



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #12-11-EMP

(This Policy Directive Replaces PD #10-17-EMP)

ENROLLMENT PROCESS FOR LEGALLY-EXEMPT (INFORMAL) CHILDCARE PROVIDERS

Date: April 25, 2012	Subtopic(s): Employment, Childcare
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AUDIENCE The instructions in this policy directive are for all staff in the Job Centers, the Training Assessment Group (TAG), the Begin Education Gain Independence Now (BEGIN) program, and all other staff involved in childcare processing.

REVISIONS TO THE ORIGINAL DIRECTIVE

This policy directive has been revised to:

- update the Locations with On-Site Enrollment Agency Staff and Central Office/Hub Information (**Attachment A**) with the correct Bronx Hub information.
- inform staff that the Enrollment Form For Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care ([OCFS-LDSS-4699](#)) and the Enrollment Form for Provider of Legally-Exempt Group Childcare ([OCFS-LDSS-4700](#)) have been revised. Therefore, Enrollment Agency staff will now return a copy of only the first two pages of forms **OCFS-LDSS-4699** or **OCFS-LDSS-4700** to the applicant/participant or the provider along with the stamped **CS-274W** form.
- inform staff that the Parental Acknowledgement Form (**OCFS-LDSS 4699.4**) is now obsolete and has been replaced by the following three forms:
 - History of Criminal Convictions and Parental Acknowledgement (**OCFS-LDSS 4915**)
 - History of Day Care Enforcement and Parental Acknowledgement (**OCFS-LDSS 4916**)

HAVE QUESTIONS ABOUT THIS PROCEDURE?
 Call 718-557-1313 then press 3 at the prompt followed by 1 or
 send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

- History of Termination of Parental Rights and/or Court-Ordered Article 10 Removal and Parental Acknowledgement (**OCFS-LDSS 4917**)
 - The Childcare Enrollment Call-In Notice (**W-274CC**) has been revised to reflect the obsolescence and replacement of the **OCFS-LDSS 4699.4**.
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POLICY

Parents/guardians who are required to be engaged in work-related activities have the right to have their children under the age of 13, or under the age of 19 with special needs, placed with an appropriate childcare provider who is accessible, affordable, suitable, and secure.

Childcare services may be provided either in or away from the child's place of residence. Parents/guardians have a right to select the type of provider necessary to provide the childcare services most appropriate for the child's needs including a legally-exempt (informal) childcare provider.

Legally-exempt providers include babysitters such as family members, friends, or group childcare programs that are exempt from the State of New York Office of Children and Family Services (OCFS) licensing and registration requirements. Legally-exempt group childcare programs may include, but are not limited to, childcare programs run by school districts, private schools, nonprofit organizations, summer camps, and child day care centers in New York City (NYC).

Currently, legally-exempt State childcare regulations require that both the parent/guardian and the provider certify in writing:

- that the site where the childcare will be provided meets all health and safety standards;
- that the parent/guardian and the provider have given true and accurate details of any criminal convictions on the part of the provider or anyone 18 years of age or older who lives or works in the same location where the childcare services are provided;
- the provider's history of day care enforcement; and
- the provider's history of termination of parental rights and/or removal of a child by court order under Family Court Act Article 10.

Providers who are legally-exempt must first be approved by a provider Enrollment Agency (EA) before payment for childcare services can be authorized.

Revised Attachment.

OCFS currently contracts with the Women’s Housing and Economic Development Corporation (WHEDCO) to be the citywide EA. See **Attachment A** for a list of Centers in each borough with stationed WHEDCO enrollment agents as well as information on the WHEDCO Central Offices/Hubs.

The WHEDCO Central Offices/Hubs service:

- Job Centers without an on-site EA;
- HIV and AIDS Services Administration (HASA) participants who voluntarily participate in employment programs and utilize childcare;
- Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) applicants/participants utilizing legally-exempt providers; and
- Childcare providers.

Service by the hubs is primarily through telephone, fax and e-mail contact.

Licensed/registered childcare providers do not need to be assessed by WHEDCO.

WHEDCO is responsible for enrolling, monitoring, and inspecting all legally-exempt childcare providers who render childcare services citywide. WHEDCO, along with ACS, is responsible for checking the provider’s background by searching:

- The New York State Office of Court Administration records to determine if the provider, staff, volunteers, or anyone in the provider’s household 18 years of age or over has a criminal record.
- The State Childcare Facilities System (CCFS), OCFS’ database of providers, to determine if the provider has ever been denied an application for a license or registration to operate a childcare program or had a license or registration suspended or revoked.
- The New York State and National Sex Offender Registries to determine if the provider, staff, volunteers, or anyone in the provider’s household 18 years of age or over is listed.
- The local child welfare database to determine if the provider has had a termination of parental rights or a child removed from care.

WHEDCO is also responsible for:

- entering the childcare providers into CCFS;
- inspecting the facilities where the childcare services are provided (if other than the child's own home) in order to monitor compliance with health and safety requirements;
- determining if the childcare provider can be approved for payment;
- entering the initial preliminary decision on the provider's status into CCFS;
- stamping a code on the Childcare Provider Enrollment Supplement ([CS-274W](#)) form that represents the initial provider's status determination based on a preliminary review of the provider enrollment forms;
- returning a copy of the first two pages of Form **OCFS-LDSS-4699** or Form **OCFS-LDSS-4700** to the applicant/participant or the provider along with the stamped **CS-274W** form; and
- completing the investigation and rendering a final decision on the provider's status in CCFS within 40 days of receipt of the completed provider enrollment forms.

Forms revised 6/2011.

When a parent/guardian presents Form **OCFS-LDSS-4699** or Form **OCFS-LDSS-4700**, WHEDCO makes a preliminary decision on the status of the provider. This decision is based on a review of the forms for the following:

- That the form is completely filled out.
- That the form is signed by both the parent/guardian and the provider.
- Whether or not there are any glaring red flags. Red flags may consist of unfavorable checks on the Health and Safety Checklist, an admission of a criminal history of the provider or other adult living or working in the same facility where the childcare services are provided, etc.

Same-day decisions by WHEDCO

Once the WHEDCO EA makes a preliminary decision on the provider, he/she stamps Form **CS-274W** with one of the following provider status codes:

13ET Childcare Provider Temporarily Approved – The provider has submitted the completed provider enrollment forms and there were no negative issues that prevent payment while the provider is under review. The provider can be authorized for payment while the EA conducts a full review if all other provider eligibility criteria are met.

- 13EA** Childcare Provider Approved – The provider has met the requirements for full approval. The Agency can authorize the provider for payment, if all other provider requirements are met (provider/child relationship, capacity, etc.). This code will only be seen on the first day if the provider has already been investigated (no change in information) and is not over capacity.
- 13EM** Childcare Provider Decision Pending – There are areas of concern regarding this provider and a decision cannot be rendered until a full review is conducted. The Agency cannot authorize this provider for payment during the review. In this instance the parent must find a new provider but will have the option to change back to this provider if the EA ultimately renders an approval after the review is completed.
- 13ED** Childcare Provider Denied – There was information found by the EA that rendered this provider inappropriate to care for children. The Agency cannot authorize this provider for payment and a new provider must be selected.
- N/A** Childcare Provider Not Assessed – The provider is not providing services in the EA’s catchment area (e.g. services are provided outside the five boroughs) or the provider is a licensed/registered childcare provider. WHEDCO is reviewing the legally-exempt providers who service children in the Bronx, Queens, Manhattan, Brooklyn and Staten Island.

Return appointments resulting from EA’s decision

All childcare return appointments are made using the regular childcare return appointment codes **933S/933D** (Applicants) or **133S/133D** (Participants). At the child care appointment, the above codes (other than **N/A**) will be entered into NYCWAY. Decisions made by the EA such as codes **13ED** or **13EM** require a new childcare return appointment so that the parent/guardian may find an alternate provider.

The parent/guardian will be given up to two consecutive attempts to find a provider that is approved by the EA. If a second provider is not approved by the second return appointment, the parent/guardian can still have the legally-exempt provider undergo review, but the parent/guardian must choose a regulated childcare provider in the interim while the legally-exempt provider is pending investigation.

The **933S/933D** and **133S/133D** codes generate a Childcare Return Appointment (**W-273NN**) notice that informs parents/guardians that if they choose a legally-exempt provider who will be providing childcare services, they must have the provider enrollment forms reviewed and stamped by the EA prior to their return appointment.

Terminated or
suspended providers

Once a full investigation has been completed, the provider who was already approved for payment may subsequently be terminated or suspended for any reason. The Automated Child Care Information System (ACCIS) will receive the change of status information from CCFS and will notify NYCWAY that the provider status has changed to 'terminated'.

CCFS will send a notice to the provider, ACS, and the parent/guardian that the provider is no longer eligible for enrollment with the reason why. ACS will send FIA a copy to be filed in the electronic folder.

Call-in appointments

A change in the provider status to "terminated" or "suspended" indicates a breakdown in childcare that may affect the parent's/guardian's ability to comply with assigned work activity. This change in status will result in NYCWAY auto-posting action code **93EB** (Provider Terminated/Suspended – Applicant) or **13EB** (Provider Terminated/Suspended – Participant). These codes will result in a batch call-in appointment generated in NYCWAY and a **13EC** (childcare call-in appointment) code will be posted on the **CALLD** worklist.

Revised Notice.

Code **13EC** will generate a Childcare Enrollment Call-in Notice (**W-274CC**). Form **W-274CC** will inform the parent/guardian that the HRA has been notified that a provider is no longer authorized for payment and an appointment has been made for the parent/guardian to report to the Job Center to discuss his/her childcare situation and find alternate childcare.

The engagement assignment will be terminated to allow the parent/guardian time to seek appropriate childcare and no infraction will be imposed. Assignments to TAG, WeCARE, Substance Abuse Treatment, and Grant Diversion programs will not terminate automatically. If necessary, the vendor may enter excused hours for those individuals.

In the event the parent/guardian does not keep the scheduled call-in appointment, the parent/guardian will be offered a conciliation appointment as per current employment procedures. However, there will not be any adverse action imposed on parents/guardians who are engaged in unsubsidized employment (working) for failure to report to the interview.

See [PB #08-114-OPE](#).

Important Information For Parents/Guardians Who Use Legally-Exempt Childcare Providers (**W-603AA**) form informs parents about the EA requirement and must be included in childcare packets citywide.

REQUIRED ACTION Childcare Application Process

When the applicant/participant indicates that he/she requires assistance with childcare, the JOS/Worker must stress the use of regulated care and:

- explain to the applicant/participant his/her rights and responsibilities regarding childcare as indicated in the New York State booklet titled What You Should Know About Your Rights and Responsibilities ([LDSS-4148A](#));
- suggest and inform the applicant/participant of the advantages of using regulated childcare: Use one of the following links on the FIA Web;
 - For listing of contracted care: [ACS contracted slots availability in all five boroughs](#)
 - For listing of other forms of day care: [Directory of Childcare Services](#)
- check to see if there are any slots available for regulated childcare; and
- give the applicant/participant two referrals for regulated childcare using the Childcare Provider Contact List ([W-273J](#)).

If the applicant/participant wishes to utilize legally-exempt childcare, the Worker must:

See [PB# 08-155-OPE](#).

- issue the childcare packet which includes the following forms:

<p>CS-274W CS-574EE CS-574FF</p>	<p>Child Care Provider Enrollment Supplement Child Care Fact Sheet and Planner Proof of ID and Residency for Your Child Care Provider or “Babysitter”</p>
<p>OCFS-LDSS 4699</p>	<p>Enrollment Form For Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care</p>
<p>OCFS-LDSS 4699.1</p>	<p>Employment Of Minors Form</p>
<p>OCFS-LDSS 4699.1A</p>	<p>Employment Of Minors, Information</p>

Three New Forms.

OCFS-LDSS 4699.2	Legally-Exempt In-Home Child Care Provider Agreement Form
OCFS-LDSS 4699.2A	Parental Responsibilities When Employing A Legally-Exempt In-Home Child Care Provider
OCFS-LDSS 4915	History of Criminal Convictions and Parental Acknowledgement
OCFS-LDSS 4916	History of Day Care Enforcement and Parental Acknowledgement
OCFS-LDSS 4917	History of Termination of Parental Rights and/or Court-Ordered Article 10 Removal and Parental Acknowledgement
OCFS-LDSS-4700	Enrollment Form For Provider of Legally-Exempt Group Child Care

- include Form **W-603AA** in the childcare packet which informs the applicant/participant of the criteria for legally-exempt childcare;
- explain that Form **OCFS-LDSS-4699** or Form **OCFS-LDSS-4700** and form **CS-274W** must be completed by the parent/guardian and the provider along with any other supplemental forms included in the childcare packet;
- enter the applicant's/participant's case number on Form **CS-274W** in the case number box;
- explain that if he/she must secure childcare services from a legally-exempt childcare provider, or a caregiver of a legally-exempt group childcare, he/she must be enrolled by the WHEDCO before payment can be authorized;
- explain to the applicant/participant that he/she has a choice of returning to the on-site enrollment agent, going to the WHEDCO central office, or having the provider go to the WHEDCO central office. However, the applicant/participant is still required to report to the Job Center for his/her childcare return appointment with a WHEDCO decision;
- explain that Forms **OCFS-LDSS-4699**, **OCFS-LDSS-4700** and **CS-274W** and any other related childcare forms must be reviewed and that Form **CS-274W** must be stamped by WHEDCO prior to the applicant's/participant's return appointment;
- explain that verification of identity and address of the provider must be provided;
- enter the childcare type in the Employability Plan (EP);
- enter a "Childcare Return Appointment" code (**933D** or **933S**) in NYCWAY, which will generate Form **W-273NN** with a five-day childcare return appointment; and
- issue the applicant the appropriate carfare.

See [CS-574FF](#) for list of acceptable documents.

Initial childcare return appointment

Note: Participants are not issued carfare.

Applicant/Participant Returns to the Job Center

Model Job Center

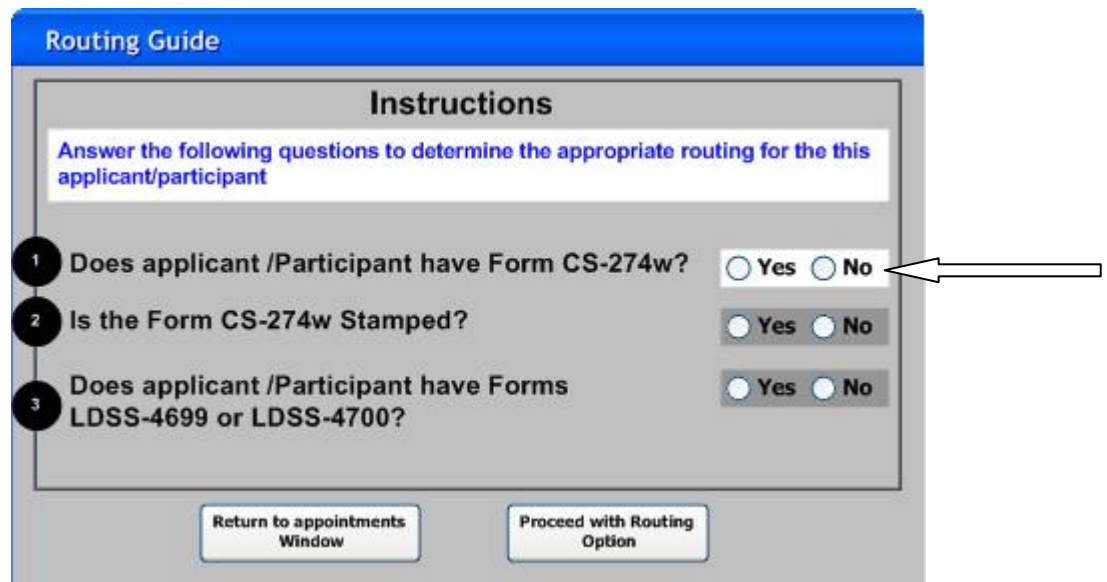
Applicant/participant has a return appointment

When the applicant/participant returns to a Model Job Center with a scheduled childcare appointment in the system, the Front Door process is as follows:

If the applicant/participant reports to the Model Job Center either to see a childcare specialist or the enrollment agent, his/her card is swiped or a case search is done.

The Front Door Electronic Reception (FRED) Customer Information window will appear.

- FRED finds a Childcare Return Appointment.
- The Worker highlights the appointment and then clicks the “Route to Selected Appointment” button.
- FRED will open a pop-up Routing Guide window that has a set of three questions.



- The Worker answers each question as they become enabled

According to the answer provided to each question in the Routing Guide, the following will occur:

Question #1: Does applicant/participant have Form **CS-274W**?

- If the Worker selects “No” to Form **CS-274W** (Question #1):
 - the “Proceed with Routing Option” button will become enabled.
 - the Worker will click the “Proceed with Routing Option” button and the applicant/participant will be routed to the Customer Service Information Center (CSIC) Childcare.
- If the Worker selects “Yes” to Form **CS-274W** (Question #1), then Question #2 is enabled.

Question #2: Is Form **CS-274W** stamped?

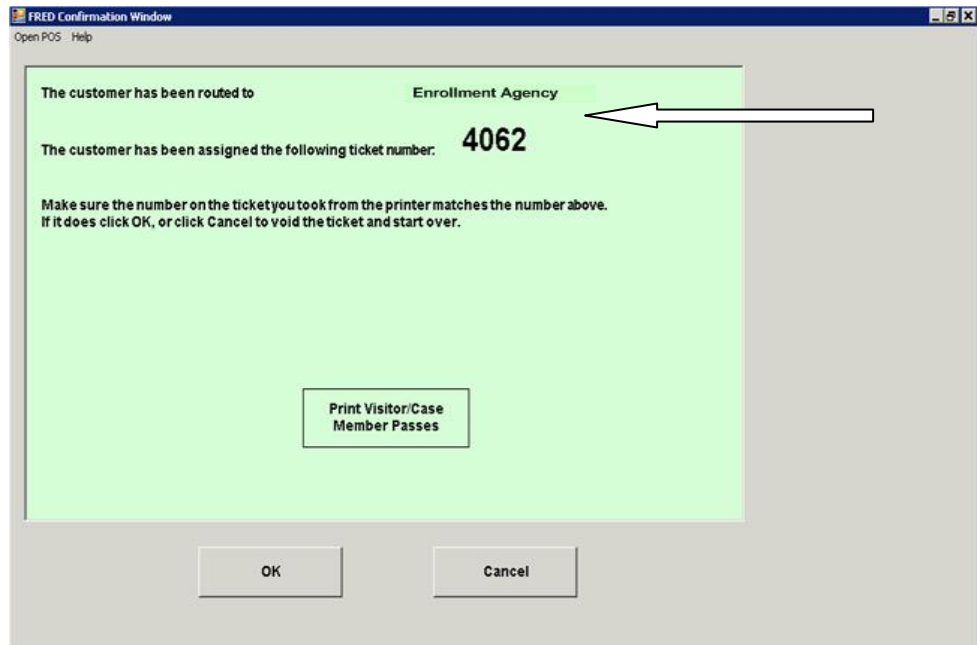
- If the Worker selects “Yes” to “is it stamped?” (Question #2):
 - the “Proceed with Routing Option” button will become enabled.
 - the Worker will click the “Proceed with Routing Option” button and the applicant/participant will be routed to CSIC Childcare because the applicant/participant has already received a decision from the EA.
- If the Worker selects “No” to “is it stamped?” (Question #2), then Question #3 is enabled.

Question #3: Does the applicant/participant have Form **LDSS-4699** or **LDSS-4700**?

Whether the Worker selects “Yes” or “No” to this question, the “Proceed with Routing Option” button will be enabled.

- If the Worker selects “No” to Form **LDSS-4699** or **LDSS-4700** (Question #3), the applicant/participant gets routed to CSIC Childcare.
- If the Worker selects “Yes” to Form **LDSS-4699** or **LDSS-4700** (Question #3), the applicant/participant gets routed to the EA.
- the Worker then clicks the “Proceed with Routing Option” button.

The system opens the FRED confirmation window.



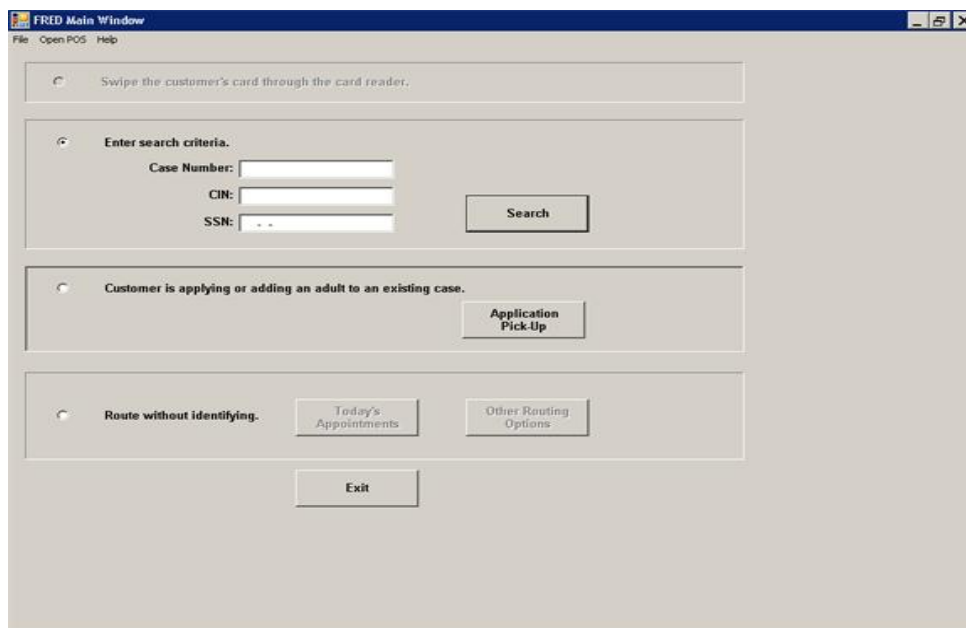
- The Worker clicks the “OK” button.
- The system prints a routing ticket to the EA or CSIC Childcare, as appropriate.

Applicant/participant does not have an appointment

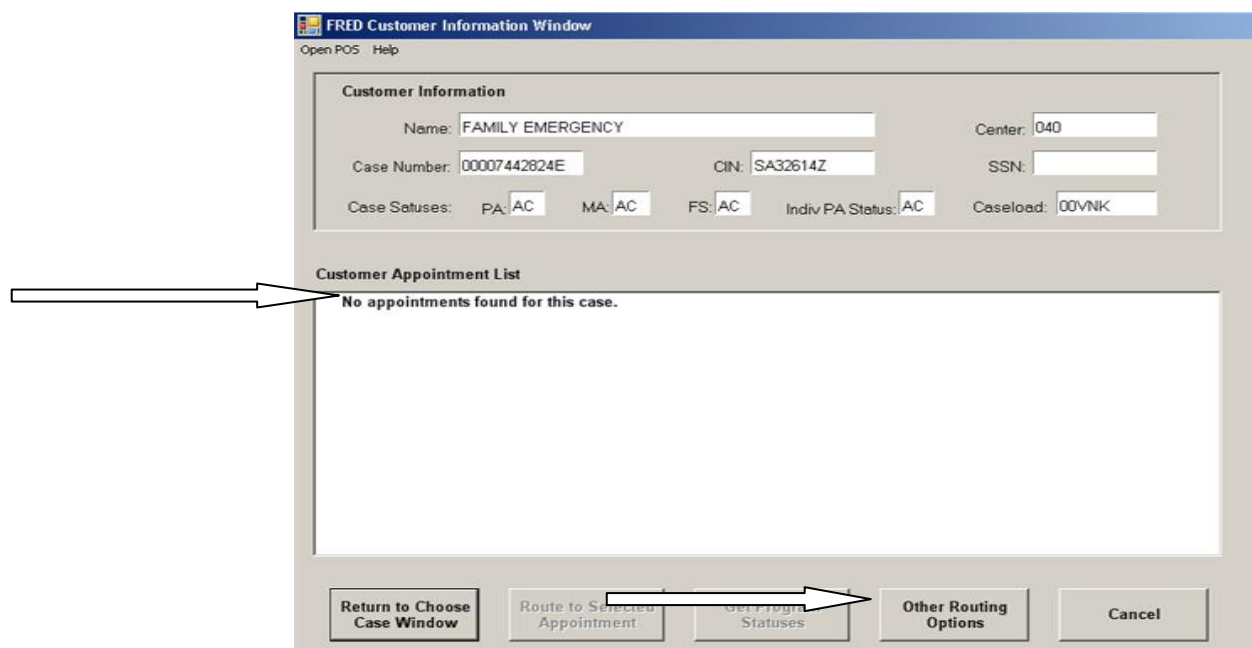
When the applicant/participant comes into a Model Job Center with no appointment to see the enrollment agent, the front door process is as follows:

- The applicant/participant reports to the Center to see a childcare specialist or the enrollment agent.

The applicant/participant swipes his/her card or the Worker searches the system for the applicant/participant and any scheduled appointments. When no appointment is found in the system the “FRED Main Window” will appear.

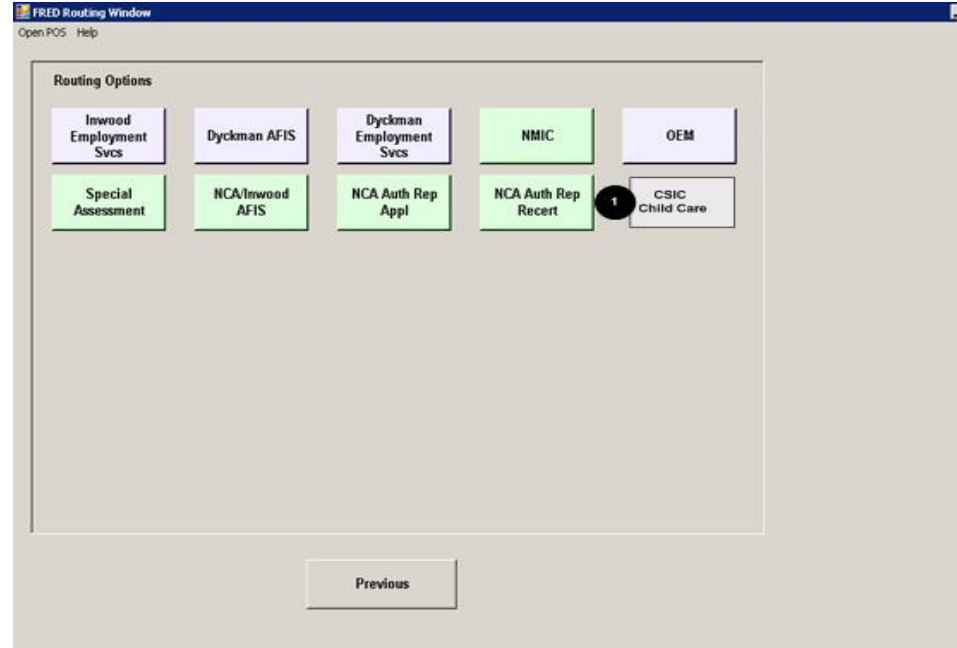


- The Worker will enter the appropriate information and click search. The “FRED Customer Information Window” appears.



- FRED does not find a childcare appointment.
- The Receptionist asks the applicant/participant who he/she is there to see.
- The applicant/participant states that he/she has childcare issues or childcare forms.
- The Receptionist clicks the “Other Routing Options” button.

The system displays “FRED Routing Window.”



- The Receptionist clicks the “CSIC Childcare” button.

FRED will open the “Routing Guide” window.

- The Worker answers each question as they become enabled.

As the questions are answered, the system will guide the Worker according to the process of this procedure.

- The system then opens the “FRED Confirmation Window”.
- The Worker clicks the “OK” button.
- The system prints a routing ticket to the EA or CSIC, as appropriate.

Non Model Job Center

When an applicant/participant returns to see the enrollment agent prior to his/her childcare return appointment, the JOS/Worker must inform the applicant/participant of where the enrollment agent is located.

Enrollment Agency

The EA reviews Forms **LDSS-4699/4700** and **CS-274W** and make a preliminary decision about the appropriateness of the childcare provider. Form **CS-274W** is stamped with an outcome code confirming the decision by the EA. The EA's initial decision will be one of these choices:

13ET	Childcare Provider Temporary Approval
13EA	Childcare Provider Approved
13EM	Childcare Provider Decision Pending
13ED	Childcare Provider Denied
N/A	Childcare Provider Not Assessed

The EA will:

Revised.

- give Form **CS-274W** and a copy of the first two pages of Form **OCFS-LDSS-4699** or **OCFS-LDSS-4700** to the applicant/participant to present to the Childcare Specialist/CSIC Childcare Specialist;
- enter his/her decision in the CCFS used by OCFS; and
- issue a Model Office Numbering, Identification and Queuing (MONIQ) ticket to CSIC Childcare.

For Non Model Job Centers, refer the applicant/participant to the Child Care Specialist.

Return Appointments

Applicant/Participant Returns with a Temporary Approval from the EA

The applicant/participant returns with Form **CS-274W** from the EA (temporarily approved)

When the applicant/participant returns with the first two pages of Form **OCFS-LDSS 4699/OCFS-LDSS 4700** and Form **CS-274W** stamped with a temporary approval of a legally-exempt childcare provider, the Childcare Specialist or CSIC Childcare Specialist, must:

See [PB #05-145-EMP](#) for provider eligibility.

See [CS-574FF](#).

- ensure Form **CS-274W** is stamped with code **13ET**;
- check the Welfare Management System (WMS), the Paperless Office System (POS), and/or the OneViewer to make sure the childcare provider is not an ineligible provider because he/she is the absent parent or part of the Child Care Service Unit (CCSU);
- obtain verification of the provider's identity and address from the parent/guardian;
- enter the childcare provider information into ACCIS;
- give the applicant/participant the Authorization for Childcare Payment (**W-273K**) form generated by ACCIS;
- update the EP with childcare in place using Childcare Type **2**;

Revised.

- refer the applicant/participant to the on-site Back to Work (BTW) vendor or make the appropriate assignment referral to the employment vendor; and
- scan and index Form **CS-274W**, the first two pages of Form **OCFS-LDSS-4699/4700**, and the provider proof of identification and address into the case file.

Applicant/Participant Returns with a Denial from the EA

The JOS/Worker or CSIC Childcare Specialist, must:

Applicant/participant returns with Form **CS-274W** (provider denied)

- ensure Form **CS-274W** is stamped with code **13ED**;
- scan and index Form **CS-274W** and the first two pages of Form **OCFS-LDSS-4699/4700** into the case file;
- explain that the selected provider has been denied by the EA and that another provider must be sought;
- stress the use of regulated providers;
- confirm availability of slots for two regulated providers;
- give the applicant/participant a referral to two licensed providers using Form **W-273J**;
- give the applicant/participant new childcare application Forms **OCFS-LDSS-4699/4700** and **CS-274W**;
- inform the applicant/participant that if he/she is using another legally-exempt provider, that the provider must also receive an EA decision prior to the return appointment;
- enter Action Code **933S** to schedule another five-day childcare return appointment; and
- issue the appropriate carfare to applicants only.

1st return appointment based on EA decision

Applicant/Participant Returns with a Decision Pending from the EA

Applicant/participant returns with Form **CS-274W** (provider decision pending)

Sometimes, based on information presented on Form **OCFS-LDSS-4699/4700**, the EA is unable to render a decision of temporary approval until the provider has undergone a full review. In this instance, the decision will remain pending. The applicant/participant must select another provider until the initial provider is approved.

The JOS/Worker or CSIC Childcare Specialist, must:

- ensure Form **CS-274W** is stamped with code **13EM**;
- scan and index Form **CS-274W** and the first two pages of the **OCFS-LDSS-4699/4700** into the case file;
- explain to the applicant/participant that the EA was unable to give an approval for this provider until a full review is completed. Therefore, he/she must seek another provider must.

- 1st return appointment based on EA decision
- Explain to the applicant/participant that although he/she uses another provider, if the initial provider is ultimately approved by the EA, he/she has the option to change providers;
 - stress the use of regulated providers;
 - confirm the availability of slots for two regulated providers;
 - give the applicant/participant a referral for two regulated providers using Form **W-273J**;
 - give the applicant/participant new childcare application forms **OCFS-LDSS-4699/4700** and **CS-274W**;
 - inform the applicant/participant that if he/she is using another legally-exempt provider, that provider must get an EA decision prior to the childcare return appointment;
 - enter Action Code **933S** to schedule another five-day childcare return appointment; and
 - issue the appropriate carfare to applicants only.

Provider enrollment forms not completed

For cases in which the Childcare Specialist/CSIC Childcare Specialist learns the provider enrollment forms are not complete, the Childcare Specialist /CSIC Childcare Specialist must:

- give the applicant/participant two more licensed childcare providers via Form **W-273J**;
- inform the applicant/participant that he/she must have the provider application fully completed by the provider if he/she wishes to use a legally-exempt childcare provider;
- inform the parent/guardian that the forms must be completed by the applicant/participant and provider, and reviewed and stamped by the EA prior to his/her return appointment;
- enter childcare Action Code **933S** to schedule another five-day childcare return appointment; and
- issue the appropriate carfare to applicants only.

Applicant/participant did not go to the EA in Non Model Job Center

In Non Model Job Centers, if the applicant/participant returns with his/her childcare forms completed but he/she did not go to the EA, the Childcare Specialist must refer the applicant/participant to the EA.

Applicant/Participant Returns for His/Her Second Childcare Return Appointment

1) Applicant/participant returns with a temporary approval

If the applicant/participant returns with the appropriate provider enrollment forms completed and a temporary approval from the EA, the JOS/Worker/CSIC Childcare Specialist must follow the instructions for Temporary Approval in this directive.

- 2) Applicant/participant returns with a denial
- If the applicant/participant returns with a denial from the EA for the second legally-exempt childcare provider and he/she has not obtained childcare, the JOS/Worker or CSIC Childcare Specialist must:
- ensure Form **CS-274W** is stamped with code **13ED**;
 - scan and index Form **CS-274W** and the first two pages of Form **OCFS-LDSS-4699/4700** into the case file;
 - inform the applicant/participant that the second provider was denied by the EA and that he/she must arrange interim childcare with a regulated childcare provider until he/she can obtain a legally-exempt provider approved by the EA;
 - confirm the availability of slots for two regulated providers;
 - give the applicant/participant a referral for two regulated providers using Form **CS-667C**;
- 2nd return appointment based on EA decision
- enter Action Code **933S** to schedule another five-day childcare return appointment; and
 - issue the appropriate carfare to applicants only.
- 3) Applicant/participant returns with a provider decision pending
- If the applicant/participant returns with a pending decision for his/her second legally-exempt childcare provider, the JOS/Worker/CSIC Childcare Specialist must:
- ensure Form **CS-274W** is stamped with code **13ED**;
 - scan and index forms **CS-274W** and the first two pages of Form **OCFS-LDSS-4699/4700** into the case file;
 - inform the applicant/participant that the EA could not give a decision on the provider until a full review is completed and he/she must arrange interim childcare with a regulated childcare provider until he/she can obtain a legally-exempt provider approved by the EA;
 - reassure the applicant/participant that he/she still has the option to utilize his/her provider of choice once the EA has rendered a final approval;
 - confirm the availability of slots for two regulated providers;
 - give the applicant/participant a referral for two regulated providers using Form **CS-667C**;
- Revised.
- enter Action Code **933S** to schedule another five-day childcare return appointment; and
 - issue the appropriate carfare to applicants only.
- 2nd return appointment based on EA decision

See [PD #09-40-EMP](#).

If the applicant/participant returns and was unable to accept any of the regulated providers to which he/she was referred for valid reasons, another return appointment may be provided with referrals to two new regulated providers. The Worker must:

- inform the applicant/participant that he/she must arrange for another regulated childcare provider, even one he/she independently chooses;
- reassure the applicant/participant that he/she still has the option to utilize his/her legally-exempt provider of choice once the EA has rendered a final approval;
- confirm the availability of slots for two regulated providers;
- give the applicant/participant a referral for two regulated providers using Form **CS-667C**;
- enter Action Code **933S** to schedule another five-day return appointment; and
- issue the appropriate carfare to applicants only.

No childcare slots available

If there are no regulated childcare slots available and the applicant/participant cannot find an approved legally-exempt provider, the applicant/participant is exempt from engagement with a review of his/her case for childcare every thirty days. The Worker must:

- inform the applicant/participant that during the 30-day exemption he/she must continue to seek appropriate childcare for his/her child(ren);
- enter a case comment using Action Code **100A** (Case Comment Entry) stating that there were no childcare slots available;
- provide a new childcare packet.

Childcare 30-day Exemption

To exempt the applicant/participant based on unavailable childcare, the Worker must consult the Center Designee who will:

- check NYCWAY to ensure that at least two attempts were made to find legally-exempt childcare but the EA denied those providers;
- check that no age appropriate slots are available for regulated care; and
- enter Action Code **133N** (Childcare Not Found) to exempt the applicant/participant for 30 days.

The individual will be added to the unengaged worklist and will be a part of an unengaged batch call-in at the end of the 30 days. When the applicant/participant reports to the interview, a review of his/her childcare needs will be conducted in order to make an engagement decision.

Applicant/Participant Returns and Wants Regulated/Contracted Care

See [PD #09-40-EMP](#).

If the applicant/participant returns with the decision to use regulated/Contracted Care, the JOS/Worker/CSIC Childcare Specialist must:

- conduct a Program Provider Search in ACCIS;
- call the providers near the parent's/guardian's home or work to confirm available slots;
- give the parent/guardian the Childcare Appointment Confirmation and Contact List (**CS-667C**);
- update the EP;
- select Care type **3**, which will generate Form **W-273NN** childcare return appointment; and
- give the applicant/participant up to 15 days to enroll his/her child(ren) based on the requirements of the program.

For All Providers Who Were Temporarily Approved or Whose Decisions Were Pending From WHEDCO

After the EA has completed its investigation and makes a final decision, the provider, parent/guardian, and the Agency will be notified. The EA will enter the decision into CCFS, which will feed into ACCIS.

Pended Legally-Exempt Childcare Provider is Now Approved

When a pended provider receives final approval by the EA, no action will be taken to authorize that provider in ACCIS unless the parent/guardian notifies the Worker that he/she wants to switch providers.

When a parent/guardian comes in to change the childcare provider to the previously pended legally-exempt provider, the JOS/Worker/CSIC childcare specialist must:

- confirm the childcare provider is approved by viewing the status of the provider in ACCIS;
- check the OneViewer for the original **CS-274W** form to obtain the provider information;
- obtain verification of identity and address for the new provider;
- scan and index the provider information into the electronic file;
- enter an end date for the existing provider;
- add the new provider information in ACCIS; and

- enroll the child(ren) with the provider.

Temporarily Approved Legally-Exempt Childcare Provider is Now Terminated

At the end of the EA’s review a final decision on the temporarily approved provider is made. The EA will enter his/her decision in CCFS, which will generate a notice to the provider, the parent/guardian and the Agency.

CCFS will also update the status of the provider in ACCIS to ‘terminated’.

NYCWAY will be updated via ACCIS and will post Action Code **13EB** that indicates a provider has been terminated and childcare is no longer in place.

Participant is in a work assignment

At the posting of Action Code **13EB**, the BTW, BEGIN, Anti Domestic Violence Eligibility Needs Team (ADVENT), and Work Experience Program (WEP) assignments will be terminated, but no adverse action will be imposed as a result of the terminated assignments.

Revised Notice.

Action Code **13EB** will be followed by Action Code **13EC**, which will generate a batch call-in of the participant via the Childcare Enrollment Call-in Notice (**W-274CC**) which is a mandatory engagement call-in letter.

Applicants

If an applicant receives a termination of his/her legally-exempt childcare provider before the case is accepted, NYCWAY will post Action Code **93EB** to indicate that a provider is terminated and childcare is no longer in place. The BTW assignment will be terminated and the applicant will have to come in to the Job Center to change the provider information.

Form **W-274CC** instructs the applicant (who is now the participant) on how to obtain the childcare provider forms prior to his/her childcare appointment.

If the applicant does not come in to the Job Center to address the childcare issues prior to case acceptance, once the case becomes active, Action Code **13EB** will auto-post and initiate Action Code **13EC**. The **13EC** triggers a mandatory engagement batch call-in process and will generate Form **W-274CC**. Failure to keep this appointment may result in a reduction in CA and/or FS benefits.

Participants

When the participant reports for the appointment, the JOS/Worker/CSIC Childcare Specialist must follow the process beginning on page 9 (Applicant/Participant Returns to Center).

If the participant fails to keep the engagement call-in appointment, he/she will be subject to conciliation in accordance with current employment procedures.

Jamaica Job Center #54

The central WHEDCO location in Queens located in the Jamaica Job Center services both CA/FS individuals/families and non-CA/FS individuals/families. A counter queue, WHEDCO Hub, has been created in FRED that allows FDR to route individuals directly to the WHEDCO central location within the Job Center.

When an individual needs to go to the WHEDCO Hub, FDR must:

- click Other Service Areas in the FRED Routing Window which will cause the **Refer Client to Other Area/ Program** window to open.
- select the new counter queue, “WHEDCO Hub” to route the individual to that service area.

If an individual has been misrouted to the WHEDCO Hub and needs to go to another service area, the Worker in the WHEDCO Hub must refer the individual to the CSIC Supervisor via the Information and Referral Notice (**W-113E**). The CSIC Supervisor will determine where the individual needs to go and, if necessary, must walk over to FDR and have the correct ticket issued for the misrouted individual.

Employment Programs

Referral to Training Assessment Group (TAG)

See [PD #04-14-EMP](#).

When an applicant is referred to TAG through the EP, code **935T** will auto-post for a TAG call-in once the case is accepted and the applicant is now a participant. TAG will arrange childcare for its participants as per current procedure.

TAG will refer those participants who utilize legally-exempt childcare to the Job Center and the central office of WHEDCO for EA decisions.

However, if a TAG participant’s childcare breaks down as a result of the EA’s decision, NYCWAY will be updated via ACCIS and will post Action Code **13EB**, which indicates a provider has been terminated and childcare is no longer in place. This code will be followed by Action Code **13EC**, which will generate a batch call-in of the participant to the Job Center via Form **W-274CC**. The TAG assignment will not terminate with Action Code **13EB**.

Referral to Begin Education Gain Independence Now (BEGIN)

Those persons referred to BEGIN will already have childcare in place either temporarily or permanently approved by the EA for participants who chose legally-exempt childcare. However, should the EA review result in a termination of the provider, the participant will be called in to the Job Center with Action Code **13EC**.

When the participant reports for the Job Center appointment, the JOS/Worker/CSIC childcare specialist must follow the process outlined in the Childcare Application Process that begins on page 7.

Recertification Process

At the time a participant is scheduled for recertification, the childcare issues will be reviewed. There are two types of issues Workers must address:

- 1) Participants who want to change their regulated childcare provider to a legally-exempt childcare provider or change one legally-exempt childcare provider for another.

Participants who now want to change providers or who select a legally-exempt childcare provider will be given forms **OCFS-LDSS-4699** and **OCFS-LDSS-4700** along with a childcare return appointment that has a five-day Future Action Date (**FAD**). He/she will also be instructed to see the EA before returning to the JOS/Worker/CSIC Childcare Specialist.

- 2) Participants who must be engaged and are in need of childcare:

Participants who are now required to be engaged and need childcare are given an appointment for two licensed childcare providers and the option to choose a legally-exempt childcare provider. The JOS/Worker/CSIC Childcare Specialist must follow the instructions beginning on page 7 (Childcare Application Process).

PROGRAM IMPLICATIONS

Paperless Office
System (POS)
Implications

There are no POS implications as a result of this procedure.

Food Stamp Implications

When the actual childcare expenses are more than the childcare payment, the extra childcare cost is counted as an out-of-pocket expense for Food Stamp (FS) budgeting. Parents/guardians who choose to forego the FIA payment by using an ineligible provider are entitled to a FS deduction for the out-of-pocket childcare expense. The Worker must determine how the parent/guardian will pay for the expense while participating in a work activity.

For applicants, failure to keep a return appointment will result in the case being denied. The case will be processed for a separate FS determination. For participants, failure to keep a return appointment will initiate the standard conciliation process and a CA sanction. FS eligibility will not be affected as a result of this sanction.

Medicaid Implications

There are no Medicaid implications as a result of this procedure.

LIMITED ENGLISH-SPEAKING ABILITY (LESA) AND HEARING IMPAIRED IMPLICATIONS

For Limited English-Speaking Ability (LESA) and hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #11-33-OPE](#) and [PD #08-20-OPE](#).

FAIR HEARING IMPLICATIONS

Avoidance/Resolution

Ensure that all case actions are processed in accordance with current procedures and that the electronic case files are kept up to date. Applicants/participants must receive either adequate or timely and adequate notification of all action taken on their case.

Conferences

Applicants/participants cannot contest a denial of a provider by the EA.

A denial of a provider by the EA cannot be contested through a Fair Hearing. Only the provider can request a review of the EA's decision at WHEDCO's central office. Applicants/participants can request a Fair Hearing on the adverse actions resulting from a failure to report to the assignment or an appointment based on childcare reasons.


REFERENCES

18 NYCRR 415.1
 18 NYCRR 415.4
 SSL 410-x(7)
 12-OCFS-LCM-01

RELATED ITEMS

- [PD #01-74-EMP](#)
 - [PD #05-16-EMP](#)
 - [PD #09-40-EMP](#)
 - [PB #02-96-SYS](#)
 - [PB #05-145-EMP](#)
 - [PB #08-11-OPE](#)
 - [PB #08-155-OPE](#)
 - [Employment Process Manual](#)
-

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

- Attachment A** Locations with On-Site WHEDCO EA Staff and WHEDCO Central Office/Hub Information
- W-273NN** Childcare Return Appointment
- W-273NN (S)** Childcare Return Appointment (Spanish)
- W-274CC** Childcare Enrollment Call-In Notice (Rev. 4/24/12)
- W-274CC (S)** Childcare Enrollment Call-In Notice (Spanish) (Rev. 4/25/12)
- W-603AA** Important Information For Parents/Guardians Who Use Legally-Exempt Childcare Providers
- W-603AA (S)** Important Information For Parents/Guardians Who Use Legally-Exempt Childcare Providers (Spanish)
- OCFS-LDSS 4699** Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care (Rev. 6/2011)
- OCFS-LDSS-4700** Enrollment Form for Provider of Legally-Exempt Group Child Care (Rev. 6/2011)
- OCFS-LDSS 4915** History of Criminal Convictions and Parental Acknowledgement
- OCFS-LDSS 4916** History of Day Care Enforcement and Parental Acknowledgement
- OCFS-LDSS 4917** History of Termination of Parental Rights and/or Court-Ordered Article 10 Removal and Parental Acknowledgement

Attachment A

Locations with On-Site WHEDCO EA Staff and WHEDCO Central Office/Hub Information

Borough	Centers with On-Site EA Staff	Central Office/Hub
Bronx	Rider #38 Melrose #40 Fordham #44 Crotona #46	1309 Louis Nine Boulevard Bronx, NY 10459 Telephone: 347-708-7800 Fax: 718-619-8307 E-mail: LE@whedco.org
Brooklyn	Coney Island #63 Dekalb #64 Bushwick #66 Linden #67 Bayridge #70	No Central Office/Hub-staff must use any other borough hub.
Manhattan	Waverly #13 East End #23 Dyckman #35	109 East 16th Street, 5th Floor New York, NY 10003 Telephone: 212-835-8125 Fax: 212-835-7710 E-mail: LE@whedco.org
Queens	Queens #53 Jamaica #54 Rockaway #79	165-08 88th Avenue, 2nd Floor (Jamaica Job Center) Jamaica, NY 11432 Telephone: 718-523-2076 Fax: 718-291-6542 E-mail: LE@whedco.org
Staten Island	Richmond #99	No Central Office/Hub-staff must use any other borough hub.

Date: _____
Case Number: _____
Case Name: _____
Job Center: _____

Child Care Return Appointment

Please return for the following reason(s)

I. CHILD CARE IS NEEDED

133S (Participant/Sanctioned Individual)

933S (Applicant)

Documents required:

II. ADDITIONAL INFORMATION IS NEEDED

133D (Participant/Sanctioned Individual)

933D (Applicant)

Check the boxes that apply

- Complete and return the child care provider enrollment form(s) provided
- Secure and return all documentation listed

Check the boxes that apply

- LDSS-4699**
- LDSS-4700**
- CS-274W**

Documents required:

I will bring the above-mentioned documentation with me to my new appointment.

I will return to this **mandatory engagement appointment** on:

Appointment Date: _____ Time: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

This is a mandatory engagement appointment. Failure to keep this appointment may result in a reduction in your Cash Assistance and/or Food Stamp benefits. Please call the telephone number above if you need to reschedule this appointment.

You must report to the Job Center with this form.

Applicant's/Participant's/Sanctioned Individual's Signature

Date

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Centro de Trabajo: _____

Cita de Vuelta de Cuidado Infantil
Favor de regresar por la(s) siguiente(s) razón(es)

I. SE NECESITA CUIDADO INFANTIL

133S (Participante/Persona Sancionado[a])

933S (Solicitante)

Documentos necesarios:

II. SE NECESITA INFORMACIÓN ADICIONAL

133D (Participante/Persona Sancionado[a])

933D (Solicitante)

Marque las casillas que correspondan

Marque las casillas que correspondan

- Llene y devuelva el formulario de inscripción del proveedor de cuidado infantil
- Consiga y devuelva toda la documentación listada

- LDSS-4699**
- LDSS-4700**
- W-274W**

Documentos necesarios:

Traeré toda la documentación mencionada más arriba a mi nueva cita.

Regresaré a esta **cita de participación obligatoria** el:

Fecha de la Cita: _____ Hora: _____ Teléfono: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Esta cita de participación es obligatoria. El no cumplir con esta cita puede resultar en una reducción de sus beneficios de Asistencia en Efectivo y/o Cupones para Alimentos. Favor de llamar al número de teléfono más arriba si necesita reprogramar esta cita.

Usted tiene que presentarse al Centro de Trabajo con este formulario.

Firma del Solicitante/Participante/Persona Sancionado(a)

Fecha

Date: _____
Case Number: _____
Case Name: _____
Center: _____

Child Care Enrollment Call-In Notice

You were recently notified that your child care provider is no longer authorized for payment for one or more of your children.

You have a mandatory engagement appointment at Job Center _____

Appointment Date: _____ Time: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip: _____
Travel Directions: _____

SAMPLE

This is a mandatory engagement appointment. Failure to keep this appointment may result in a reduction in your Cash Assistance and/or Food Stamp benefits. Please call the telephone number above if you need to reschedule this appointment.

You must report to the Job Center with this form.

In order to facilitate the child care process and eliminate the need for return appointments, we encourage you to begin the process of securing and/or documenting your child care prior to your child care appointment date.

If you already have selected another child care provider, you should complete the form that corresponds to the type of child care you have, as described below. If you have not already chosen another child care provider, please review the enclosed Child Care Fact Sheet and Planner Form (**CS-574EE**) for more information regarding the different types of child care providers and for information on arranging child care.

Once you have secured a child care provider:

- With your provider, complete the enclosed Child Care Provider Enrollment Supplement Form (**CS-274W**). Regulated providers only need to complete Form **CS-274W**.
- Informal (legally-exempt) child care providers are not required to have a license. If you are using a legally-exempt child care provider, one of the following forms must be completed and signed with the provider in addition to Form **CS-274W**:
 - Enrollment form for Providers of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care (**OCFS-LDSS-4699**) (Legally-exempt family child care refers to child care provided outside of the parent's/legal guardian's home, usually a neighbor, friend or relative, for up to two children for more than three hours per day or for more than two children if care is provided for less than three hours per day.
Legally-exempt in-home child care refers to child care provided in the parent's/legal guardian's home, usually by a neighbor, friend or relative.) Also, complete and bring to your appointment the following forms which apply to your case:
 - Employment of Minors (**OCFS-LDSS-4699.1**)
 - Employment of Minors Information (**OCFS-LDSS-4699.1A**)
 - Legally-Exempt In-Home Child Care Provider Agreement (**OCFS-LDSS-4699.2**)
 - Parental Responsibilities When Employing a Legally-Exempt In-Home Child Care Provider (**OCFS-LDSS-4699.2A**)
 - History of Criminal Convictions and Parental Acknowledgement (**OCFS-LDSS-4915**)
 - History of Day Care Enforcement and Parental Acknowledgement (**OCFS-LDSS-4916**)
 - History of Termination of Parental Rights and/or Court-Ordered Article 10 Removal and Parental Acknowledgement (**OCFS-LDSS-4917**)
 - Enrollment form for Provider of Legally-Exempt Group Child Care and Legally-Exempt In-Home Child Care (**OCFS-LDSS-4700**) (Legally-exempt group child care refers to all unlicensed child care other than by informal child care providers. Legally-exempt group child care includes, but is not limited to, child care programs run by school districts, private schools, nonprofit organizations, summer camps and day care centers.)

To obtain Forms **OCFS-LDSS-4699** and/or **OCFS-LDSS-4700** you may:

- Request the form(s) from your Worker at your Job Center; or
- Download the form(s) from: <http://www.ocfs.state.ny.us/main/forms>. You may access the Internet for free at any public library.

Once you have the correct form(s):

- Complete it with your child care provider, ensuring that both you and the provider have signed each section.
- Take the completed form(s) to the enrollment agency to be reviewed and stamped prior to your child care appointment.
- Bring the completed form(s) with you to your appointment.
- Your assignment may terminate on the appointment date on **page 1** if you have not secured child care by this date.

If you have any questions, please contact your Worker.

Date: _____
Case Number: _____
Case Name: _____
Center: _____

Child Care Enrollment Call-In Notice

You were recently notified that your child care provider is no longer authorized for payment for one or more of your children.

You have a mandatory engagement appointment at Job Center _____

Appointment Date: _____ Time: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip: _____
Travel Directions: _____

SAMPLE

This is a mandatory engagement appointment. Failure to keep this appointment may result in a reduction in your Cash Assistance and/or Food Stamp benefits. Please call the telephone number above if you need to reschedule this appointment.

You must report to the Job Center with this form.

In order to facilitate the child care process and eliminate the need for return appointments, we encourage you to begin the process of securing and/or documenting your child care prior to your child care appointment date.

If you already have selected another child care provider, you should complete the form that corresponds to the type of child care you have, as described below. If you have not already chosen another child care provider, please review the enclosed Child Care Fact Sheet and Planner Form (**CS-574EE**) for more information regarding the different types of child care providers and for information on arranging child care.

