed above, or other action deemed necessary, in its discretion, by the EEC.

**Signed under the penalties of perjury.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: