



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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Office of Procedures

POLICY DIRECTIVE #16-05-EMP

(This Policy Directive Replaces PD #15-25-EMP, CD #16-03)

ENROLLMENT PROCESS FOR LEGALLY-EXEMPT (INFORMAL) CHILD CARE PROVIDERS

Date: March 8, 2016	Subtopic(s): Employment, Child care
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AUDIENCE	The instructions in this policy directive are for all staff in the Job Centers, the Training Assessment Group (TAG), and all other staff involved in child care processing.
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REVISIONS TO THE ORIGINAL DIRECTIVE	<p>This policy directive has been revised to update the following information:</p> <ul style="list-style-type: none"> • The Taxpayer Identification Number (TIN) for the legally-exempt child care provider must be provided. Documentation of the TIN is not required. • A new notice, the Provider Taxpayer Identification Number (TIN) Denial Letter (FIA-1158b), has been created. This notice will be sent by the Child Care Review Team (CCRT) to the child care provider that gets an invalid TIN result. • All references to the Child Care Appointment Confirmation and Contact List (CS-667C) is replaced with the Child Care Appointment Confirmation and Contact List (W-273J). • Attachment A has been revised with updated contact information.
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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 child care provider who is accessible, affordable, suitable, and secure.
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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

Child care 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 child care services most appropriate for the child's needs including a legally-exempt (informal) child care provider.

Children in foster care status with New York City Administration for Children's Services (ACS) must be in licensed care. Legally-exempt providers cannot be used for foster care children.

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

Note: NYC's child day care centers are required to obtain a permit to operate a group child care services program but do not require a license from OCFS.

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

- that the site where the child care will be provided meets all health and safety standards;
- that the provider has 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 child care 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.

Note: If the provider is providing child care services in the child's home, the provider does not have to provide information for individuals over 18 who live with them.

BACKGROUND

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

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 child care;
- Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) applicants/participants utilizing legally-exempt providers; and
- Child care providers.

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

Licensed/registered child care providers do not need to be assessed by WHEDCO

WHEDCO is responsible for enrolling, monitoring, and inspecting all legally-exempt child care providers who render child care services citywide. Either WHEDCO or ACS, is responsible for checking the provider's background by searching:

Note: Background checks are not required for individuals over 18 years of age who live with the provider if the provider is providing child care services in the child's home.

- 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 Child Care 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 child care 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 child care providers into CCFS;
- inspecting the facilities where the child care services are provided (if other than the child's own home) in order to monitor compliance with health and safety requirements;

- determining if the child care provider can be approved for payment;
- entering the initial preliminary decision on the provider's status into CCFS;
- stamping a code on the Child Care 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.

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 include 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 child care services are provided, etc.

Same-day decisions by WHEDCO

When 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** Child Care 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** Child Care 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 reviewed (no change in information) and is not over capacity.

- 13EM** Child Care 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** Child Care Provider Denied – There was information found by the EA that rendered this provider ineligible to care for children. The Agency cannot authorize this provider for payment and a new provider must be selected.

Return appointments resulting from EA's decision.

Refer to [PB #14-69-OPE](#) for information on child care return appointments.

All child care return appointments are made using the regular child care return appointment codes **933S/933D** (Applicants) or **133S/133D** (Participants). Decisions made by the EA such as codes **13ED** or **13EM** require a new child care 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 eligible to be 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 child care provider in the interim while the legally-exempt provider is pending investigation.

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

Terminated or suspended providers

When a full review 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 and the parent/guardian that the provider is no longer eligible for enrollment and the reason for that determination.

Call-in appointments

A change in the provider status to “terminated” or “emergency inactive” (formerly Suspended status) indicates a breakdown in child care that may affect the parent’s/guardian’s ability to comply with an assigned work activity. This change in status will result in NYCWAY 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** (child care call-in appointment) code will be posted on the **CALLD** worklist. Regional Managers/Center Directors must ensure that appropriate slots are maintained in order for the batch call-in appointment to be systemically generated for this call-in activity.

Code **13EC** will generate a Child Care 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 child care situation and find alternate child care.

The engagement assignment will be terminated to allow the parent/guardian time to seek appropriate child care 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.

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

ACS Legally-Exempt Provider (LEP) Support Unit

The LEP Support Unit (formerly the Quality Assurance unit) is a unit within ACS/Division of Early Care and Education responsible for:

- conducting child welfare and criminal background checks on child care providers seeking approval as a Legally-Exempt Provider through WHEDCO.
- updating the status of LEPs in ACCIS based on WHEDCO's determination. This includes:
 - terminating child care enrollments in ACCIS;
 - terminating providers in ACCIS; and
 - reactivating a denied/closed-terminated provider in ACCIS once they have been approved by WHEDCO.

The Legally-Exempt Provider Support Unit is not responsible for making child care enrollments.

Requesting Taxpayer Identification Number for Legally-Exempt (Informal) Child Care Providers

Once the legally-exempt child care provider is approved by WHEDCO, the applicant/participant must provide the Taxpayer Identification Number (TIN) of the provider. The TIN is either the provider's Social Security Number or Employer Identification Number. The TIN must be validated before a new provider is entered into ACCIS and before the child can be enrolled with the provider regardless of whether the provider is new to ACCIS or not.

Applicants/participants must give the TIN for the informal provider that he/she selects as the child care provider. The TIN is either the informal provider's Social Security Number (SSN) or the Employer Identification Number (EIN).

The Child Care Review Team (CCRT) is responsible for performing the TIN match in the E-IRS system. The CCRT must enter verification of this match into ACCIS and inform the JOS/Child Care Specialist of the results of the match. TIN results are identified using a TIN "Result Code". See **Attachment C** for a list of these codes and their definitions.

The CCRT is also responsible for mailing the Provider Taxpayer Identification Number (TIN) Denial Letter (**FIA-1158b**) to the child care provider that gets an invalid TIN result. The notice gives the child care provider 15 business days to submit a valid TIN number or correct the discrepancy.

For providers that are known to ACCIS, if no information is received by the 15th business day, all enrollments will be dropped and the case status will be changed to close in ACCIS.

For providers that are new and not known to ACCIS, the JOS/Child Care Specialist cannot enter his/her information into ACCIS and cannot enroll a child with the informal provider until a valid result code of the TIN match has been documented.

TIN numbers must be validated by CCRT even if:

- the informal child care provider is known to ACCIS.
- the validation was done seven days ago.

Note: When a valid TIN result is completed by CCRT, the worker must enroll the child with the provider in ACCIS as soon as possible. If the enrollment is not done within seven days after CCRT has completed a valid TIN validation, the JOS/Child Care Specialist must request another TIN validation from CCRT.

REQUIRED ACTION **Child Care Application Process**

When the applicant/participant indicates that he/she requires assistance with child care, the JOS/Worker must follow the actions in PD #16-01-EMP “Required Child Care Actions”.

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

See [PD # 16-01-EMP](#).

- issue the child care packet.
- include Form **W-603AA** in the child care packet which informs the applicant/participant of the criteria for legally-exempt child care;
- explain to the applicant/participant 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 child care packet;
- enter the applicant’s/participant’s case number on Form **CS-274W** in the case number box;

- explain to the applicant/participant that if he/she must secure child care services from a legally-exempt child care provider, or a caregiver of a legally-exempt group child care, the provider must be enrolled by WHEDCO before payment can be authorized;
- explain to the applicant/participant that he/she has the following options of where to go to have the provider enrolled with WHEDCO:
 - Return to the on-site enrollment agent.
 - Go to the WHEDCO central office or HUB.
 - Have the provider go to the WHEDCO central office or HUB.
- explain to the applicant/participant that Forms **OCFS-LDSS-4699**, **OCFS-LDSS-4700** and **CS-274W** and any other related child care forms must be reviewed and that Form **CS-274W** must be stamped by WHEDCO prior to his/her child care return appointment;
- explain to the applicant/participant that verification of identity and address of the provider must be submitted;
- inform the applicant/participant that the provider's TIN must be entered in the **CS-274W** and emphasize that the number (SSN or EIN) must be accurate and the name of the provider must match the name associated with the TIN provided.
- initiate the Employability Plan (EP).
- scan and index the **W-273NN**
- give the **W-273NN** to the applicant/participant.
- issue the applicant the appropriate carfare.

See **CS-574FF** for list of acceptable documents.

Updated information

Refer to [PD #16-01-EMP](#) pages 9 & 10 for required child care actions in the EP.

Initial child care return appointment

Note: Participants are not issued carfare.

Applicant/Participant Returns to the Job Center

Applicant/Participant Returns with a Temporary Approval or 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 or approval of a legally-exempt child care provider, the Child Care Specialist, must:

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

- ensure Form **CS-274W** is stamped with code **13ET** or **13EA**;
- check the Welfare Management System (WMS), the Paperless Office System (POS), and/or the OneViewer to make sure the child care provider is not an ineligible provider because he/she is the absent parent or part of the Child Care Service Unit (CCSU);

See **CS-574FF**

Updated information

Scanning and indexing of documents must be done prior to emailing the CCRT. The CCRT will be looking in the OneViewer for documents.

- obtain verification of the provider's identity and address from the parent/guardian;
- ensure that the TIN for the provider is entered in the Provider's Social Security/License Number/EIN area of the **CS-274W**;
- match demographics (name and address) on the forms with the documentation submitted;
- scan and index Form **CS-274W**, the first two pages of Form **OCFS-LDSS-4699/4700**, and the provider proof of identification, TIN and address into the case file;
- send email to CCRT via FIA CCRT Mailbox requesting the TIN validation of the temporarily approved informal provider. The email must include the following information:
 - Subject Line: (Center number, example 97) TIN Confirmation Request for CA case (Applicant/participant name)
 - Message must contain the:
 - CA case name and number.
 - Provider's name and type of verification that was indexed.
 - Requestor's name and phone number.

If Outlook (email) is temporarily unavailable, the Child Care Specialist can call CCRT at:

(929) 252-5548, (929) 252-5538, (929) 252-5526 or
(929) 252-5539.

Note: The JOS/Child Care Specialist must wait with the applicant/participant present for an email response from CCRT with the TIN result code. Refer to **Attachment C** for TIN result codes and their meaning. See page 25 for actions taken by the Child Care Review Team to validate the TIN.

If a valid TIN result is received, the JOS/Child Care Specialist must:

- enter the child care provider information into ACCIS.
- enroll the child with the provider.
 - give the participant the Authorization for Child Care Payment (**CS-273K**) form.
 - Give the applicant the Notice of Temporary Child Care Assistance (**FIA-1100B**).
- update the EP with child care in place using Child Care Type **2**;

- refer the applicant/participant to the Back to Work (B2W) vendor or make the appropriate assignment referral to the employment vendor.

If an invalid TIN result is received, the JOS/Child Care Specialist must attempt to resolve the discrepancy. If the discrepancy cannot be resolved, the JOS/Child Care Specialist must give the applicant/participant a child care return appointment with the following options:

- If the applicant/participant wants to stay with the selected child care provider and would like to have additional time to obtain the correct TIN, he/she can return with the correct TIN information.
- If the applicant/participant wants to find a new provider with a valid TIN, give him/her new blank child care forms for a new provider to complete.

Applicant/Participant Returns with a Denial from the EA

The Child Care 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;
- 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 child care 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 **933D** to schedule another five-day child care return appointment; and
- issue the appropriate carfare to applicants only.

Applicant/Participant Returns with a Decision Pending from the EA

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

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

1st return appointment based on EA decision

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

The Child Care 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 make a determination for this provider until a full review is completed. Therefore, he/she must seek another provider.
- 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 child care 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 child care return appointment;
- enter Action Code **933S** to schedule another five-day child care return appointment; and
- issue the appropriate carfare to applicants only.

1st return appointment based on EA decision

Provider enrollment forms not completed

For cases in which the Child Care Specialist learns the provider enrollment forms are not complete, the Child Care Specialist must:

- give the applicant/participant two more licensed child care 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 child care 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 child care Action Code **933D** to schedule another five-day child care 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 child care forms completed but he/she did not go to the EA, the Child Care Specialist must refer the applicant/participant to the EA.

Applicant/Participant Returns for His/Her Second Child Care Return Appointment

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| 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/Child Care Specialist must follow the instructions for Temporary Approval in this directive. |
| 2) Applicant/participant returns with a denial | <p>If the applicant/participant returns with a denial from the EA for the second legally-exempt child care provider and he/she has not obtained child care, the JOS/Worker or Child Care Specialist must:</p> <ul style="list-style-type: none"> • ensure Form CS-274W is stamped with code 13EM; • 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 child care with a regulated child care 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 the Child Care Appointment Confirmation and Contact List (W-273J); |
| 2nd return appointment based on EA decision | <ul style="list-style-type: none"> • enter Action Code 933D to schedule another five-day child care return appointment; and • issue the appropriate carfare to applicants only. |
| Applicant/participant returns with a provider decision pending | <p>If the applicant/participant returns with a pending decision for his/her second legally-exempt child care provider, the JOS/Worker/Child Care Specialist must:</p> <ul style="list-style-type: none"> • 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 child care with a regulated child care 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 W-273J; |

2nd return appointment based on EA decision

- enter Action Code **933D** to schedule another five-day child care return appointment; and
- issue the appropriate carfare to applicants only.

See [PD #14-27-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 child care 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 **W-273J**;
- enter Action Code **933D** to schedule another five-day return appointment; and
- issue the appropriate carfare to applicants only.

No child care slots available

If there are no regulated child care 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 child care every ninety days. The Worker must inform the applicant/participant that during the 90-day exemption he/she must continue to seek appropriate child care for his/her child(ren) and provide a new child care packet. Refer to PD #16-01-EMP for required actions to exempt the applicant/participant from engagement.

Applicant/Participant Returns and Wants Regulated/Contracted Care

If the applicant/participant returns with the decision to use regulated/Contracted Care, the JOS/Worker/Child Care Specialist must follow the actions in [PD #16-01-EMP](#) and [PD #14-27-EMP](#).

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 Child Care 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 child care provider to the previously pended legally-exempt provider, the JOS/Worker/Child Care Specialist must:

- confirm the child care provider is approved by viewing the status of the provider in ACCIS on the **Provider Maintenance** screen;
- check the OneViewer for the original **CS-274W** form to obtain the provider information;
- obtain verification of identity, TIN and address for the newly approved provider;
- match demographics on the forms with the documentation submitted;
- scan and index the provider information into the electronic file;
- send email to CCRT via FIA CCRT Mailbox to validate the TIN of the approved informal provider. The email must include the following information:
 - Subject Line: (Center number, example 97) TIN Confirmation Request for CA case (Applicant/participant name)
 - Message must contain the:
 - CA case name and number.
 - Provider's name and type of verification that was indexed.
 - Requestor's name and phone number.

If Outlook (email) is temporarily unavailable, the Child Care Specialist can call CCRT at:

(929) 252-5548, (929) 252-5538, (929) 252-5526 or
(929) 252-5539

Note: The JOS/Child Care Specialist must wait with the applicant/participant present for an email response from CCRT with the TIN result code. Refer to **Attachment C** for TIN result codes and their meaning. See page 26 for actions taken by the Child Care Review Team to validate the TIN.

If a valid TIN result is received, the JOS/Child Care Specialist must:

- enter an end date for the existing provider;
- add the new provider information in ACCIS; and
- enroll the child(ren) with the provider.

If an invalid TIN result is received, the JOS/Child Care Specialist must attempt to resolve the discrepancy. If the discrepancy cannot be resolved, the JOS/Child Care Specialist must give the applicant/participant a child care return appointment with the following options:

- If the applicant/participant wants to stay with the selected child care provider and would like to have additional time to obtain the correct TIN, he/she can return with the correct TIN information.
- If the applicant/participant wants to find a new provider with a valid TIN, give him/her new blank child care forms for a new provider to complete.

Temporarily Approved Legally-Exempt Child Care Provider is Now Terminated

When the EA makes a final decision to terminate a temporarily approved provider, the EA will enter his/her decision in CCFS, which will generate a notice to the provider and the parent/guardian.

NYCWAY will post Action Code **13EB** that indicates the provider has been terminated and child care is no longer in place for the child/children that were enrolled with the provider.

Participant is in a work assignment

At the posting of Action Code **13EB**, the B2W, 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.

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

Regional Managers/Center Directors must ensure that appropriate slots are maintained in order for the batch call-in appointment to be systemically generated for this call-in activity.

Applicants	<p>If an applicant receives a termination of his/her legally-exempt child care provider before the case is accepted, NYCWAY will post Action Code 93EB to indicate that a provider has been terminated and child care is no longer in place. The B2W assignment will be terminated and the applicant will have to come in to the Job Center to change the provider information.</p>
<p>Form W-274CC instructs the applicant (who is now the participant) on how to obtain the child care provider forms prior to his/her child care appointment.</p>	<p>If the applicant does not come in to the Job Center to address the child care issues prior to case acceptance, once the case becomes active, Action Code 13EB will post in NYCWAY 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 Supplemental Nutrition Assistance Program (SNAP) benefits.</p>
Participants	<p>When the participant reports for the appointment, the JOS/Child Care Specialist must follow the process beginning on page 9 (Applicant/Participant Returns to Center).</p>
	<p>If the participant fails to keep the engagement call-in appointment, he/she will be subject to conciliation in accordance with current employment procedures.</p>
	<p><u>Requesting Reactivation of a LEP in ACCIS Once Approved by WHEDCO</u></p>
	<p>A legally-exempt provider who has been denied/closed or terminated in ACCIS may subsequently be approved by WHEDCO once the disqualifying condition has been rectified. Once the parent/legal guardian has provided verification of WHEDCO's approval (an updated and stamped CS-274W), the child care provider screen must be reactivated in ACCIS before the child can be enrolled with the provider.</p>
	<p>In order to complete a child care enrollment with a Legally-Exempt Provider when the Provider screen is closed in ACCIS, the JOS/Child Care Specialist must call or email the designated contact person in the ACS LEP Support unit, who will reactivate the LEP in ACCIS.</p>
	<p>See the Legally-Exempt Provider Support Unit - Contact Information (Attachment B) for the LEP Support unit phone number and email address for each borough. Please <u>do not</u> advise parents/providers to call or visit WHEDCO, ACS Child Care Support Services, ACS Transitional Child Care, the Legally-Exempt Support unit, or the Case Review and Support (CRS) unit to request the reactivation of the provider's screen in ACCIS or to complete the child care enrollment. These phone numbers and email addresses are for agency use only.</p>

The following information must be provided when calling or emailing the LEP Support Unit to request the reactivation of a Provider screen:

- Provider ACCIS #
- Provider Name

If you are unable to reach someone from the LEP Support Unit immediately, send the reactivation request via email to:

george.cheung@acs.nyc.gov AND devon.gayle@acs.nyc.gov

Provider reactivation requests via telephone will be done immediately.

When the reactivation of the Provider screen has been successfully completed by the LEP Support Unit, the JOS/Worker must complete the child care enrollment(s) in ACCIS.

Jamaica Job Center #54

The central WHEDCO location in Queens located in the Jamaica Job Center services both CA/SNAP and non-CA/SNAP 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 child care for its participants as per current procedure.

Revised information

For those participants who utilize a legally-exempt child care provider, TAG must:

Refer to Attachment A for WHEDCO Hub locations.

- refer him/her to the Job Center or the WHEDCO Hub if there is no WHEDCO office at the participant's Job Center.
- request verification of identity, TIN and address of the child care provider.
- send email to CCRT as per instructions on page 15 of this policy directive.

However, if a TAG participant's child care 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 child care 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**.

Cash Assistance Recertification Process

At the time a participant is scheduled for a Cash Assistance recertification, the child care issues must be reviewed. There are two types of issues Workers must address:

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

Participants who now want to change providers or who select a legally-exempt child care provider will be given forms **CS-274W**, **OCFS-LDSS-4699** and **OCFS-LDSS-4700** along with a child care 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/Child Care Specialist. Required informal provider documentation must be submitted. The TIN must be entered in the **CS-274W** and the TIN must be validated by the CCRT.

2) Participants who must be engaged and are in need of child care:

Participants who are now required to be engaged and need child care are to be given an appointment for two licensed child care providers and the option to choose a legally-exempt child care provider. The JOS/Worker/Child care Specialist must follow the instructions beginning on page 8 (Child care Application Process).

Validation of TIN Process Completed by CCRT

When the CCRT receives an email requesting validation of the TIN for a WHEDCO approved informal child care provider, the CCRT will take the following actions:

- Review the documents submitted for the child care provider in the OneViewer.
- Perform the TIN Match via E-IRS system.
- Print the TIN Match Confirmation of the validation results;
- Scan and index the printed confirmation into the Inter/Intra Agency Correspondence folder – Document Type – TIN Confirmation Results.
- Enter the TIN results and a comment into ACCIS.
- Mail the **FIA-1158b** to the provider with an invalid TIN verification code.
- Send validation results to requestor via email (Open the email received with the request and use the reply option to respond to the email. This will keep a track of the request.). The email must indicate that the request has been processed and provide the “Result Code” and advise that the confirmation has been scanned and indexed in the electronic folder. Do not attach the results of the TIN match to the email. If Outlook/email is unavailable, CCRT must call the JOS/Child Care Specialist and provide the TIN confirmation results.

PROGRAM IMPLICATIONS

Model Center Implications

When an applicant reports to Front Door Reception (FDR) in the Job Center requesting child care, FDR will issue him/her a CMU ticket, where the applicant can file an application. The request must be processed by the JOS as described in this policy directive.

When an applicant or participant reports to FDR in the Job Center with a child care return appointment, FDR will issue him/her a CSIC Child care ticket. The applicant or participant will be serviced by a JOS/Child Care Specialist.


When a participant reports to FDR in the Job Center with a child care call in letter, FDR will issue him/her a CA Appointment ticket, where the participant will be serviced by the JOS/Worker that scheduled the appointment.

When a participant reports to FDR in the Job Center and states that he/she has or needs a new child care provider, FDR will issue him/her a CSIC Child care ticket, where the participant will be serviced by a JOS/Child Care Specialist.

For any of the above scenarios, in centers with self-service check-in stations (Kiosks), the applicant or participant will self-identify and the Front Door Electronic Reception (FRED) system will generate a ticket to the appropriate area.

Paperless Office System (POS) Implications

JOS/Child Care Specialists must access NYCWAY to make entries, review and print NYCWAY information related to child care by minimizing POS and clicking the NYCWAY icon on their desktop. Child Care Specialists must then scan and index all non-POS generated child care related forms and notices signed by the applicant/participant into the electronic case record including Forms **CS-274W**, **CS-273K**, and **W-273J**.

A case comment must be entered for seeking/refusing child care. Enter a case comment by clicking on the case comments icon  or pressing <ALT>M on the keyboard.

JOS/Child Care Specialists will record child care expenses on the **Other Expenses** window at the “Has Child or Dependent Care Expenses?” question. POS will not budget any child care expenses entered. The JOS/Child Care Specialists must use ACCIS to authorize child care payments.

SNAP Implications When the actual child care expenses exceed the child care payment, the extra child care cost is counted as an out-of-pocket expense for Supplemental Nutrition Assistance Program (SNAP) budgeting. Parents/guardians who choose to forego the FIA payment by using an ineligible provider are entitled to a SNAP deduction for the out-of-pocket child care expense. The JOS/Child Care Specialists must determine how the parent/guardian will pay for the expense while participating in a work-related activity.

Child care expenses not covered by CA are budgeted for SNAP purposes as a child care deduction.

Medicaid Implications There are no Medicaid Implications.

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 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 child care reasons.

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

REFERENCES 18 NYCRR 415.1
 18 NYCRR 415.4
 SSL 410-x(7)
 12-OCFS-LCM-01
 ACS ACCIS/Child Care Bulletin, December 6, 2011

RELATED ITEMS [PD #01-74-EMP](#)
[PD #05-16-EMP](#)
[PB #02-96-SYS](#)
[PB #05-145-EMP](#)
[PB #08-11-OPE](#)
[PB #08-155-OPE](#)
[PB #14-69-OPE](#)
[PD #14-27-EMP](#)
[PD #16-01-EMP](#)
[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
Attachment B	Legally-Exempt Provider Support Unit - Contact Information
Attachment C	Taxpayer Identification Number (TIN) Validation Result Codes
FIA-1158b	Your Tax Identification Number (TIN) Is Invalid
W-273J	Child Care Appointment Confirmation and Contact List (Rev. 10/28/14)
W-273J (S)	Child Care Appointment Confirmation and Contact List (Spanish) (Rev. 10/28/14)
W-273NN	Child Care Return Appointment (Rev. 08/20/13)
W-273NN (S)	Child Care Return Appointment (Spanish) (Rev. 08/20/13)
W-274CC	Child Care Enrollment Call-In Notice (Rev. 7/19/13)
W-274CC (S)	Child Care Enrollment Call-In Notice (Spanish) (Rev. 7/19/13)
W-603AA	Important Information For Parents/Guardians Who Use Legally-Exempt Child Care Providers (Rev. 4/6/10)
W-603AA (S)	Important Information For Parents/Guardians Who Use Legally-Exempt Child Care Providers (Spanish) (Rev. 4/6/10)
CS-274W	Child Care Provider Enrollment Supplement
CS-274W (S)	Child Care Provider Enrollment Supplement (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. 7/2014)

WHEDCO HUB OFFICES

<p><u>Bronx Address</u> WHEDco 1309 Louis Nine Boulevard. Bronx, NY 10459</p> <p><u>Phone</u> (347) 708-7782 (347) 708-7775 (347) 708-7766 (347) 708-7800</p> <p><u>Fax</u> (718) 619-8307</p> <p><u>E-mail Address</u> le@whedco.org</p>	<p><u>Brooklyn & Staten Island Address</u> WHEDco 109 East 16th Street, 3rd Floor New York, NY 10003</p> <p><u>Phone</u> (929) 252-6663</p> <p><u>E-mail Address</u> lebrooklyn@whedco.org</p>
<p><u>Manhattan Address</u> WHEDco 66 John Street, 7th Floor New York, NY 10038</p> <p><u>Phone</u> (212) 393-5388 (212) 393-5389</p> <p><u>E-mail Address</u> lemanhattan@whedco.org</p>	<p><u>Queens Address</u> WHEDco 165-08 88th Avenue, 2nd Floor Jamaica, NY 11432</p> <p><u>Phone</u> (718) 523-2832 (718) 523-2833 (718) 523-2834</p> <p><u>Fax</u> (718) 291-6542</p> <p><u>E-mail Address</u> lequeens@whedco.org</p>

LOCATIONS WITH ON-SITE WHEDCO EA STAFF

Borough	Centers with On-Site EA Staff
Bronx	Rider #38 Hunts Point #40 Fordham #44 Crotona #46
Brooklyn	Coney Island #63 Dekalb #64 Bushwick #66 Clinton Hill #67 Bayridge #70
Manhattan	Waverly #13 East End #23 Dyckman #35 Union Square #39
Queens	Queens #53 Jamaica #54 East River #37
Staten Island	Richmond #99

LEGALLY-EXEMPT PROVIDER SUPPORT UNIT – CONTACT INFORMATION

IMPORTANT: The telephone numbers and email addresses listed below are for HRA and ACS staff **only**. This information should **NOT** be given to parents/guardians or providers. Provider payment inquiries should be directed to the Provider Hotline at 212-835-7610.

Job Center/Site Borough	Telephone	Email Address
Brooklyn/Staten Island	212-398-5076	stalin.kappil@acs.nyc.gov
Brooklyn/Staten Island	212-398-5078	anthony.karunwi@acs.nyc.gov
Bronx	212-398-5082	theresa.green@acs.nyc.gov
Bronx	212-398-5079	olalekan.pedro@acs.nyc.gov
Manhattan	212-398-5084	beverly.thomas@acs.nyc.gov
Manhattan	212-398-5075	bridgitt.grant@acs.nyc.gov
Queens	212-398-5078	anthony.karunwi@acs.nyc.gov
Queens	212-398-5074	amechi.daniel@acs.nyc.gov

TAX IDENTIFICATION NUMBER VALIDATION CODES

Validated Result Codes

- 0 – TIN and Name Combination Match IRS' Records
- 6 – TIN and Name Combination Match IRS' SSN Records
- 7 – TIN and Name Combination Match IRS' EIN Records
- 8 – TIN and Name Combination Match IRS' SSN and EIN Records

JOS/Child Care Specialist can proceed with child care enrollment.

Invalid Result Codes

- 1 – TIN was missing or TIN is not a 9-digit numeric
- 2 – TIN entered is not currently issued
- 3 – TIN and Name Combination does not match IRS' records
- 4 – Invalid TIN Matching Request
- 5 – Duplicate TIN Matching Request

JOS/Child Care Specialist cannot proceed with child care enrollment.



Date: _____

Your Tax Identification Number (TIN) Is Invalid

According to our records, The Tax Identification Number (TIN) submitted to the Human Resources Administration (HRA) on the Child Care Provider Enrollment Supplement (form **CS-274W**) has been determined invalid and does not match Internal Revenue Service (IRS) records for the following reasons:

- The TIN provided is not a 9-digit number. All TIN numbers should consist of 9 digits.
- The TIN provided has not been currently issued. All TIN numbers should be valid number issued by the Internal Revenue Service (IRS).
- The TIN and Name combination differs from the information on file with the Internal Revenue Service (IRS). All TIN and Name combinations should be identical to the information on file with the IRS. If your name has changed as a result of marriage, divorce or court orders please submit documentation of the change.
- The TIN information provided is exactly the same as individual or business TIN information. All TIN numbers should be unique numbers.

SAMPLE

In order for HRA to continue the application process, updated information will be required. The information you provide must match the information on file with the Internal Revenue Service (IRS).

Please send a copy of your Tax Identification Number (TIN) or Social Security Card by _____ to:

HRA – FIA Child Care Review Team
109 East 16th Street, 11th Floor
New York, New York 10003
ATTN: Provider Verification Unit

- If you do not respond to this request and/or provide updated information by _____, all of your child care enrollment(s) will be terminated in our child care database, and you will no longer be eligible to receive subsidized child care payments for services provided after this date. Additionally, your provider/program status in our child care database will change to an inactive status until we receive the requested information.
- If we do not receive the requested information by _____, it will result in the denial of your application to provide subsidized child care services.

If you have any questions or need further assistance, please call the FIA Child Care Review Team at (929) 252-5539 or (929) 252-5548.

Child Care Appointment Confirmation and Contact List

Parent/Guardian's Name: _____ Case Number: _____

I understand that I must be employed and/or participating in a work-related activity.

I understand that in order for me to obtain or to continue with employment and/or participating in a work-related activity, child care arrangements must be in place for my child(ren) who need(s) care. I will confirm these child care arrangements by keeping the following two child care appointments that were made for me.

<i>Provider Name (Worker-Referred)</i>	<i>Telephone Number</i>	<i>Appointment</i>	
		<i>Date</i>	<i>Time</i>
<i>Provider Address</i>			
<p>PROVIDER: Are there any available openings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>License No.: _____ Provider's Signature: _____</p> <p>Reason for not choosing this provider:</p> <p><input type="checkbox"/> The provider was not open for the days or hours needed or could not care for your child's special needs.</p> <p><input type="checkbox"/> The provider is not accessible by private or public transportation.</p> <p><input type="checkbox"/> The provider is not within reasonable distance because the travel time from your home to the child care provider and then to your work activity exceeds 1 hour and 30 minutes.</p> <p><input type="checkbox"/> Other (Please Explain): _____</p>			

<i>Provider Name (Worker-Referred)</i>	<i>Telephone Number</i>	<i>Appointment</i>	
		<i>Date</i>	<i>Time</i>
<i>Provider Address</i>			
<p>PROVIDER: Are there any available openings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>License No.: _____ Provider's Signature: _____</p> <p>Reason for not choosing this provider:</p> <p><input type="checkbox"/> The provider was not open for the days or hours needed or could not care for your child's special needs.</p> <p><input type="checkbox"/> The provider is not accessible by private or public transportation.</p> <p><input type="checkbox"/> The provider is not within reasonable distance because the travel time from your home to the child care provider and then to your work activity exceeds 1 hour and 30 minutes.</p> <p><input type="checkbox"/> Other (Please Explain): _____</p>			

If I choose a provider on my own, I will write the name, address and telephone number of the provider on the form; in addition, I will have the provider sign the form.

<i>Provider Name</i>	<i>Telephone Number</i>	<i>Appointment</i>	
		<i>Date</i>	<i>Time</i>
<i>Provider Address</i>			
<p>PROVIDER: Are there any available openings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>License No.: _____ Provider's Signature: _____</p> <p>Reason for not choosing this provider:</p> <p><input type="checkbox"/> The provider was not open for the days or hours needed or could not care for your child's special needs.</p> <p><input type="checkbox"/> The provider is not accessible by private or public transportation.</p> <p><input type="checkbox"/> The provider is not within reasonable distance because the travel time from your home to the child care provider and then to your work activity exceeds 1 hour and 30 minutes.</p> <p><input type="checkbox"/> Other (Please Explain): _____</p>			

<i>Provider Name</i>	<i>Telephone Number</i>	<i>Appointment</i>	
		<i>Date</i>	<i>Time</i>
<i>Provider Address</i>			
<p>PROVIDER: Are there any available openings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>License No.: _____ Provider's Signature: _____</p> <p>Reason for not choosing this provider:</p> <p><input type="checkbox"/> The provider was not open for the days or hours needed or could not care for your child's special needs.</p> <p><input type="checkbox"/> The provider is not accessible by private or public transportation.</p> <p><input type="checkbox"/> The provider is not within reasonable distance because the travel time from your home to the child care provider and then to your work activity exceeds 1 hour and 30 minutes.</p> <p><input type="checkbox"/> Other (Please Explain): _____</p>			

I will accept one of the above providers or seek other licensed, legally-exempt, or informal care so I can participate in my activity as noted above. (See form **CS-574EE** in your child care packet.)

If I use a licensed provider, I understand I must also obtain all of the needed medical/immunization records so that my child(ren) can start as soon as possible.

If I choose to use an informal or legally-exempt child care provider, the provider must be approved by the enrollment agency in order for the provider to receive payment from the Human Resources Administration (HRA).

I will provide a written explanation if I do not accept one of the Worker referred providers or am unable to locate my own provider.

I understand that I have an appointment to bring back this form, the child care provider enrollment form(s) (**LDSS-4699/LDSS-4700** and/or **CS-274W**) provided to me and other supporting documentation (if applicable) no later than _____, and if I do not do so I may be found ineligible for benefits.

RETURN APPOINTMENT DATE

PARENT / GUARDIAN'S SIGNATURE

DATE

JOS / CHILD CARE WORKER'S SIGNATURE

DATE

Confirmación de Cita de Cuidado Infantil y Lista de Contactos

Nombre del/de la padre/madre/tutor: _____ Número del Caso: _____

Entiendo que debo estar empleado(a) y/o participando en una actividad relacionada con el trabajo.

Entiendo que para poder obtener trabajo o seguir trabajando y/o participando en una actividad relacionada con el trabajo, debe estar arreglado el cuidado infantil para mi(s) niño(s) quien(es) necesite(n) cuidado. Confirmaré este arreglo de cuidado infantil al cumplir las siguientes citas de cuidado infantil, que se me han programado.

Nombre del Proveedor (Remitido por el Trabajador)	Número Telefónico	Cita	
		Fecha	Hora
Dirección del Proveedor			
PROVEEDOR: ¿Hay disponibilidad? <input type="checkbox"/> Sí <input type="checkbox"/> No Núm. de Licencia: _____ Firma del Proveedor: _____ La razón por no escoger a este proveedor: <input type="checkbox"/> El proveedor no estaba disponible los días u horas necesarios o no pudo atender las necesidades especiales de su niño(a). <input type="checkbox"/> Usted no puede transportarse al proveedor por transporte privado o público. <input type="checkbox"/> El proveedor no está ubicado en una distancia adecuada porque la duración del viaje desde el hogar suyo hasta el proveedor de cuidado infantil y luego a su actividad de trabajo excede 1 hora y 30 minutos. <input type="checkbox"/> Otro caso (Explique por favor): _____ _____ _____			

Nombre del Proveedor (Remitido por el Trabajador)	Número Telefónico	Cita	
		Fecha	Hora
Dirección del Proveedor			
PROVEEDOR: ¿Hay disponibilidad? <input type="checkbox"/> Sí <input type="checkbox"/> No Núm. de Licencia: _____ Firma del Proveedor: _____ La razón por no escoger a este proveedor: <input type="checkbox"/> El proveedor no estaba disponible los días u horas necesarios o no pudo atender las necesidades especiales de su niño(a). <input type="checkbox"/> Usted no puede transportarse al proveedor por transporte privado o público. <input type="checkbox"/> El proveedor no está ubicado en una distancia adecuada porque la duración del viaje desde el hogar suyo hasta el proveedor de cuidado infantil y luego a su actividad de trabajo excede 1 hora y 30 minutos. <input type="checkbox"/> Otro caso (Explique por favor): _____ _____ _____			

Si escojo a un proveedor de mi propia cuenta, escribiré en el formulario el nombre, la dirección y el número de teléfono del proveedor; además, le pediré al proveedor que firme el formulario.

<i>Nombre del Proveedor</i>	<i>Número Telefónico</i>	<i>Cita</i>	
		<i>Fecha</i>	<i>Hora</i>
<i>Dirección del Proveedor</i>			
PROVEEDOR: ¿Hay disponibilidad? <input type="checkbox"/> Sí <input type="checkbox"/> No Núm. de Licencia: _____ Firma del Proveedor: _____ La razón por no escoger a este proveedor: <input type="checkbox"/> El proveedor no estaba disponible los días u horas necesarios o no pudo atender las necesidades especiales de su niño(a). <input type="checkbox"/> Usted no puede transportarse al proveedor por transportación privada o pública. <input type="checkbox"/> El proveedor no está ubicado en una distancia adecuada porque la duración del viaje desde el hogar suyo hasta el proveedor de cuidado infantil y luego a su actividad de trabajo excede 1 hora y 30 minutos. <input type="checkbox"/> Otro caso (Explique por favor): _____ _____ _____			