Once you have secured a child care provider:

- With your provider, complete the enclosed Child Care Provider Enrollment Supplement Form (**CS-274W**). Regulated providers only need to complete Form **CS-274W**.
- Informal (legally-exempt) child care providers are not required to have a license. If you are using a legally-exempt child care provider, one of the following forms must be completed and signed with the provider in addition to Form **CS-274W**:
 - Enrollment form for Providers of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care (**OCFS-LDSS-4699**) (Legally-exempt family child care refers to child care provided outside of the parent's/legal guardian's home, usually a neighbor, friend or relative, for up to two children for more than three hours per day or for more than two children if care is provided for less than three hours per day.
Legally-exempt in-home child care refers to child care provided in the parent's/legal guardian's home, usually by a neighbor, friend or relative.) Also, complete and bring to your appointment the following forms which apply to your case:
 - Employment of Minors (**OCFS-LDSS-4699.1**)
 - Employment of Minors Information (**OCFS-LDSS-4699.1A**)
 - Legally-Exempt In-Home Child Care Provider Agreement (**OCFS-LDSS-4699.2**)
 - Parental Responsibilities When Employing a Legally-Exempt In-Home Child Care Provider (**OCFS-LDSS-4699.2A**)
 - History of Criminal Convictions and Parental Acknowledgement (**OCFS-LDSS-4915**)
 - History of Day Care Enforcement and Parental Acknowledgement (**OCFS-LDSS-4916**)
 - History of Termination of Parental Rights and/or Court-Ordered Article 10 Removal and Parental Acknowledgement (**OCFS-LDSS-4917**)
 - Enrollment form for Provider of Legally-Exempt Group Child Care and Legally-Exempt In-Home Child Care (**OCFS-LDSS-4700**) (Legally-exempt group child care refers to all unlicensed child care other than by informal child care providers. Legally-exempt group child care includes, but is not limited to, child care programs run by school districts, private schools, nonprofit organizations, summer camps and day care centers.)

To obtain Forms **OCFS-LDSS-4699** and/or **OCFS-LDSS-4700** you may:

- Request the form(s) from your Worker at your Job Center; or
- Download the form(s) from: <http://www.ocfs.state.ny.us/main/forms>. You may access the Internet for free at any public library.

Once you have the correct form(s):

- Complete it with your child care provider, ensuring that both you and the provider have signed each section.
- Take the completed form(s) to the enrollment agency to be reviewed and stamped prior to your child care appointment.
- Bring the completed form(s) with you to your appointment.
- Your assignment may terminate on the appointment date on **page 1** if you have not secured child care by this date.

If you have any questions, please contact your Worker.

****PLEASE READ****

**IMPORTANT INFORMATION FOR PARENTS/GUARDIANS WHO
USE LEGALLY-EXEMPT CHILD CARE PROVIDERS**

**Notice to Applicants/Participants Regarding Legally-Exempt Provider
Enrollment Agencies**

This notice is to inform you that all informal and legally-exempt child care providers are required to enroll with a Legally-Exempt Provider Enrollment Agency.

If you are using or planning to use an informal provider (babysitter) such as a family member, friend or a legally-exempt group child care provider who requires payment for their child care services, please be aware that all informal and legally-exempt group child care providers are required to be approved by an enrollment agency in order to receive subsidized child care payments from the City of New York.

Legally-Exempt group child care providers are those child care programs that are exempt from licensing. These programs include, but are not limited to, child care programs run by school districts, private schools, nonprofit organizations, summer camps and day care centers.

The Legally-Exempt Provider Enrollment Agency will be responsible for:

- **conducting background checks for all persons age 18 and older working or residing where the child care services are provided;**
- **inspecting the facilities where the child care services are provided in order to monitor compliance with health and safety requirements;**
- **enrolling the child care providers into the agency database of providers; and**
- **determining if the child care provider can be authorized for payment.**

Licensed/regulated providers are not subject to this new requirement.

If you have any questions regarding this new requirement, you may speak to your Worker, the child care specialist or directly to an Enrollment Agent located at your local Job Center.

****FAVOR DE LEER****

**INFORMACIÓN IMPORTANTE PARA PADRES/MADRES/TUTORES
QUE USAN PROVEEDORES DE CUIDADO INFANTIL LEGALMENTE-EXENTOS**

**Aviso a los Solicitantes/Participantes
sobre las Agencias de Inscripción de Proveedores Legalmente-Exentos.**

Este aviso es para informarle que todos los proveedores de cuidado infantil informales y legalmente-exentos tendrán que inscribirse con una Agencias de Inscripción de Proveedores Legalmente-Exentos.

Si usted actualmente está usando o piensa usar un proveedor informal (niñera), tal como un miembro de su familia, un amigo(a) o un proveedor en grupo legalmente-exento que requiere pago por sus servicios de cuidado infantil, favor de tener presente que ahora todo proveedor informal en grupo legalmente-Exento tiene que ser aprobado por una agencia de inscripción para poder recibir pagos subsidiados de cuidado infantil por parte de la Ciudad de Nueva York.

Los proveedores de grupo legalmente-exentos que prestan cuidado infantil son aquellos programas que proveen cuidado infantil y que son exentos de licenciatura. Estos programas incluyen, pero no se limita a, programas de cuidado infantil administrados por el distrito escolar, escuelas privadas, organizaciones sin fines de lucro, campamentos de verano, y guarderías de cuidado infantil.

La Agencia de Inscripción de Proveedores Legalmente-Exentos será responsable por:

- **llevar acabo control de antecedentes a toda persona de 18 años de edad o mayor, que trabaje o resida donde se provee servicios de cuidado infantil;**
- **inspeccionar el lugar donde se proveen los servicios de cuidado Infantil, para poder controlar el cumplimiento de los requisitos de salud y seguridad;**
- **inscribir los proveedores de cuidado infantil e ingresarlos a la base de datos de la agencia de proveedores de cuidado infantil; y**
- **determinar si al proveedor de cuidado infantil se le puede autorizar pago.**

Los proveedores autorizados/regulados no están sujetos a este nuevo requisito.

Si tiene alguna pregunta sobre este nuevo requisito, puede hablar con su Trabajador, el especialista de cuidado infantil o directamente con un Agente de Inscripción en el Centro de Trabajo más cercano a usted.

**NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES**

**ENROLLMENT FORM FOR PROVIDER OF LEGALLY-EXEMPT
FAMILY CHILD CARE AND LEGALLY-EXEMPT IN-HOME CHILD CARE**

Child Care providers who are not required by NYS law to be licensed or registered to operate a day care program use this form to enroll with a legally-exempt caregiver enrollment agency to provide subsidized child care.

Instructions: Please use black/blue pen.



- *Provider:* Complete the "Child Care Provider Section" of this form.
- *Parent/caretaker:* Complete the "Parent Information Section" of this form.
- *The provider and parent/caretaker walk through and inspect the site, review sections of the form, then sign and date where indicated.*
- *Submit the completed form to the enrollment agency serving the location where the child care is being provided.*

I. CHILD CARE PROVIDER SECTION

A. CHILD CARE PROVIDER AND PROGRAM

1. Child Care Provider Name:

Mr. Mrs. Ms. _____
Last First MI Suffix

Other names known by: _____
Maiden, married, aliases, etc.

2. Identifying and Contact Information:

Enrollment Number: _____ Site Phone: () _____ Listed Unlisted
(If Applicable)
 Date of Birth: / / _____ Home Phone: () _____ Listed Unlisted
(mm/dd/yyyy)
 Gender (M or F): _____ Cell Phone: () _____
 Social Security # ¹: _____ E-Mail Address²: _____ No E-Mail Address

3. Child Care Location: Give address where child care is provided.

House Number _____ Street _____ Apt. _____
 Address Line 2 _____ Floor _____
 City _____ State _____ Zip _____ County _____

4. Home Address: Is your home address the same as the child care location given above?

Yes. No. If No, give address below.

House Number _____ Street _____ Apt. _____
 Address Line 2 _____ Floor _____
 City _____ State _____ Zip _____ County _____

<p>(For Enrollment Agency Use) Received Date: _____ Complete Date: _____</p>	<p>(For Local District Use) Parent's Case No.: _____ Type: <input type="checkbox"/> WMS <input type="checkbox"/> Local LSSD Office/Unit/Wkr. No.: _____ / _____ / _____</p>
---	--

¹ The social security number is **required** when the local social services district issues child care subsidy payments directly to a child care provider. Failure to provide the social security number may delay payment. The social security number of provider is **optional** when a local social services district issues child care subsidy checks to the subsidy recipient (parent/ caretaker). If the social security number is provided, it may be used by federal, State and local agencies for federal reporting, to prevent the duplication of services and to prevent fraud.
² The E-mail address if given may be used by the enrollment agency to contact you.

5. **Mailing Address:** Is your mailing address the same as the child care location or home address given above?
 Yes, same as child care location. **Yes**, same as home address.
 No. If No, give address below.

House Number	Street	Apt.
Address Line 2		Floor
City	State	Zip
County		

6. Were you previously enrolled as a legally-exempt child care provider?
 Yes. If **Yes**, give year enrolled, _____, and county where you resided, _____.
 No.

7. List below the Counties/Districts issuing subsidy payments for child care that you currently provide.

District: _____	Local ID/Vendor Number ³ if any: _____
District: _____	Local ID/Vendor Number, if any: _____
District: _____	Local ID/Vendor Number, if any: _____

8. Do you read English? **Yes**. **No**. If No, what language do you read best? _____.
9. Do you speak English? **Yes**. **No**. If No, what language do you speak best? _____.
10. Does any other person provide child care at the SAME location you intend to provide child care?
 Yes. Describe: _____
 No.

B. TYPE OF LEGALLY-EXEMPT CHILD CARE THAT YOU PROVIDE:

1. Choose the statement which describes the child care services you provide. Check A, B, or C. Provide additional information as indicated.
- A) **I am an "In-Home Child Care" Provider.** I provide care **in the child's home** and I care only for children **who live in the home**. (Provider and parent/caretaker: Please read the OCFS-LDSS-4699.2A, then complete and ATTACH the OCFS-LDSS-4699.2, Agreement For Legally-Exempt In-Home Child Care form.)
- B) **I am a "Family Child Care" Provider.** I provide care in my own home, or another person's home. I care for at least one child who **does not live in the home where care is given**. (Choose 1, 2, or 3 below, whichever describes your situation best.)
- 1) **Relative Care-** I am either the grandparent, great-grandparent, great-great-grandparent, aunt/uncle, great aunt/great uncle, brother/sister or first cousin of **ALL** the children in care; OR
- 2) I care for no more than 2 children (not counting my own children or any children older than 13 years); OR
- 3) I care for 3 or more children. However, I never have more than 2 children in care at the same time for more than three hours a day.
- C) **Other--**I provide care other than choices A or B above. **Explain:** _____

(You cannot be enrolled until you prove that you are legally-exempt from the licensing and registering requirements).

2. Are you less than 18 years of age?
- Yes.** You must comply with the NYS Department of Labor's requirements. Provide the documents listed below to show you meet the requirements. Check to show item is attached.
- I have **ATTACHED** the OCFS-LDSS-4699.1, Employment of Minors Form (Rev. 2010).
- I have **ATTACHED** a copy of my *working papers* which are required if I am a minor providing **Family Child Care**. (Not required for "In-Home" child care providers.)
- No**.

³ Provider/Vendor Number is an identifying number assigned and used by the local social services district to track the provider.

C. PEOPLE WHO MAY BE PRESENT AT CHILD CARE LOCATION

People who are present at the child care location when child care is provided and may have contact with child(ren) you care for must have background checks as required by NYS health and safety regulations. These checks apply to the following people:

- An employee-a person you hire to work at the child care location.
- A volunteer-a person who is sometimes at the child care location and who may have contact with the children you provide care for.
- For family child care, a household member-a person who lives in the home where care is provided.

NOTE: The *enrolled child care provider* is the person *authorized* to care for the subsidized child(ren). The enrolled child care provider must be present and supervising at all times. Employees, volunteers and household members **CANNOT** substitute for the provider in caring for the child(ren) and cannot be left alone with the child(ren).

1. Do you have any employees or volunteers, as described above?

No. **Yes.** *If yes, list all in Table 1, below and attach more sheets as necessary.*

TABLE 1-CHILD CARE PROVIDER'S VOLUNTEERS AND EMPLOYEES

NAME (INCLUDE AND SPECIFY MAIDEN NAME AND ANY OTHER ALIAS NAMES BY WHICH VOLUNTEERS AND EMPLOYEES MAY BE KNOWN)					ROLE: EMPLOYEE, OR VOLUNTEER	GENDER (M OR F)	DATE OF BIRTH
A)	_____	_____	_____	_____	_____	_____	____/____/____
	Last	First	MI	Suffix			
B)	_____	_____	_____	_____	_____	_____	____/____/____
	Last	First	MI	Suffix			
C)	_____	_____	_____	_____	_____	_____	____/____/____
	Last	First	MI	Suffix			
D)	_____	_____	_____	_____	_____	_____	____/____/____
	Last	First	MI	Suffix			
E)	_____	_____	_____	_____	_____	_____	____/____/____
	Last	First	MI	Suffix			

2. Only "Family Child Care" providers must answer this following question:

Are there any adults, age 18 and older, (not including the child care provider) living in the residence where child care is given? This includes: family members, non-family members, renters sharing the home, apartment mates, adults placed in your care, and any other adult person who lives in the residence where child care is provided.

No.
 Yes. Identify in Table 2 below everyone who lives in the residence where care is provided. *Attach more sheets as necessary.*

TABLE 2-HOUSEHOLD MEMBERS AGE 18 AND OVER, LIVING AT CHILD CARE SITE

NAME (INCLUDE AND SPECIFY MAIDEN NAME AND ANY OTHER ALIAS NAMES BY WHICH HOUSEHOLD MEMBERS MAY BE KNOWN)					GENDER (M OR F)	DATE OF BIRTH
A)	_____	_____	_____	_____	_____	____/____/____
	Last	First	MI	Suffix		
B)	_____	_____	_____	_____	_____	____/____/____
	Last	First	MI	Suffix		
C)	_____	_____	_____	_____	_____	____/____/____
	Last	First	MI	Suffix		
D)	_____	_____	_____	_____	_____	____/____/____
	Last	First	MI	Suffix		
E)	_____	_____	_____	_____	_____	____/____/____
	Last	First	MI	Suffix		
F)	_____	_____	_____	_____	_____	____/____/____
	Last	First	MI	Suffix		

D. OTHER QUALIFICATIONS & PROGRAM CHARACTERISTICS

1. PROVIDER’S ELIGIBILITY FOR ENHANCED RATE BASED ON TRAINING

Have you completed in the **past 12 months**, 10 hours of training aimed at improving the quality of the care you provide?

- Yes.** If **Yes**, you may be eligible to receive an enhanced rate. **ATTACH** the OCFS-LDSS-4699.3- Legally-Exempt Child Care Provider Training Record and your training certificates.
- No.**

2. FEDERAL FOOD PROGRAM ASSISTANCE

The Child and Adult Care Food Program (CACFP) helps Family Child Care programs to pay for meals and snacks served to child(ren) in care. Are you currently participating in CACFP?

- A) No.** If you want information about CACFP call: 1(800) 942-3858.
- B) Yes.** If “yes”, provide information about your participation in CACFP and **ATTACH** proof of your participation dated within the past 12 months below:

- 1) Sponsor Agency Name: _____
- 2) Sponsoring Agency ID Number (if known): _____
- 3) Your CACFP Provider Number: _____
- 4) Agreement Number: _____

5) Proof of Participation: _____ Type of Proof: (Check below to show proof attached)

Date on Proof: _____

- CACFP Claim Reimbursement Stub
- CACFP Monitoring Checklist (DOH-4118)
- CACFP Continuous Application and Agreement (DOH-3705)

3. AMOUNT YOU CHARGE

Do you charge parents receiving subsidy the same amount that you charge parents for non-subsidy child(ren) of the same age and similar care?

- A) Yes.**
- B) No.** If, **No** choose the statement below which describes the amount you charge.
 - 1) I charge parents receiving subsidy **less** than I charge other parents.
 - 2) I charge parents receiving subsidy **more** than I charge other parents.

4. ADMINISTRATION OF MEDICATION

NYS Law restricts the right to administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to specific medical professionals who are authorized by NYS to administer medication. Some individuals are exempt from this requirement based on their relationship to the child, family, or household and are permitted to administer medications, including:

- The child’s parent/caretaker, step-parent, legal custodian, legal guardian, or member of the child’s household,
- A child care provider employed by the parent/caretaker to provide child care in the child’s home,
- Family members who are related within the 3rd degree of consanguinity to the child’s parent or step parent. This includes the child’s grandparent, great-grandparent, great-great grandparent, aunt/uncle (and spouse), great aunt/uncle (and spouse), first cousin (and spouse), and brother /sister.
- Child care providers who are trained and authorized by the Office of Children and Family Services (OCFS) under the Health Care Plan for Administration of Medication, approved by a qualified health care consultant, and who are:
 - Operating in compliance with the NYS regulation which includes receiving training on medication administration,
 - Authorized by the child’s parent/caretaker, step parent, legal guardian, or legal custodian to administer medication, and
 - Administering medication to subsidized children in care.

To receive OCFS authorization to administer medication, a child care provider must be at least 18 years of age and literate in the language in which the parental permissions and health care provider’s instructions will be given. Any person who is NOT AUTHORIZED by NYS Law or NOT EXEMPT from this legal requirement, may ONLY administer over-the-counter topical ointments, sunscreen and topical insect repellent. Examples of medication they MAY NOT ADMINISTER include, but are not limited to: Tylenol, Ritalin, insulin, antibiotics, and ear, eye, or nose drops.

A) Are you, your employees or volunteers LEGALLY PERMITTED to administer medication to child(ren) in subsidized care?

Check all statements that apply to you. Provide all other information as it applies.

1) **Yes.** I am RELATED within the 3rd degree by blood or marriage to the child(ren)'s parent or step-parent. Therefore, I am allowed to administer medication to the child(ren) following the health care provider's instructions and when I have appropriate permission from the parent.

- I am grandparent of: _____
- I am great-grandparent of: _____
- I am great-great-grandparent of: _____
- I am aunt/uncle of (includes spouse) of: _____
- I am great aunt/great uncle (includes spouse) of: _____
- I am first cousin (includes spouse) of: _____
- I am brother/sister of: _____

2) **Yes.** I am PROVIDING CARE IN THE HOME of the following child(ren): _____. Therefore, I am PERMITTED to administer medication to these children when I have appropriate permission from the parent and I am following the health care provider's instructions.

3) **Yes.** I am a NYS medical professional AUTHORIZED BY NYS DEPARTMENT OF EDUCATION (NYSED) to administer medication. Therefore, I am allowed to administer medication to child(ren) in my care when there are appropriate permissions from the parent and when following the health care provider's instructions.

a) My profession is (check one):

- Registered Nurse
- Nurse Practitioner
- Physician
- Physician Assistant

b) License number: _____

I have attached a copy of my current NYS professional medical license. (Required).

