



**EEC VERIFICATION OF CENTER-BASED WORK EXPERIENCE**  
**COVID-19**

*This form is specifically for work experience obtained during the COVID-19 child care program closures and must be completed by Employer (Lead Teacher or Director of program) in Center-Based Child Care within Massachusetts (Small or Large Group).*

To be certified by EEC, applicants must have verification of experience caring for children under age 7 (not yet enrolled in first grade) or children with special needs under age 16.

Center Name (where work experience was completed)

(Please include EEC Program #)

Center Address

Applicant Name

Applicant Address

POSITION: \_\_\_\_\_

**CHECK APPLICABLE AGE GROUP(S):**

- Infant/Toddler (Ages 0 months to age 2.9)  
 Preschool (Age 2.9 to age 5)

- Mixed Toddler/Preschool (Age 15 months to age 5)  
 Preschool/School Age (Age 2.9 to age 6)  
 Special Needs? If yes, list Ages \_\_\_\_\_

**INDICATE DATES WORKED:**

From: Mo/Day/Year to: Mo/Day/Year  
\_\_\_/\_\_\_/\_\_\_      \_\_\_/\_\_\_/\_\_\_

**Was work experience more than 12 hrs per week?**

**Circle One:** Yes or No

**If no, indicate how many hrs/week** \_\_\_\_\_

**YEAR TYPE (CHECK ONE):**

Full year (January through December)

School year (September through June)

*I attest, to the best of my knowledge, that all information contained herein is true and accurate. I attest this educator complied with 606 CMR 7.09 (18) (a) (4), Work Experience, by virtually engaging in classroom activities with students, and participated in curriculum planning, while receiving required supervision.*

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_ EEC Certificate # or DESE Certificate #: \_\_\_\_\_  
**(If applicable)**

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

**PLEASE RETURN COMPLETED AND SIGNED VERIFICATION FORM TO APPLICANT**