4) **Yes.** I HAVE a Health Care Plan for the Administration of Medication (OCFS-LDSS-7000) approved within the past 2 years. Therefore, the qualified medications administrant named below is AUTHORIZED BY OCFS to administer medication to subsidized children in my care according to the health care provider's instructions and when there are appropriate permissions from the parent.

a) Plan approval date: _____

I have attached a copy of the **first page AND the approval page** of my Health Care Plan for the Administration of Medication (OCFS-LDSS-7000).

b) Name of the qualified Medications Administrant: _____

c) Health Care Consultant (HCC) name: _____

d) Health Care Consultant Profession (check one):

- Registered Nurse
- Nurse Practitioner
- Physician
- Physician Assistant

e) License Number: _____

5) **No.** None of the above permissions apply to me. I am not authorized by OCFS or NYSED. I understand I **cannot administer** medication to the child(ren) in care, except: *Over-the-counter topical ointments, sunscreen, and topically applied insect repellent.*

B) Are you interested in seeking authorization to administer medication to child(ren) in subsidized care?

Yes. I want to learn how to start the process. Please send me the OCFS-LDSS-7007, Obtaining Authorization to Administer Medication to Children in Legally-Exempt Care.

No. I will not be seeking authorization to administer medication at this time.

C) I agree I will administer medication in compliance with NYS Law and only to the extent that I am permitted by NYS Law which I have indicated by my choice on this page above.

Yes. **No.**

D) If I have employees or volunteers, I will make sure that each of my employees and volunteers administers medication in compliance with NYS Law and only to the extent permitted by NYS Law.

Yes. **No.**

5. HOURS OF OPERATION

What hours do you generally provide care? Check all that apply.


- Mornings Afternoons Evenings Overnight Back-Up Only
 Before School After School
 Weekends Saturday Sunday
 Weekdays Monday Tuesday Wednesday Thursday Friday

E. VERIFICATION OF LEGALLY EXEMPT STATUS

1. CHILD CARE SCHEDULES

- A) For each **subsidized child** you provide child care for or plan to provide care for, provide ALL the requested information.
 B) For each **non-subsidized child** provide the same information, *except DO NOT provide the Child's LAST name.*

CHILD INFORMATION AND CHILD CARE SCHEDULES

	CHILD NAME:			CHILD NAME:			CHILD NAME:		
	CHILD AGE:			CHILD AGE:			CHILD AGE:		
	PARENT NAME:			PARENT NAME:			PARENT NAME:		
	PROVIDER'S RELATIONSHIP TO THE CHILD:			PROVIDER'S RELATIONSHIP TO THE CHILD:			PROVIDER'S RELATIONSHIP TO THE CHILD:		
	SUBSIDY CASE? <input type="checkbox"/> Yes <input type="checkbox"/> No			SUBSIDY CASE? <input type="checkbox"/> Yes <input type="checkbox"/> No			SUBSIDY CASE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	SCHEDULE OF CHILD CARE			SCHEDULE OF CHILD CARE			SCHEDULE OF CHILD CARE		
	DROP OFF	PICK UP	HRS / DAY	DROP OFF	PICK UP	HRS / DAY	DROP OFF	PICK UP	HRS / DAY
	MONDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM
	TUESDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM
	WEDNESDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM
THURSDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM	
FRIDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM	
SATURDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM	
SUNDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM	
TOTAL HOURS PER WEEK			TOTAL HOURS PER WEEK			TOTAL HOURS/ PER WEEK			

CHILD INFORMATION AND CHILD CARE SCHEDULES

	CHILD NAME:			CHILD NAME:			CHILD NAME:		
	CHILD AGE:			CHILD AGE:			CHILD AGE:		
	PARENT NAME:			PARENT NAME:			PARENT NAME:		
	PROVIDER'S RELATIONSHIP TO THE CHILD:			PROVIDER'S RELATIONSHIP TO THE CHILD:			PROVIDER'S RELATIONSHIP TO THE CHILD:		
	SUBSIDY CASE? <input type="checkbox"/> Yes <input type="checkbox"/> No			SUBSIDY CASE? <input type="checkbox"/> Yes <input type="checkbox"/> No			SUBSIDY CASE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	SCHEDULE OF CHILD CARE			SCHEDULE OF CHILD CARE			SCHEDULE OF CHILD CARE		
	DROP OFF	PICK UP	HRS / DAY	DROP OFF	PICK UP	HRS / DAY	DROP OFF	PICK UP	HRS / DAY
	MONDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM
	TUESDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM
	WEDNESDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM
THURSDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM	
FRIDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM	
SATURDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM	
SUNDAY	AM PM	AM PM		AM PM	AM PM		AM PM	AM PM	
TOTAL HOURS PER WEEK			TOTAL HOURS PER WEEK			TOTAL HOURS/ PER WEEK			

2. CHILD(REN) IN THE PROVIDER’S CARE

A) How many of **your own** child(ren) do you care for at this child care location during child care hours? Give numbers below. Do not leave spaces blank. Write “zero,” if applicable.

- 1) Age newborn through 4 years: _____.
- 2) Age 5 through 12 years old: _____.

B) Are you caring for any children, *other than your own*, who are **NOT** receiving child care subsidy funds?

- 1) **Yes.** If yes, indicate the number of non-subsidized children, other than your own, below.
 - a) Number of relative non-subsidized children: _____.
 - b) Number of non-relative non-subsidized children: _____.

Note: All non-subsidized children in care MUST be listed on the preceding schedule page.

2) **No.**

C) Have you started providing child care for all of the children whose schedules you listed above?

- 1) **Yes.**
- 2) **No.** If No, when care will begin? _____

NOTE: Any changes in the number of children you care for, the hours you provide care and the location where you provide care may affect your eligibility as a legally-exempt child care provider and/or require that you become licensed or registered to operate a day care program. Such changes must be reported to the enrollment agency immediately.

F. HEALTH AND SAFETY CHECKLIST

The provider and parent/caretaker inspect the child care location and complete this section together.

I meet and agree to continue to meet the basic health and safety requirements listed below.

Check an answer for each item below.

YES	NO	The provider meets the following basic health and safety requirements before caring for children:
<input type="checkbox"/>	<input type="checkbox"/>	1. The provider and all children have two separate & remote ways to leave the building in an emergency.
<input type="checkbox"/>	<input type="checkbox"/>	2. The rooms for children at my child care location are well-heated, well-lighted and well-ventilated.
<input type="checkbox"/>	<input type="checkbox"/>	3. My child care location is free of unsafe areas (such as swimming pools, open drainage ditches, wells, holes, wood or coal burning stoves, fireplaces, and gas space heaters). If there are unsafe areas, sturdy barriers are in place around the areas that keep the child(ren) from getting to them.
<input type="checkbox"/>	<input type="checkbox"/>	4. If child care is provided above the first floor, there are barriers or locks on the windows so the child(ren) cannot fall out.
<input type="checkbox"/>	<input type="checkbox"/>	5. The water supply at my child care location is safe. I have working toilets. There is hot and cold running water all the time.
<input type="checkbox"/>	<input type="checkbox"/>	6. I, all employees, and volunteers who are likely to have regular contact with the child(ren) are physically, emotionally and mentally able to provide child care.
<input type="checkbox"/>	<input type="checkbox"/>	7. I, all employees, and volunteers who are likely to have regular contact with the child(ren) are free from any communicable diseases that pose a risk to the health and safety of the child(ren) in care. If I, any employee, or volunteer who is likely to have regular contact with the child(ren) has a communicable disease, I must have a statement from such person’s health care provider that indicates that the presence of a communicable disease does not pose a risk to the health and safety of the child(ren) in care. <input type="checkbox"/> I have ATTACHED a doctor’s statement, if I, any employee or volunteer who is likely to have regular contact with the child(ren) has a communicable disease and that such disease does not pose a risk to the health and safety of the child(ren) in care.

<input type="checkbox"/>	<input type="checkbox"/>	<p>8. My child care location is free of any dangerous or unsafe conditions that could hurt a child(ren). This includes but is not limited to:</p> <ul style="list-style-type: none"> • Knives and other sharp objects are out of the reach of child(ren). • Small rugs, runners, and electrical cords are held in place so a child won't trip. • Electrical cords do not run under furniture or rugs and are out of the reach of small children. • Extension cords are not overloaded. • Any guns and other firearms are unloaded and stored in a locked drawer or cabinet and the key is kept in a safe place. Ammunition is locked separately. • Cords to window blinds and shades are out of the reach of child(ren). • Hot liquids are out of the reach of children. • Small items that the child(ren) could choke on are out of the child(ren)'s reach. • Carbon monoxide detectors are installed where the child(ren) that I provide care for sleep or nap and on each story of the home where care is provided where a carbon monoxide source is located.
<input type="checkbox"/>	<input type="checkbox"/>	<p>9. All matches, lighters, medicines, drugs, cleaning materials, detergents, aerosol cans, and other poisonous or toxic materials are stored in their original containers. Care is taken so that they do not come in contact with child(ren), where food is prepared, or otherwise may be a danger to the child(ren). I store all of these materials safely away from the child(ren).</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>10. I will give each child(ren) meals and snacks according to what the parent/caretaker and I have agreed.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>11. I will refrigerate milk, formula and any other food that goes bad if not refrigerated.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>12. I agree not to heat formula, breast milk and other food items for infants in a microwave oven.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>13. I will always allow the custodial parent/caretaker or caretaker to have unlimited access to his/her child(ren) in care, to the program site while the child(ren) is in care, and to any written records concerning the child(ren).</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>14. I will hold fire/evacuation drills monthly with child(ren) during hours that the child(ren) are in care so that the child(ren) and I will know what to do in the case of an emergency.</p>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>15. I have a working telephone OR can get to one very quickly in an emergency. Emergency telephone numbers for the fire department, local or State police or sheriff's department, poison control center and ambulance service are posted near the phone and are easy to see.</p>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>16. I will use protective caps, covers or permanently installed safety devices on all electrical outlets that a child(ren) could reach when I am caring for a child(ren) under 5 years old.</p>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>17. Paint and plaster are in good repair so that there is no danger of a child(ren) putting paint or plaster chips in their mouths or of it getting into food.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>18. I have at least one operating smoke detector on each floor of my child care location. I will check regularly to make sure all detectors work.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>19. I have a portable first aid kit at my child care location that is easy to get to in an emergency and my first aid supplies are kept in a clean container or cabinet away from child(ren). It is stocked to treat common childhood injuries and problems. I will always replace things in the first aid kit as soon as possible after something has been used or is too old to be used.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>20. I have RECEIVED from the child(ren)'s parent/caretaker:</p> <ul style="list-style-type: none"> • Signed proof from a doctor or other health care provider that: the child(ren) has received all of the immunizations appropriate for the child(ren)'s age; OR • Proof that one or more of the immunizations would harm the child(ren)'s health; OR • A statement saying that the child(ren) has not been immunized due to the parent/caretaker's religious beliefs.
<input type="checkbox"/>	<input type="checkbox"/>	<p>21. The stairs, railings, porches and balconies are in good repair.</p>

Only **Family Child Care** providers must answer question *number 22* below.

YES	NO	The provider meets the following basic health and safety requirements before caring for the child(ren):
<input type="checkbox"/>	<input type="checkbox"/>	<p>22. All persons living in the home where care is given are free of any communicable diseases. If any person living in the home <u>does have</u> a communicable disease, I must have a statement from the person's health care provider that indicates that the presence of a communicable disease does not pose a risk to the health and safety of the child(ren) in care.</p> <p><input type="checkbox"/> I have attached a doctor's statement, if any person living in home has a communicable disease and that such disease does not pose a risk to the health and safety of the child(ren) in care.</p>

G. PROVIDER BEHAVIORAL CONDITIONS

All child care providers must answer the questions below.

YES	NO	The provider meets and agrees to continue to meet the following basic health and safety requirements before caring for the child(ren):
<input type="checkbox"/>	<input type="checkbox"/>	1. I understand and agree that I will never use physical punishment or let others use physical punishment while child(ren) are in my care. Physical punishment means doing things directly to a child(ren)'s body to punish child, such as: <ul style="list-style-type: none"> • Spanking, biting, slapping, shaking, twisting, or squeezing; • Making the child(ren) do physical exercises beyond what is normal; • Forcing the child(ren) to stay still for long periods of time; • Making the child(ren) stay in positions that hurt the child or are bizarre; • Bathing the child(ren) in unusually hot or cold water; and • Forcing child(ren) to eat or have in child(ren)'s mouth soap, foods, hot spices or foreign substances.
<input type="checkbox"/>	<input type="checkbox"/>	2. I understand and agree that I will never use or be under the influence of alcohol or drugs while children are in care and will make sure that child(ren) being cared for do not have contact with people using drugs or alcohol.
<input type="checkbox"/>	<input type="checkbox"/>	3. I understand and agree that I will not smoke or allow smoking in indoor areas or other enclosed areas, such as cars or other vehicles, when child(ren) are present.
<input type="checkbox"/>	<input type="checkbox"/>	4. I understand and agree that I will never leave child(ren) alone or unsupervised.
<input type="checkbox"/>	<input type="checkbox"/>	5. I understand and agree that I will ALWAYS be present when the child(ren) are in the care of employees, volunteers and if care is provided in a home other than the child's home, household members.

H. RELEVANT HISTORY-PEOPLE AT THE CHILD CARE LOCATION

1. PROVIDER ONLY

A) PROVIDER TERMINATION OF PARENTAL RIGHTS

I certify and attest that (check one):

- 1) I have **never had** my parental rights terminated under Social Services Law 384-b or equivalent legal authority.
- 2) I **have had** my parental rights terminated under Social Services Law 384-b or equivalent legal authority.
 - I have **ATTACHED** the OCFS-LDSS-4917, History of Termination of Parental Rights and/or Court Ordered Article 10-Removal of a Child and Parental Acknowledgement form⁴.

B) PROVIDER COURT ORDERED ARTICLE 10 REMOVAL

I certify and attest that (check one):

- 1) I have **never had** a child(ren) removed from my care by court order in a proceeding under Article 10 (child protective) of the Family Court Act.
- 2) I **have had** a child(ren) removed from my care by court order in a proceeding under Article 10 (child protective) of the Family Court Act.
 - I have **ATTACHED** the OCFS-LDSS-4917, History of Termination of Parental Rights and/or Court Ordered Article 10-Removal of a Child and Parental Acknowledgement form⁴.

C) PROVIDER DAY CARE ENFORCEMENT

Note: A child "day care" program includes licensed or registered day care centers, family day care homes, group family day care homes, small day care centers and/or school age child care programs.

- 1) I certify and attest that (check one):
 - I **have had** an application for a license or registration to operate a child day care program denied.
 - I **have not had** an application for a license or registration to operate a child day care program denied.
- 2) I certify and attest that (check one):
 - I **have had** a license or registration to operate a child day care program revoked or suspended.
 - I **have not had** a license or registration to operate a child day care program revoked or suspended.
- 3) If you have **been denied** a license or registration to operate a child day care program, **or** if you have had a license or registration to operate a child day care program **revoked or suspended**, complete the following:
 - a) **Program Name and Location:** _____

⁴ If you need a copy of this form, please contact your local social services district or your legally-exempt caregiver enrollment agency.

- b) I have **ATTACHED** the OCFS-LDSS-4916, History of Day Care Enforcement and Parental Acknowledgement⁴.

2. PROVIDER, EMPLOYEES, VOLUNTEERS, AND HOUSEHOLD MEMBERS

A) CRIMINAL HISTORY

- 1) I have listed on subsection I. C of this form: ALL employees, volunteers, and if I provide care in a home other than the child's home, all of the household members, 18 years of age or older who are likely to have regular contact with the child(ren) in care.
- Yes.**
 No.
- 2) If I provide care in a home other than the child(ren)'s home, I also have listed all household members on subsection I. C of this form.
- 3) I certify that I have asked the following people if they **have been convicted of a crime**:
- Each person living in the home (other than the child(ren)'s own home) who is age 18 or over,
 - Each volunteer who is likely to have regular contact with child(ren) in care, and
 - Each employee.
- Yes.**
 No.
- 4) Have you, your employee, or your volunteer ever **been convicted of a crime** in New York State or any other place?
- Yes.** Give name(s) of person(s) convicted _____.
- I have **ATTACHED** a completed OCFS-LDSS-4915, History of Criminal Convictions and Parental Acknowledgement for each person with a criminal history.
- No.**
- 5) For provider type of Family Child Care only: has any person living in the home where care is given and who is 18 years of age or older been convicted of a crime in New York State or any other place?
- Yes.** Give name(s) of person(s) convicted: _____.
- I have **ATTACHED** a completed OCFS-LDSS-4915, History of Criminal Convictions and Parental Acknowledgement for each household member with a criminal history.
- No.**

B) INDICATED REPORTS OF CHILD ABUSE AND MALTREATMENT

I have asked ALL employees, volunteers, and individuals who may be helping to care for or who have regular contact with the child(ren), and, if I provide care in a home other than the child(ren)'s home, all household members 18 years of age or older, if they have been the subject of an indicated report of child abuse or maltreatment. I have informed the parent/caretaker whether I or any of these individuals have been the subject of any indicated reports of child abuse or maltreatment. When an indication of child abuse or maltreatment exists, I have given the parent/caretaker, in writing, true and accurate information, including:

- a description of the incident(s), and
- the date of the indication(s), and
- any other relevant information regarding the indication(s).

Yes.

No.

I. PROVIDER AGREEMENTS AND CERTIFICATIONS

1. **SUBMITTING UPDATES AND CHANGES OF ENROLLMENT INFORMATION**

- ✘ I will immediately submit a new enrollment form to the enrollment agency if I start providing child care at a child care location different from the one given on this form.
- ✘ I will inform the enrollment agency immediately if there are changes in:
 - my contact information,
 - the child(ren) I care for, or, the hours that I provide care,
 - the people who have contact with the child(ren) in my care,
 - any information provided on the enrollment form or changes to the attachments.
- ✘ I will inform the enrollment agency immediately when:
 - Any person 18 years or older moves into the household where "Family Child Care" is provided or stays there for more than a few days (**Family** Child Care only).

- Any child(ren) living in the household where “Family Child Care” is provided, turns 18. (**Family Child Care only**)
- I hire or receive help caring for the child(ren).

2. HEALTH AND SAFETY REQUIREMENTS

- ✘ I understand that I cannot be enrolled and payment cannot be made until all items marked “No” on the Health and Safety Checklist and Provider Behavioral Conditions Checklist have been corrected.
- ✘ I will continue to meet all the basic health and safety requirements listed on the checklists and
 - The parent/caretaker and I have inspected the home and completed the Health and Safety Checklist and Provider Behavioral Conditions Checklists together.
 - I will notify and provide documentation to the enrollment agency when any item on the checklists has been corrected or changed.

3. INFORMATION SHARING AND DATABASE CHECKS

- ✘ I authorize the enrollment agency and the Child and Adult Care Food Program (CACFP) to exchange information regarding my child care enrollment status and my participation in the CACFP.
- ✘ I understand the enrollment agency and the local social services district will exchange information regarding my child care enrollment status.
- ✘ I understand that the local social services district will check its child welfare database for my history of any court ordered removal of a child under Family Court Act (FCA) Article 10 and any termination of parental rights.
- ✘ I understand that the enrollment agency will check the New York State Sex Offender Registry to determine if I, any volunteer who is likely to have regular contact with child(ren) in care, any employee, and for the legally-exempt **family** child care provider, any person living in the home where child care is provided, age 18 years or older is listed on the Sex Offender Registry.
- ✘ I understand that the enrollment agency will check the New York State Child Care Facility System to determine whether I have ever been denied a child day care license or registration or had a child day care license or registration suspended or revoked.

4. ELIGIBILITY AND PAYMENT

- ✘ I understand I cannot be paid as a legally-exempt child care provider if I am the child(ren)'s parent, stepparent, adoptive parent, legal guardian or other person legally responsible for that child(ren), or, if I live in the same household and have a child(ren) in common with the parent.
- ✘ I agree to collect the family share (fee) if instructed to do so by the local social services district. I will immediately notify the local social services district if the parent/caretaker fails to pay the required family share.
- ✘ I agree to provide accurate attendance records in a timely manner, as required by the local social services district.
- ✘ I understand that I will not be paid by the local social services district for any child care that I provide to a child(ren) receiving a child care subsidy while I am deemed an ineligible provider by the enrollment agency.
- ✘ I understand that I must be enrolled with the enrollment agency before any payment may be made.
- ✘ I understand that I may not be eligible to provide child care AND that the local social services district may not be able to pay me when:
 - I have a history of Article 10 (child protective) removal of a child by family court order, or
 - I have a history of termination of parental rights, or
 - I have a history of denial, revocation and/or suspension of a license or registration to operate a child day care program or
 - I, any volunteer who is likely to have regular contact with the child(ren), any employee, or, for family child care, any person age 18 years or older living in the home has been convicted of a crime.
- ✘ I understand I am not eligible to provide child care if I, any volunteer who is likely to have regular contact with the child(ren), any employee, or person living in the home (other than the child(ren)'s home) age 18 years or older has been convicted of a crime against a child or is listed on the Sex Offender Registry.
- ✘ I understand that if the enrollment agency determines I cannot be enrolled, then the local social services district cannot issue payment for care that I have provided. The parent/caretaker has the right and responsibility to decide whether he/she wants to use my child care services. If the parent/caretaker chooses to use my child care services when I cannot be enrolled, the parent/caretaker is responsible to pay me for the child care.

5. OTHER AGREEMENTS

- ✘ I understand and agree to allow representatives of the enrollment agency, the local social services district and the State of New York access to the premises where subsidized child care is provided to confirm that information on my enrollment form and/or on attendance forms is true and accurate and that child care services are being provided as listed on these forms. I understand that if I do not allow such access, then I will be considered an ineligible provider, my enrollment will be terminated and I will not be paid by the local social services district.
- ✘ I understand that if I am denied enrollment I may request that the enrollment agency review any extenuating circumstances to determine if an exception could be made to allow me to provide child care. If I request an exception, I must provide all documents or references required by the enrollment agency.
- ✘ I understand and agree to meet all of the conditions stated on this form for as long as I am providing child care. I understand that I am required to inform the enrollment agency and the parent/caretaker if there is a change in the information stated on the enrollment form.

6. PROVIDER CERTIFICATION

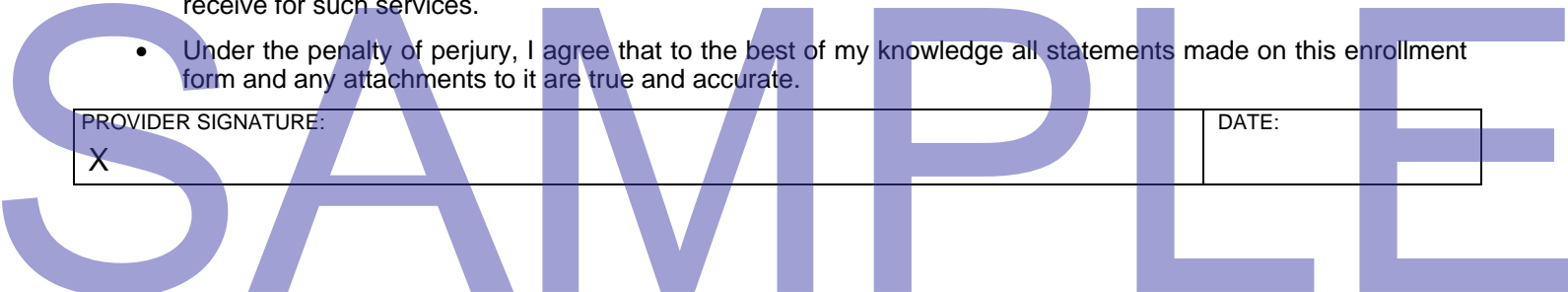
By signing this form I certify to the best of my knowledge that:

- I understand and agree to continue to meet all of the conditions stated above.
- I have reviewed the "Parent Information Section" of this form.
- I understand the decision to enroll me is based on the facts provided and attested to on the enrollment form. Providing false information or deliberately concealing information may result in an inaccurate determination of my eligibility to provide subsidized child care, and/or a denial or termination of enrollment. If I provide child care services while enrolled under false pretenses, or while I am an ineligible child care provider, the Local Social Services District may refuse to issue child care subsidy payments, terminate child care subsidy payments, take legal action against me or the parent/caretaker and I may be required to repay any money I receive for such services.
- Under the penalty of perjury, I agree that to the best of my knowledge all statements made on this enrollment form and any attachments to it are true and accurate.

PROVIDER SIGNATURE:

X

DATE:



B. YOUR CHILD(REN) IN THE PROVIDER'S CARE

1. LIST YOUR CHILD(REN) THAT THE PROVIDER CARES FOR

Add additional sheets if necessary.

A) Child's Name: _____ Date of Birth: ____ / ____ / ____
Last First (mm/dd/yyyy)
 Provider's Relationship to Child: _____ Child's CIN⁸: _____

B) Child's Name: _____ Date of Birth: ____ / ____ / ____
Last First (mm/dd/yyyy)
 Provider's Relationship to Child: _____ Child's CIN: _____

C) Child's Name: _____ Date of Birth: ____ / ____ / ____
Last First (mm/dd/yyyy)
 Provider's Relationship to Child: _____ Child's CIN: _____

D) Child's Name: _____ Date of Birth: ____ / ____ / ____
Last First (mm/dd/yyyy)
 Provider's Relationship to Child: _____ Child's CIN: _____

2. MY CHILD(REN)'S MEDICATION NEEDS

I understand that child care providers **cannot** administer medication to the child(ren) except as follows:

- o Any child care provider may administer only over-the-counter topical ointments, insect repellent, and sunscreen with the parent's permission.
- o When the child care provider provides care in the child(ren)'s home, the provider may administer over-the-counter medicine and prescription medication with the permission of the parent and following physician's instructions.
- o When the child care provider is related to the child(ren)'s parent or stepparent within the 3rd degree of consanguinity (blood or marriage), the provider may administer over-the-counter medicine and prescription medication with the permission of the parent and following physician's instructions. The child care provider must have one of the following relationships to be considered a relative within the 3rd degree.
 - o the child's grandparent,
 - o the child's great-grandparent,
 - o the child's great aunt/great uncle (and spouse),
 - o the child's first cousin (and spouse),
 - o the child's great-grandparent,
 - o the child's aunt/uncle (and spouse),
 - o the child's brother/sister
- o When the child care provider is a licensed physician, physician's assistant, registered nurse, or nurse practitioner, the provider can administer prescription and over-the-counter medication to subsidized child(ren) with the parent's permission parent and following physician's instructions.
- o When the child care program is authorized by OCFS and following a Health Care Plan for the Administration of Medication, the medications administrant designated in the Health Care Plan for the Administration of Medication may administer over-the-counter medication and some prescription medication to subsidized child(ren) with the permission of the parent and following physician's instructions.

⁸ Client Identification Number (CIN) is optional, if given, it will be used to facilitate information sharing with the local social services district regarding your eligibility and payment for child care.

I have read the "Provider's Qualifications to Administer Medication" in Provider Section I, and "My Child(ren)'s Medication Needs", above, and I understand the extent to which my child care provider is legally permitted to administer medication to my child(ren). My child care provider and I have agreed that:

- The parent will be responsible for the medication needs of the following child(ren):
_____.
- The provider will be responsible for the medication needs of the following child(ren):
_____.

3. MY CHILD(REN)'S MEALS AND SNACKS

For each child(ren) listed on the preceding page, either the parent or the provider must provide meals and snacks. Who will provide meals and snacks for your child(ren) while in care?

- The parent will be responsible for the meals and snacks for the following child(ren):
_____.
- The provider will be responsible for the meals and snacks for the following child(ren):
_____.

C. RELEVANT HISTORY OF PROVIDER AND PEOPLE AT THE CHILD CARE LOCATION

1. I understand the child care provider must tell me whether the following people, who may be in contact with my child(ren), have been the subject of an indicated report of child abuse or maltreatment:

- the provider,
- volunteers who are likely to have regular contact with child(ren) in care,
- employees, and
- if care is not provided in my home, persons living in the home age 18 years or older.

- Yes.**
- No.**

- I have specifically asked the provider if the provider, volunteers who are likely to have regular contact with child(ren) in care, employees, and if care is provided in the provider's home, persons living in the home age 18 years or over, have been the subject of an indicated report of child abuse or maltreatment.
- The provider has informed me whether any indicated reports of child abuse or maltreatment exist, who was the subject of the report: the provider, employees, volunteers who are likely to have regular contact with child(ren) in care, and, if care is provided in the provider's home, persons living in the home age 18 years or over.
- When an indication of child abuse or maltreatment exists, the provider has given me written information regarding such indication of child abuse or maltreatment. I understand I have the right to select another provider. I agree that I have carefully considered the information on child abuse and maltreatment indications that I have been given and I am selecting this provider.

- Yes.**
- No.**

D. PARENTAL ACKNOWLEDGEMENTS AND AGREEMENTS

1. PARENT RESPONSIBILITIES TO MONITOR QUALITY OF CARE

- ✘ I certify that I have selected this provider to care for my child(ren).
- ✘ I have reviewed each item on the Health and Safety Checklist and the Provider Behavioral Conditions Checklist with the provider, located in the Child Care Provider Section, and all information on the checklist is true and accurate.
- ✘ I understand it is my responsibility to monitor the quality of care my child(ren) receives from the child care provider.
- ✘ I understand that these agreements apply for as long as this provider is caring for my child(ren).

2. CHANGES TO ENROLLMENT INFORMATION

- ✘ I will notify the enrollment agency immediately if:
 - My address or phone number changes
 - I have any concerns about the health and safety of my child(ren) in the provider's care.

3. ELIGIBILITY AND PAYMENT ISSUES

- ✘ I will immediately notify the local social services district and my provider if the hours that I need child care or other circumstances related to my need or eligibility for child care change.
- ✘ I agree to pay my family share (fee), if any, as directed by the local social services district.
- ✘ I understand a child care provider who is the child(ren)'s parent, stepparent, adoptive parent, legal guardian or other person legally responsible for that child(ren) or who lives in my same household and has a child(ren) in common with me cannot be paid.
- ✘ I understand that the provider must be accepted for enrollment with the enrollment agency before any payment can be made.
- ✘ I understand a provider is not eligible to provide child care if the provider, any volunteer who is likely to have regular contact with my child(ren), any employee, or, for family child care, any person 18 years or older who is living in the home where child care is provided:
 - Has been convicted of a crime against a child(ren) or
 - Is listed on the Sex Offender Registry.
- ✘ I understand that my provider may not be eligible to provide child care and that the local social services district may not be able to pay the provider when:
 - The provider has a history of termination of parental rights, or
 - The provider has a history of Article 10 (child protective) removal of a child(ren) by family court order, or
 - The provider had a license or registration to operate a child day care program denied, revoked and/or suspended, or
 - The provider, any volunteer who is likely to have regular contact with my child(ren), any employee, or, for family child care, any person 18 years or older who is living in the home where child care is provided, has been convicted of a crime.
- ✘ I understand that if the provider is denied enrollment or has his or her enrollment terminated, the provider will be considered ineligible to provide child care.
- ✘ The local social services district cannot pay the provider or issue payment for care given by a provider who cannot be enrolled or who is ineligible. If I choose to use an ineligible provider, I am responsible to pay for the child care myself. I understand I have the right to select another provider.

4. HEALTH AND SAFETY REQUIREMENTS

- ✘ I understand that payment cannot be made until all items marked "No" on the Health and Safety Checklist and Provider Behavioral Conditions Checklist have been corrected.
- ✘ I understand that the provider must continue to meet all the basic health and safety requirements and behavioral conditions listed on the checklists.
 - The provider and I have inspected the home, completed the Health and Safety Checklist and the Provider Behavioral Conditions Checklists together.
 - All statements on the checklists are true and accurate.
 - The provider and I will notify and provide documentation to the enrollment agency when any item on the checklists has been corrected or changed.

5. PARENT CERTIFICATION

By signing this form I certify to the best of my knowledge that:

- I have reviewed the "Child Care Provider Section" of this form.
- I understand and agree to continue to meet all conditions stated above.
- I understand the decision to enroll my provider is based on the facts provided and attested to on the enrollment form. Providing false information or deliberately concealing information may result in an inaccurate determination of my provider's eligibility to provide subsidized child care, and/or a denial or termination of enrollment. If my provider provides child care services while enrolled under false pretenses, or while he or she is an ineligible child care provider, the Local Social Services District may refuse to issue child care subsidy payments, terminate child care subsidy payments, take legal action against me or the child care provider.
- Under the penalty of perjury, I agree that to the best of my knowledge all statements made on this enrollment form and any attachments to it are true and accurate.

PARENT/CARETAKER SIGNATURE	DATE
----------------------------	------



This enrollment form is a legal agreement. Make a copy of this form for your records. Return this form and its attachments to:

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

ENROLLMENT FORM FOR PROVIDER OF LEGALLY-EXEMPT GROUP CHILD CARE

Child Care providers who are not required by NYS law to be licensed or registered to operate a day care program use this form to enroll with a legally-exempt caregiver enrollment agency to provide subsidized child care.

Instructions: Please use black/blue pen.

- Provider/director: Complete the "Child Care Provider Section" of this form.
- Parent/caretaker: Complete the "Parent Information Section" of this form.
- The provider/director and parent/caretaker walk through and inspect the site, review both sections of the form, then sign and date where indicated.
- Submit the completed form to the enrollment agency serving the location where the child care is being provided.



I. CHILD CARE PROVIDER SECTION

A. CHILD CARE PROVIDER/DIRECTOR AND PROGRAM

1. Child Care Provider/Director Name:

Mr. Mrs. Ms.

Last First MI Suffix

Other names known by: _____
Maiden, married, aliases, etc

2. Program Name and Federal Identification Number (Complete only if applicable):

DBA (Doing Business As): _____ Federal Identification No: _____

Legal Name: _____

3. Identifying and Contact Information:

Enrollment Number: _____ Site Phone: () _____ Listed Unlisted
(If Applicable)

Date of Birth: / / _____ Home Phone: () _____ Listed Unlisted
(mm/dd/yyyy)

Gender (M or F): _____ Cell Phone: () _____ Fax: () _____

Social Security No.¹: _____ E-Mail Address²: _____ No E-Mail Address

4. Child Care Location: Give address where the child care is being provided.

Building Number Street Apt.

Address Line 2 Floor

City State Zip County

(For Enrollment Agency Use)	Received Date _____	(For Local District Use)	Parent's Case No. _____ Type: <input type="checkbox"/> WMS
	Complete Date _____		LSSD Office/Unit/Wkr. No. / /

¹ The social security number or federal identification number is **required when the local social services district issues child care subsidy payments** directly to a child care provider/director. Failure to provide the social security or federal identification number may delay payment. Social security number or federal identification of the provider/director is **optional** when the local social services district issues child care subsidy checks to subsidy recipient (parent/caretaker). If the social security number or federal identification is provided, it may also be used by federal, State & local agencies for federal reporting, to prevent duplication of services and to prevent fraud.

² The e-mail address, if given, may be used by the enrollment agency to contact you.

5. **Mailing Address:** Is your mailing address the same as the child care location address given above?

- Yes.**
- No.** If **No**, give address below.

Building Number	Street	Apt.
Address Line 2		Floor
City	State	Zip

6. Were you previously enrolled as a legally-exempt provider?

- Yes.** Year enrolled: _____. County where you resided: _____.
- No.**

7. List below the Counties/Districts issuing subsidy payments for child care you provide.

District: _____	Local ID/Vendor Number, ³ if any: _____
District: _____	Local ID/Vendor Number, if any: _____
District: _____	Local ID/Vendor Number, if any: _____

8. Do you read English? **Yes** **No.** If **No**, what language do you read best? _____.

9. Do you speak English? **Yes** **No.** If **No**, what language do you speak best? _____.

10. Does any other program provide child care at the SAME location you intend to provide child care?

- Yes. Describe:** _____
- No.**

B. Type of Legally-Exempt Child Care That You Provide

Indicate if your program is operated under the authority of another federal, State, or local government, or tribal agency in question 1 below, then indicate the type of care you provide in one of the following questions. Your answer to question 1 will determine whether you answer question 2 or 3 within this subsection B.

1. Are you legally operating under the auspices of another federal, State, or local government or a tribal agency?

- Yes.** I am legally **operating under the auspices** of another federal, State, or local government, or a tribal agency and my program is described in question B.2.

Since you are operating under the auspices of another federal, State, tribal or government agency you will answer question B.2 and then are required to complete only the sections and questions listed immediately below.

- Provider Subsection A: All.
- Provider Subsections F, G and H: All.
- Provider Subsection B: Questions 1 and 2.
- Parent Sections: ALL sections and questions.
- Provider Subsection C: Questions 1 and 3.

- No.** I am not operating under the auspices of another federal, State, or local government or a tribal agency AND I am not legally required to do such.

Since you are NOT required to operate under the auspices of another federal, State, tribal or government agency, please skip question B.2, but answer question B.3. You must then complete ALL remaining subsections and questions:

- Provider Subsection A: All.
- Provider Subsection C, D, E, F, G and H: All.
- Provider Subsection B: Questions 1 and 3.
- Parent Sections: All.

³ Provider Vendor Number is an optional identifying number assigned and used by the local social services district to track the provider.

Provider Name: _____ Enrollment Number: _____

1. PROGRAMS OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY:

Choose the statement which describes the **government agency you operate under** and your legally-exempt child care program. Check A, B, C, D, E, or F and answer related questions for that program.

- A) The program is operated in compliance with applicable **Federal** laws and regulations and is **located on federal property**.

Name of Federal agency where located: _____

The type of child care provided is: (check all that apply)

- day care center
- family day care home
- other child care program: _____

- B) The program is operated in compliance with applicable **Tribal** laws and regulations and is **located on Tribal property**.

Name of Tribe: _____

Name of Tribal Property where located: _____

The type of child care provided is: (check all that apply)

- day care center
- family day care home
- other child care program: _____

- C) The program operates under the auspices of the **NYS Department of Education** and
 - Is operated by a public school district that is providing elementary or secondary education or both in accordance with the compulsory education requirements of NYS Education Law, **AND**
 - The program(s) is (are) located on the same premises or campus where the elementary or secondary education is provided.

Name of school: _____

Name of school district: _____

The type of child care provided is: (check all that apply)

- nursery school programs providing services to children three years of age or older, for 3 hours or less per day, per child
- pre-kindergarten programs for children three years of age or older
- school-age child care programs conducted during non-school hours

- D) The program is my privately owned nursery school operating under the auspices of NYS Department of Education in accordance with Part 125 of its regulations,

- is voluntarily registered with the NYS Department of Education, and is
- providing services to children three years of age or older, for 3 hours or less per day, per child **AND**

I HAVE ATTACHED a copy of my current certificate of registration which is valid for up to 5 years.

Registration Number: _____ Date of Certificate of Registration: _____

- E) The program, **located within New York City**,
 - Has filed appropriate notice with the New York City Department of Education on a form provided or approved by the NYC Department of Education, **AND**
 - Is operated by a school recognized under the State Education law and which provides compulsory education for children, **AND**
 - Is located within such school and has identical ownership, operation management and control as the school, **AND**
 - Is a pre-kindergarten or kindergarten program of instruction for children no younger than 3 years of age through 5 years, **AND**

I HAVE ATTACHED a copy of my current Certificate of Filing from the NYC Department of Health **AND** Mental Hygiene (DOHMH).

Certificate of Filing Number: _____ Filing Date: _____

- F) The program is a **summer day camp operating under the jurisdiction of the Department of Health**. The program does NOT concurrently hold a current license or registration to operate a day care program issued by the New York State Office of Children and Family Services or by the New York City DOHMH for this site and program.

1) The summer day camp is operated under the jurisdiction of the: (choose the appropriate authority)

- New York State Department of Health (NYSDOH) in accordance with subpart 7-2 of the State Sanitary Code **OR**,
- New York City Department of Health and Mental Hygiene (NYCDOHMH).

2) Do you have a **current year** permit from the New York State Department of Health or the New York City DOHMH to operate as a legally-exempt summer day camp program?

- a) **Yes.** You must attach the permit. Check below to show you have met the requirement.
 - I HAVE ATTACHED** a copy of my current year permit from the NYS DOH or the NYC DOH. Permit number: _____ . Expiration date: _____ .
- b) **No.** You cannot be *fully enrolled* until you submit the current year summer camp permit from DOH. To be *conditionally enrolled* prior to the issuance of the current year's DOH summer camp permit, you must:
 - Attach proof that you have completed the application to DOH for a permit to operate a summer day camp, **AND**,
 - Have no outstanding compliance issues with the NYS DOH or NYC DOH, **AND**,
 - Agree to immediately notify the enrollment agency if you are *denied* a summer camp permit by the DOH or if you withdraw your request for a summer day camp permit, **AND**,
 - Agree to submit your current year's DOH summer day camp permit to the enrollment agency as soon as it is issued so that your enrollment will change from conditional enrollment to full enrollment. Failure to submit the permit in a timely manner will result in a termination of enrollment.

Check below to show item attached.

- I have ATTACHED proof of my application for the DOH permit. I submitted the camp permit application to DOH on (date): _____ .

3) Provide date that summer day camp opened or is scheduled to open: _____ .

2. PROGRAMS NOT OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY:

Choose the statement which describes your legally-exempt child care program(s) that *does not operate under the auspices* of a federal, State, or local government, or a tribal agency. Check **one** type, A), B) or C) and answer any related questions.

- A) The program(s) is (are) **operated by a private school or academy**, (give name of private school or academy _____),
 - which is providing elementary or secondary education or both, in accordance with the compulsory education requirements of the **NYS Education Law, AND**
 - The program(s) is (are) located on the same premises or campus where the elementary or secondary education is provided.

The type of child care provided is: (check all that apply)

- A nursery school, for children 3 years of age or older, for three or less hours per day per child
- A pre-kindergarten, for children 3 years of age or older, for three or less hours per day per child
- A program for school-aged children conducted during non-school hours.

- B) The program(s) is not voluntarily registered with NYS Education Department and is (are) operated by a non-profit agency or organization or a private proprietary agency (give agency/organization name): _____, **AND**,

The type of child care provided is: (check all that apply)

- A nursery school providing services to children for three or less hours per day per child.
- A program for pre-school aged children providing services to children for three or less hours per day per child.

- C) The program cares for not more than six school age children, is conducted during non-school hours and is not located in a residence.

C. OTHER QUALIFICATIONS & PROGRAM CHARACTERISTICS

1. Provider's Qualifications to Administer Medication (Only applies to Legally-Exempt Group Child Care programs that are not under auspices of another government agency, as explained in Subsection 1B).

NYS Law restricts the right to administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to specific medical professionals who are authorized by NYS to administer medication. Some individuals are exempt from this requirement based on their relationship to the child, family, or household and are "permitted" to administer medications including:

- The child's parent/caretaker, step-parent, legal custodian, legal guardian, or member of the child's household,
- Family members who are related within the 3rd degree of consanguinity to the child's parent or step- parent. This includes the child's grandparent, child's great-grandparent, child's great-great grandparent, child's aunt/uncle (and spouse), child's great aunt/uncle (and spouse), child's first cousin (and spouse), and child's brother/sister.
- Child care providers who are trained and authorized by the Office of Children and Family Services (OCFS), under a Health Care Plan for Administration of Medication, approved by a qualified health care consultant, and who are:
 - Operating in compliance with the NYS regulation which includes receiving training on medication administration,
 - Authorized by the child's parent/caretaker, step-parent, legal guardian, or legal custodian to administer medication, **AND**
 - Administering medication to subsidized children in care.

To receive OCFS authorization to administer medication, a child care provider must be at least 18 years of age and literate in the language in which the parental permissions and health care provider's instructions will be given.

Any person who is not authorized by NYS Law or not exempt from this legal requirement, may only administer over-the-counter topical ointments, sunscreen and topical insect repellent. Examples of medication they **MAY NOT ADMINISTER** include, but are not limited to: Tylenol, Ritalin, insulin, antibiotics, and ear, eye or nose drops.

A) Are you, your employee, or your volunteer legally permitted to administer medication to the child(ren) in subsidized care? Check statements 1, 2 or 3. Provide all other information as it applies.

1) **Yes. I am** a NYS medical professional **authorized** by New York State Department of Education (NYSED) to administer medication. Therefore, I **am** allowed to administer medication to children in my care when the provider has appropriate permissions from the parent(s) and in accordance with the health care provider's instructions.

a) Profession (Check one):

- Registered Nurse
- Nurse Practitioner
- Physician
- Physician Assistant

b) License number: _____.

c) I have attached a copy of the current NYS professional medical license.

IF MULTIPLE MEDICAL PROFESSIONALS EXIST, PLEASE ATTACH LIST SEPARATELY.

2) **Yes.** I have a Health Care Plan for the Administration of Medication (OCFS-LDSS-7000) approved within the past 2 years. Therefore the qualified medications administrant named below is authorized by OCFS to administer medication to subsidized children in my care according to the health care provider's instructions when there are appropriate permissions from the parent.

a) Plan approval date: _____.

I have attached a copy of the **first page AND the approval page** of my Health Care Plan for the Administration of Medication (OCFS-LDSS-7000).

b) Name of the qualified Medications Administrant: _____.

c) Health Care Consultant (HCC) name: _____.

d) Health Care Consultant Profession (Check one):

- Registered Nurse
- Nurse Practitioner
- Physician
- Physician Assistant

e) License Number: _____.

3) **No.** None of the above permissions apply to me. I am not authorized by OCFS or NYSED. I understand I **cannot administer** medication to child(ren) in care, **except:** over-the-counter topical ointments, sunscreen, and topically applied insect repellent.

3a) Are you interested in seeking OCFS authorization to administer medication to the child(ren) in subsidized care?

Yes. I want to learn how to start the process. Please send me the OCFS-LDSS-7007 Obtaining Authorization to Administer Medication to the Child(ren) in Legally-Exempt Care.

No. I will not be seeking authorization to administer medication at this time.

B) I agree I will administer medication in compliance with NYS Law and only to the extent, indicated by my choice above, that I am permitted by NYS Law to do so.

Yes. **No.**

C) If I have employees or volunteers, I will make sure that each of my employees and volunteers administers medication in compliance with NYS Law and only to the extent permitted by NYS Law.

Yes. **No.**

2. Program's Hours of Operation

(Check all that apply)

- Full Year
- School Year
- Summer Only (June-September)

3. Do you charge parents receiving subsidy the same amount you charge for non-subsidy child(ren) of the same age and similar care?

A) **Yes.**

B) **No.** If **No**, check statement 1 or 2 below.

1) I charge parents receiving subsidy **less** than I charge other parents.

2) I charge parents receiving subsidy **more** than I charge other parents.

D. HEALTH AND SAFETY CHECKLIST

(Only Applies to Groups That Are Not Under Auspices of Another Government Agency As Explained in Subsection I B)

The provider/director and the parent/caretaker complete this section together.

I meet and agree to continue to meet the basic health and safety requirements listed below.

Check an answer for each item below:

<u>YES</u>	<u>NO</u>	The provider/director meets the following basic health and safety requirements before caring for children:
<input type="checkbox"/>	<input type="checkbox"/>	1. The provider and all children have two separate & remote ways to leave the building in an emergency.
<input type="checkbox"/>	<input type="checkbox"/>	2. The rooms for the child(ren) at the program site are well-heated, well-lighted and well-ventilated.
<input type="checkbox"/>	<input type="checkbox"/>	3. The program site is free of unsafe areas (such as swimming pools, open drainage ditches, wells, holes, wood or coal burning stoves, fireplaces, and gas space heaters). If there are unsafe areas, sturdy barriers are in place around those areas that keep children from getting to them.
<input type="checkbox"/>	<input type="checkbox"/>	4. If child care is provided above the first floor, there are barriers or locks on the windows so the child(ren) cannot fall out.
<input type="checkbox"/>	<input type="checkbox"/>	5. The water supply at the program site is safe. There are working toilets and there is hot and cold running water all the time.
<input type="checkbox"/>	<input type="checkbox"/>	6. I, all employees, and volunteers who are likely to have regular contact with the child(ren) are physically, emotionally and mentally able to provide child care.
<input type="checkbox"/>	<input type="checkbox"/>	7. I, all employees, and volunteers who are likely to have regular contact with the child(ren) are free from any communicable diseases that pose a risk to the health and safety of the child(ren) in care. If I, any employee, or volunteer who is likely to have regular contact with the child(ren) has a communicable disease, I must have a statement from such person's health care provider that indicates that the presence of a communicable disease does not pose a risk to the health and safety of the child(ren) in care. <input type="checkbox"/> I have ATTACHED a doctor's statement, if I, any employee, or volunteer who is likely to have regular contact with the child(ren) has a communicable disease and that such disease does not pose a risk to the health and safety of the child(ren) in care.

YES	NO	The provider/director meets the following basic health and safety requirements before caring for children:
<input type="checkbox"/>	<input type="checkbox"/>	8. The program site is free of any dangerous or unsafe conditions that could hurt the child(ren). This includes but is not limited to: <ul style="list-style-type: none"> • Knives and other sharp objects are out of the reach of the child(ren). • Small rugs, runners, and electrical cords are held in place so the child(ren) won't trip. • Electrical cords do not run under furniture or rugs and are out of the reach of the small child(ren). • Extension cords are not overloaded. • Any guns and other firearms are unloaded and stored in a locked drawer or cabinet and the key is kept in a safe place. Ammunition is locked separately. • Cords to window blinds and shades are out of the reach of the child(ren). • Hot liquids are out of the reach of the child(ren). • Small items that the child(ren) could choke on are out of the child(ren)'s reach. • Carbon monoxide detectors are installed where the child(ren) that I provide care for sleep or nap and on each story of the program site where a carbon monoxide source is located.
<input type="checkbox"/>	<input type="checkbox"/>	9. All matches, lighters, medicines/drugs, cleaning materials, detergents, aerosol spray cans and other poisonous or toxic materials are stored in their original containers. Care is taken so that they do not come in contact with the child(ren), where food is prepared, or otherwise may be a danger to the child(ren). I store all of these potentially unsafe materials in an inaccessible area safely away from the child(ren).
<input type="checkbox"/>	<input type="checkbox"/>	10. The caregiver will give the child(ren) meals and snacks according to what the parent/caretaker and I have agreed.
<input type="checkbox"/>	<input type="checkbox"/>	11. The caregiver will refrigerate milk, formula and perishable food that goes bad if left out.
<input type="checkbox"/>	<input type="checkbox"/>	12. The caregiver will not heat formula, breast milk and other food items for infants in a microwave oven.
<input type="checkbox"/>	<input type="checkbox"/>	13. The caregiver will always allow the custodial parent/caretaker or caretaker to have unlimited access to his/her child(ren) in care, to the program site while the child(ren) is in care, and to any written records concerning the child(ren).
<input type="checkbox"/>	<input type="checkbox"/>	14. The caregiver will hold fire/evacuation drills monthly with the child(ren) during hours that the child(ren) are in care so that the child(ren) and I will know what to do in the case of an emergency.
<input type="checkbox"/>	<input type="checkbox"/>	15. The caregiver has a working telephone OR can get to one very quickly in an emergency. Emergency telephone numbers for the fire department, local or State police or sheriff's department, poison control center and ambulance service are posted near the phone and are easy to see.
<input type="checkbox"/>	<input type="checkbox"/>	16. I will use protective caps, covers or permanently installed safety devices on all electrical outlets that the child(ren) could reach when I am caring for the child(ren) under 5 years old.
<input type="checkbox"/>	<input type="checkbox"/>	17. Paint and plaster are in good repair so that there is no danger of the child(ren) putting paint or plaster chips in their mouths or of it getting into food.
<input type="checkbox"/>	<input type="checkbox"/>	18. I have at least one operating smoke detector on each floor of the program site. I will check regularly to make sure all detectors work.
<input type="checkbox"/>	<input type="checkbox"/>	19. I have a portable first aid kit at the program site that is easy to get to in an emergency and my first aid supplies are kept in a clean container or cabinet away from the child(ren). It is stocked to treat common childhood injuries and problems. I will always replace things in the first aid kit as soon as possible after something has been used or is too old to be used.
<input type="checkbox"/>	<input type="checkbox"/>	20. I have RECEIVED from the child(ren)'s parent/caretaker: <ul style="list-style-type: none"> • signed proof from a doctor or other health care provider that: the child(ren) has received all of the immunizations appropriate for the child(ren)'s age; OR • proof that one or more of the immunizations would harm the child(ren)'s health; OR • a statement saying that the child(ren) has not been immunized due to the parent/caretaker's religious beliefs.
<input type="checkbox"/>	<input type="checkbox"/>	21. The stairs, railings, porches and balconies are in good repair.

E. PROVIDER/PROGRAM BEHAVIORAL CONDITIONS

YES	NO	The provider/director meets the following basic health and safety requirements before caring for children:
<input type="checkbox"/>	<input type="checkbox"/>	1. I understand and agree that I will never use physical punishment or let others use physical punishment while child(ren) are in their care. Physical punishment means doing things directly to the child(ren)'s body to punish them, such as: <ul style="list-style-type: none"> • Spanking, biting, slapping, shaking, twisting, or squeezing; • Making the child(ren) do physical exercises beyond what is normal; • Forcing the child(ren) to stay still for long periods of time; • Making the child(ren) stay in positions that hurt the child(ren) or are bizarre; • Bathing the child(ren) in unusually hot or cold water; and • Forcing child(ren) to eat or have in the child(ren)'s mouth soap, foods, hot spices or foreign substances.
<input type="checkbox"/>	<input type="checkbox"/>	2. I understand and agree that I will never use or be under the influence of alcohol or drugs while the child(ren) are in care and will make sure that the child(ren) being cared for do not have contact with people using drugs or alcohol.
<input type="checkbox"/>	<input type="checkbox"/>	3. I understand and agree that I will not smoke or allow smoking in indoor areas or other enclosed areas, such as cars or other vehicles, when the child(ren) are present.
<input type="checkbox"/>	<input type="checkbox"/>	4. I understand and agree that I will never leave the child(ren) alone or unsupervised.

F. RELEVANT HISTORY

1. PROVIDER HISTORY

A) PROVIDER/DIRECTOR TERMINATION OF PARENTAL RIGHTS

I certify and attest that (*Check one*):

- I have **never had** my parental rights terminated under Social Services Law 384-b or equivalent legal authority.
- I **have had** my parental rights terminated under Social Services Law 384-b or equivalent legal authority.
- I have **ATTACHED** the OCFS-LDSS-4917⁴, History of Court-Ordered Removal Of A Child And/or Termination of Parental Rights.

B) PROVIDER/DIRECTOR COURT ORDERED ARTICLE 10 REMOVAL

I certify and attest that (*Check one*):

- I **have never had** a child removed from my care by court order in a proceeding under Article 10 (child protective) of the Family Court Act.
- I **have had** a child removed from my care by court order in a proceeding under Article 10 (child protective) of the Family Court Act.
 - I have **ATTACHED** the OCFS-LDSS-4917⁴, History of Court-Ordered Removal Of A Child And/or Termination of Parental Rights.

C) PROVIDER/DIRECTOR DAY CARE ENFORCEMENT

A child "day care" program includes licensed or registered day care centers, family day care homes, group family day care homes, small day care centers and/or school age child care programs.

- 1) I certify and attest that (*check one*):
 - I **have** had an application for a license or registration to operate a child day care program denied.
 - I **have not** had an application for a license or registration to operate a child day care program denied.
- 2) I certify and attest that (*Check one*):
 - I **have** had a license or registration to operate a child day care program revoked or suspended.
 - I **have not** had a license or registration to operate a child day care program revoked or suspended.
- 3) If you have been denied a license or registration to operate a child day care program, OR if you have had a license or registration to operate a child day care program revoked or suspended, complete the following:

Name and location of the child day care program(s) for which this action occurred:

- I have **ATTACHED** the OCFS-LDSS-4916³, History of Day Care Enforcement and Parental Acknowledgement.

⁴ If you need a copy of this form, please contact your local social services district or your legally-exempt child care provider enrollment agency.

2. PROVIDER, EMPLOYEES AND VOLUNTEERS

The provider/director must ask each employee and each volunteer who is likely to have regular contact with the child(ren) in care

- If they have been convicted of a crime.
- if they have been the subject of an indicated report of child abuse or maltreatment.

A) PERSONS HELPING TO CARE FOR CHILDREN IN MY CARE

Does your program have any employees, volunteers, and/or others who may help care for or be in contact with the children?

- No.**
- Yes. If yes, answer both questions below.**

1) Did you ask each employee and each volunteer who is likely to have regular contact with the child(ren) in care, if they have been convicted of a crime?

- Yes.**
- No.**

2) Did you ask each employee and volunteer who may be helping to care for or who have regular contact with the child(ren) if they have been the subject of an indicated report of child abuse or maltreatment?

- Yes.**
- No.**

B) CRIMINAL HISTORY

Have you, your employee, or your volunteer ever been convicted of a crime in New York State or any other place?

- Yes.** Give the name(s) of person(s) convicted: _____.
- I have **ATTACHED** the OCFS-LDSS-4915³, History of Criminal Convictions And Parental Acknowledgement .
- No.**

C) INDICATED REPORTS OF CHILD ABUSE OR MALTREATMENT

I have informed the parent/caretaker whether I, my employees, volunteers, and/or others who may help care for or be in contact with the children have been the subject of any indicated reports of child abuse or maltreatment. When an indication of child abuse or maltreatment exists, I have given the parent/caretaker, in writing, true and accurate information, including:

- a description of the incident(s), **AND**
- the date of the indication(s), **AND**
- any other relevant information regarding the indication(s).

- Yes.**
- No.**

G. PROVIDER AGREEMENTS AND CERTIFICATIONS

1. SUBMITTING UPDATES AND CHANGES OF ENROLLMENT INFORMATION

- ✘ I will immediately request and submit a new enrollment form to the enrollment agency if I start providing child care at a child care location different from the one given on this form.
- ✘ I will inform the enrollment agency immediately if there are changes in any information provided on the enrollment form or changes to the attachments.

2. INFORMATION SHARING

- ✘ I understand the enrollment agency and the local social services district will exchange information regarding my child care programs enrollment status.

3. ELIGIBILITY AND PAYMENT

- ✘ I understand that I may not be eligible to provide child care **AND** that the local social services district may not be able to pay me when:
 - I have a history of Article 10 (child protective) removal of a child by family court order, or
 - I have a history of termination of parental rights, or
 - I have a history of denial, revocation and/or suspension of a license or registration to operate a child day care program.
- ✘ I understand I am not eligible to provide child care if I, any volunteer who is likely to have regular contact with the child(ren), or any employee has been convicted of a crime against a child(ren).
- ✘ I understand that I may not be eligible to provide child care or receive payment if I, any volunteer who is likely to have regular contact with the child(ren), any employee, or any such other person listed in part C of this section, age 18 years or older has been convicted of a crime.

- ✘ I understand that if the enrollment agency determines I cannot be enrolled, then the local social services district cannot issue payment for care I have provided. I will not be paid by the local social service district for any child care that I provide to a child(ren) receiving a child care subsidy, while I am deemed an ineligible provider by the enrollment agency. The parent/caretaker has the right and responsibility to decide whether he/she wants to use me. If the parent/caretaker chooses to use me when I cannot be enrolled, the parent/caretaker is responsible to pay me for the child care.
- ✘ I understand that I must be enrolled with the enrollment agency before any payment can be made.
- ✘ I understand that I cannot be paid as a legally-exempt child care provider if I am the child(ren)'s parent, stepparent, adoptive parent, legal guardian or other person legally responsible for the child(ren) or if I live in the same household and have a child(ren) in common with the parent.
- ✘ I agree to provide accurate attendance records as required by the local social services district.
- ✘ I agree to collect the family share (fee) if instructed to do so by the local social services district. I will immediately notify the local social services district if the parent/caretaker fails to pay the required family share.
- ✘ I understand that I cannot be enrolled until all items marked, "No" on the Health and Safety Checklist have been corrected

4. OTHER AGREEMENTS

- ✘ I understand and agree to allow representatives of the enrollment agency, the local social services district and the State of New York access to the premises where subsidized child care is provided to confirm that information on my enrollment form and/or on attendance forms is true and accurate and that child care services are being provided as listed on these forms. I understand that if I do not allow such access, then I will be considered an ineligible provider, my enrollment will be terminated and I will not be paid by the local social services district.
- ✘ I understand that if I am denied enrollment that I may request that the enrollment agency review any extenuating circumstances to determine if an exception could be made to allow me to provide child care. If I request an exception, I will provide all documents or references required by the enrollment agency.
- ✘ I understand and agree to meet all of the conditions stated on this form for as long as I am providing child care. I understand that I am required to inform the enrollment agency and the parent/caretaker if there is a change in the information stated on the enrollment form.

H. PROVIDER CERTIFICATION

By signing this form I certify to the best of my knowledge that:

- I understand and agree to continue to meet all conditions stated above.
- **I have reviewed the "Parent Information Section" of this form.**
- I understand the decision to enroll me is based on the facts provided and attested to on the enrollment form. Providing false information or deliberately concealing information may result in an inaccurate determination of my eligibility to provide subsidized child care, and/or a denial or termination of enrollment. If I provide child care services while enrolled under false pretenses, or while I am an ineligible child care provider, the Local Social Services District may refuse to issue child care subsidy payments, terminate child care subsidy payments, take legal action against me or the parent/caretaker and I may be required to repay any money I receive for such services.
- Under the penalty of perjury, I agree that to the best of my knowledge all statements made on this enrollment form and any attachments to it are true and accurate.

PROVIDER SIGNATURE	DATE:
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II. PARENT INFORMATION SECTION

The parent/caretaker receiving or applying for child care subsidy must complete this section AND review the "Child Care Provider" Section.



A. PARENT/CARETAKER⁵ INFORMATION

1. Parent/Caretaker's Name:

Mr. Mrs. Ms. _____
Last First MI Suffix

Other names known by: _____
Maiden, married, aliases, etc

2. Identifying and Contact Information:

Date of Birth: ____/____/____ Home Phone: (____) _____ Listed Unlisted
(mm/dd/yyyy)

Work Phone: (____) _____ Cell Phone: (____) _____

E-Mail Address:⁶ _____ No E-Mail Address

3. Do you read English? Yes No. If No, what languages do you read best? _____.

4. Do you speak English? Yes No. If No, what languages do you speak best? _____.

5. Home Address: Is your home address the same as your mailing address? Yes No. If no, give mailing address below.

House Number Street Apt.
Address Line 2 Floor
City State Zip County/Borough

6. Mailing Address:

House Number Street Apt.
Address Line 2 Floor
City State Zip County/Borough

7. Your Child Care Subsidy Case:

Subsidy Paying County: _____ Temporary Assistance No.⁷: _____

Subsidy Case Number⁷: _____ Parent's CIN⁷ Number: _____

⁵ Caretaker means the child's parent, legal guardian, caretaker relative or any other person with whom a child lives and who has assumed responsibility for the day-to-day care and custody of the child.

⁶ The e-mail address if given may be used by the enrollment agency to contact you.

⁷ The Temporary Assistance Number, Subsidy Case Number and Parent's CIN (Client Identification Number) are optional. If given, they will be used to facilitate information sharing with the local social services district regarding your eligibility and payment for child care.

B. CHILD(REN) IN THE PROVIDER'S CARE

1. MY CHILD(REN) THAT THE PROVIDER CARES FOR.

A) Child's Name: _____
Last First

District CIN _____ Date of Birth: ____ / ____ / ____
(mm/dd/yyyy)

B) Child's Name: _____
Last First

District CIN _____ Date of Birth: ____ / ____ / ____
(mm/dd/yyyy)

C) Child's Name: _____
Last First

District CIN _____ Date of Birth: ____ / ____ / ____
(mm/dd/yyyy)

D) Child's Name: _____
Last First

District CIN _____ Date of Birth: ____ / ____ / ____
(mm/dd/yyyy)

2. MY CHILD(REN)'S MEDICATION NEEDS

I am responsible for deciding how my children's medication needs will be met.
I understand that child care providers **cannot** administer medication to the child(ren) in my care, *except as follows*:

- o Any child care provider may administer only *over-the-counter topical ointments, insect repellent, and sunscreen*, with the parent's permission.
- o When the child care provider is a licensed physician, physician's assistant, registered nurse, or nurse practitioner, the provider can administer prescription and over-the-counter medication to the subsidized child(ren) with the parent's permission.
- o When the child care program is authorized by OCFS and following a Health Care Plan for the Administration of Medication, the medications administrant designated in the Health Care Plan for the Administration of Medication may administer over-the-counter medication and some prescription medication to subsidized child(ren) with the permission of the parent and following physician's instructions.
- o OCFS does **not** "authorize" legally-exempt group programs operating under the auspices of a federal, State or local government or tribal agency to administer medications. Such programs must follow the regulations set forth by the federal, State or local government or tribal agency that the program is operating under.

I have read section above regarding the extent to which a child care provider can administer medication. I have read the Provider's Qualifications to Administer Medication in Section I subsection C and I understand whether he or she is legally permitted to administer medication to my child(ren). My child care provider and I have discussed who will administer medication to my child(ren) while the child(ren) is in the provider's care and we have agreed that:

- I will be responsible for the medication needs of the following children:
_____.
- The provider will be responsible for the medication needs of the following children:
_____.

3. MY CHILD(REN)'S MEALS AND SNACKS

For each child(ren) listed on the preceding page, either the parent or the provider must provide meals and snacks. Who will provide meals and snacks for your child(ren) while in care?

I will be responsible for the meals and snacks for the following child(ren): _____.

The provider will be responsible for the meals and snacks for the following child(ren): _____.

B. RELEVANT HISTORY OF THE PROVIDER AND PEOPLE AT THE CHILD CARE LOCATION

1. I understand the child care provider must tell me whether the following people, who may be in contact with my child(ren), have been the subject of an indicated report of child abuse or maltreatment:

- the provider,
- volunteers who are likely to have regular contact with child(ren) in care,
- employees, and
- if care is not provided in my home, persons living in the home age 18 years or older.

Yes.

No.

- I have specifically asked the provider if the provider, volunteers who are likely to have regular contact with child(ren) in care and/or employees, have been the subject of an indicated report of child abuse or maltreatment.
- The provider has informed me whether any indicated reports of child abuse or maltreatment exist, which name as subject of the report: the provider, employees and/or volunteers who are likely to have regular contact with child(ren) in care.
- When an indication of child abuse or maltreatment exists, the provider has given me written information regarding such indication of child abuse or maltreatment. I understand I have the right to select another provider. I agree that I have carefully considered the information on child abuse and maltreatment indications that I have been given and I am selecting this provider.

Yes.

No.

C. PARENTAL ACKNOWLEDGEMENTS & CERTIFICATIONS

1. PARENT RESPONSIBILITIES TO MONITOR QUALITY OF CARE

- ✘ I certify that I have selected this provider/program to care for my child(ren).
- ✘ I have reviewed each item on the Health and Safety Checklist and the Provider/Director Behavioral Conditions Checklist with the provider, located in the Child Care Provider Section, and all information on the checklists is true and accurate.
- ✘ I understand it is my responsibility to monitor the quality of care my child(ren) receives from the child care provider.
- ✘ I understand that these agreements apply for as long as this provider is caring for my child(ren).

2. CHANGES TO ENROLLMENT INFORMATION

- ✘ I will notify the enrollment agency immediately if:
 - My address or phone number changes
 - I have any concerns about the health and safety of my child(ren) in the provider's care.

3. ELIGIBILITY AND PAYMENT ISSUES

- ✘ I will immediately notify the local social services district and my provider if the hours that I need child care or other circumstances related to my need or eligibility for child care change.
- ✘ I agree to pay my family share (fee), if any, as directed by the local social services district.
- ✘ I understand that the provider must be accepted for enrollment with the Enrollment Agency before any payment can be made.
- ✘ I understand a provider may not be eligible to provide child care if the provider, any volunteer who is likely to have regular contact with my child(ren) or any employee has been convicted of a crime.
- ✘ I understand a provider is not eligible to provide child care if the provider, any volunteer who is likely to have regular contact with my child(ren), or any employee has been convicted of a crime against a child(ren).
- ✘ I understand a provider is not eligible to provide child care if the provider is listed on the Sex Offender Registry.

- ✘ I understand a provider is not eligible to provide child care if the provider, any volunteer who is likely to have regular contact with my child(ren) or any employee has been convicted of a crime against a child(ren), or a violent or other serious crime.
- ✘ I understand that my provider may not be eligible to provide child care and that the local social services district may not be able to pay the provider when the provider has a history of:
 - Termination of parental rights, or
 - Article 10 (child protective) removal of a child(ren) by family court order, or
 - Denial, revocation and/or suspension of a license or registration to operate a child day care program.
- ✘ I understand that if the provider is denied enrollment or has his or her enrollment terminated, the provider will be considered ineligible to provide child care. The local social services district cannot pay the provider or issue payment for care given by a provider who cannot be enrolled or who is ineligible.
 - If I choose to use an ineligible provider, I am responsible to pay for the child care myself.
 - I understand I have the right to select another provider.

4. HEALTH AND SAFETY REQUIREMENTS

- ✘ I understand that for group child care programs not operating under the auspices of another federal, State, or local government or tribal agency that:
 - Payment cannot be made until all items marked "No" on the Health and Safety Checklist have been corrected.
 - The provider must continue to meet all the basic health and safety requirements listed on the checklist.
 - The provider and I have inspected the program site and completed the Health and Safety checklist together.
 - All statements on the Health and Safety checklist are true and accurate.
 - The provider and I will notify and provide documentation to the enrollment agency when any item on the checklist has been corrected or changed.

5. PARENT CERTIFICATION

By signing this form I certify to the best of my knowledge that:

- **I have reviewed the "child care provider" section of this form.**
- I understand and agree to continue to meet all conditions stated above.
- I understand the decision to enroll my provider is based on the facts provided and attested to on the enrollment form. Providing false information or deliberately concealing information may result in an inaccurate determination of my provider's eligibility to provide subsidized child care, and/or a denial or termination of enrollment. If my provider provides child care services while enrolled under false pretenses, or while he or she is an ineligible child care provider, the Local Social Services District may refuse to issue child care subsidy payments, terminate child care subsidy payments, take legal action against me or the child care provider.
- Under the penalty of perjury, I agree that to the best of my knowledge all statements made on this enrollment form and any attachments to it are true and accurate.

PARENT/CARETAKER SIGNATURE	DATE
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This enrollment form is a legal agreement. Make a copy of this form for your records.
Return this form and its attachments to:

**NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES**

HISTORY OF DAY CARE ENFORCEMENT AND PARENTAL ACKNOWLEDGMENT
18 NYCRR, 415.4 (F)(8)(III)(A)

Applies to Child Care Provider only.

1. Name of Child Care Provider: _____
2. Name of Day Care Program having enforcement action: _____
3. Location: _____
4. Type(s) of Enforcement Action (*Check all that apply*): Denied Revoked Suspended
5. Dates of Enforcement Actions: _____

- Describe what led to the denial, revocation or suspension of your license/registration to operate a child day care program:

- Explain the underlying reasons why this occurred:

6. Other Relevant Information:

I attest the above information is a true and accurate summary.

PROVIDER SIGNATURE	DATE:
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PARENT ATTESTATION

- I understand that the provider I have selected named above, has a history of daycare enforcement described above. I may request that the Enrollment Agency consider this provider for enrollment.
- I understand that I have the right to select another provider. If I need help locating another provider, I can request such help from the local child care resource and referral agency and/or the local district. I hereby waive this right and, by signing this form, I am stating that I choose to have this provider care for my child.

PARENT/CARETAKER SIGNATURE:	DATE:
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PRINT PARENT/CARETAKER NAME:	DATE:
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NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

HISTORY OF TERMINATION OF PARENTAL RIGHTS AND/OR COURT-ORDERED ARTICLE 10-REMOVAL OF A CHILD AND PARENTAL ACKNOWLEDGMENT 18 NYCRR 415.4 (F)(8)(II)(A)(2)

Applicable to Child Care Provider only.

NAME OF CHILD CARE PROVIDER:	
DATE(S) OF REMOVAL/TERMINATION:	NAME OF COURT:
NAMES OF CHILDREN INVOLVED:	COUNTY AND STATE:

TYPE OF COURT INVOLVEMENT (*Check all that apply*):

A) Judicial Termination of Parental Rights Under Social Services Law 384-b

1) Legal Reason for Judicial Termination of Parental Rights:

a) Permanent Neglect; b) Mental Retardation; c) Severe or Repeated Abuse;

d) Other, _____

B) Court-Ordered Removal of a Child under Family Court Act Article 10 (Child Protective)

1) Judicial Finding:

a) Neglect; b) Abuse; c) Severe or Repeated Abuse; d) No Finding,

2) If no judicial finding, give reason:

a) Article 10 Petition never filed with court; b) Article 10 Petition withdrawn;

c) Case was dismissed d) Other, _____

- **Describe** the situation(s) that led to the termination of parental rights and/or the removal of children

- **Explain** the reasons underlying the termination of parental rights and/or the removal of children
Attach additional pages if necessary.

I attest the above information is a true and accurate summary.

SIGNATURE OF PROVIDER:	DATE:
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PARENT ATTESTATION

I understand that the provider named above has a history of termination of parental rights and/or a child protective removal of a child, described above. I may request that the Enrollment Agency consider this provider for enrollment. I understand that I have the right to select another provider. If I need help locating another provider, I can request such help from the local child care resource and referral agency and/or the local district.

I hereby waive this right and, by signing this form, I am stating that I choose to have this provider care for my child.

SIGNATURE OF PARENT/CARETAKER:	DATE:
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PRINT PARENT/CARETAKER NAME:	DATE:
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