<i>Nombre del Proveedor</i>	<i>Número Telefónico</i>	<i>Cita</i>	
		<i>Fecha</i>	<i>Hora</i>
<i>Dirección del Proveedor</i>			
PROVEEDOR: ¿Hay disponibilidad? <input type="checkbox"/> Sí <input type="checkbox"/> No Núm. de Licencia: _____ Firma del Proveedor: _____ La razón por no escoger a este proveedor: <input type="checkbox"/> El proveedor no estaba disponible los días u horas necesarios o no pudo atender las necesidades especiales de su niño(a). <input type="checkbox"/> Usted no puede transportarse al proveedor por transportación privada o pública. <input type="checkbox"/> El proveedor no está ubicado en una distancia adecuada porque la duración del viaje desde el hogar suyo hasta el proveedor de cuidado infantil y luego a su actividad de trabajo excede 1 hora y 30 minutos. <input type="checkbox"/> Otro caso (Explique por favor): _____ _____ _____			

Aceptaré a uno de los proveedores más arriba, o buscaré otro cuidado autorizado, legalmente exento o informal para poder participar en mi actividad, tal como indicado más arriba. (Vea el formulario **CS-574EE [S]** en su paquete de cuidado infantil.)

Si uso un proveedor autorizado, entiendo que debo además obtener todos los expedientes médicos/de vacunación necesarios para que mi(s) niño(s) pueda(n) comenzar tan pronto posible.

Si decido usar un proveedor de cuidado infantil informal o legalmente exento, el proveedor debe ser aprobado por la agencia de inscripción para que el proveedor reciba pago de la Administración de Recursos Humanos (HRA).

Proveeré explicación por escrito si no acepto a uno de los proveedores al cual me remita el Trabajador o si no puedo obtener a mi propio proveedor.

Entiendo que tengo una cita para devolver este formulario, el/los formulario(s) de inscripción del proveedor de cuidado infantil (**LDSS-4699/LDSS-4700 [S]** y/o **CS-274W [S]**) que se me ha proveído y otra documentación justificativa (de haberla) a más tardar _____, y en caso de no tomar este paso,

FECHA DE LA CITA DE REGRESO

se me puede considerar ineligible para beneficios.

FIRMA DEL/DE LA PADRE/MADRE/TUTOR

FECHA

FIRMA DEL TRABAJADOR DE CUIDADO INFANTIL / JOS

FECHA

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)

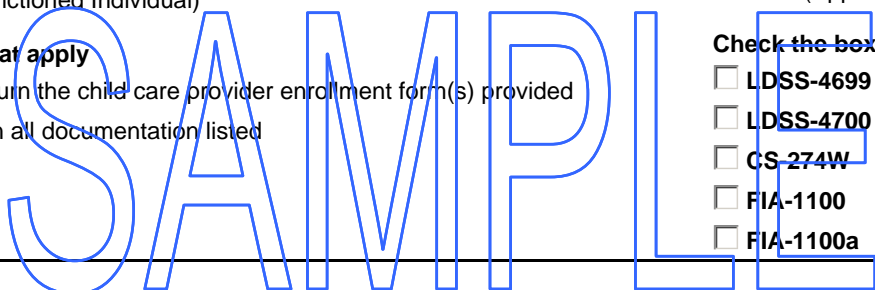
Check the boxes that apply

- 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**
- FIA-1100**
- FIA-1100a**

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 SNAP 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

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

Marque las casillas que correspondan

- LDSS-4699
- LDSS-4700
- CS-274W
- FIA-1100
- FIA-1100a

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: _____

Ésta es una cita de participación obligatoria. El no cumplir con esta cita puede resultar en una reducción de sus beneficios de Asistencia en Efectivo y/o SNAP. 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:

This is a mandatory engagement appointment. Failure to keep this appointment may result in a reduction in your Cash Assistance and/or SNAP 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 Minor's 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.

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

Aviso de Llamado a Cita de Inscripción de Cuidado Infantil

Recientemente a usted se le notificó de que su proveedor de cuidado infantil ya no está autorizado para pagos para uno o más de sus niños.

Usted tiene una cita de participación obligatoria en el Centro de Trabajo _____.

Fecha de la Cita: _____ Hora: _____ Teléfono: _____
Dirección: _____
Ciudad: _____ Estado: _____ Código Postal: _____
Indicaciones de Viaje: _____

SAMPLE

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 del SNAP. 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.

Para facilitar el trámite de cuidado infantil y eliminar la necesidad de citas de vuelta, le recomendamos que comience a conseguir y/o documentar el cuidado infantil antes de la fecha de su cita de cuidado infantil.

Si usted ya ha seleccionado a otro proveedor de cuidado infantil, tiene que llenar el formulario que corresponde al tipo de cuidado infantil que tiene, según se indica más abajo. Si usted no ha elegido a otro proveedor de cuidado infantil, favor de repasar el adjunto formulario Hoja Informativa de Planificación de Cuidado Infantil (**CS-574EE-S**) para más información sobre los diferentes tipos de proveedores de cuidado infantil y sobre cómo arreglar cuidado infantil.

Una vez que usted haya conseguido proveedor de cuidado infantil:

- Junto con su proveedor, llene el adjunto Suplemento de Inscripción del Proveedor de Cuidado Infantil (**CS-274W-S**). Los proveedores regulados sólo tienen que llenar el formulario **CS-274W-S**.
- A los proveedores de cuidado infantil informales (legalmente exentos) no se les requiere que tengan licencia. Si usted está usando de un proveedor de cuidado infantil legalmente exento, tiene que llenar y firmar uno de los siguientes formularios junto con el proveedor además del formulario **CS-274W-S**:
 - El formulario Providers of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care (**OCFS-LDSS-4699**) (Legalmente exento family child care se refiere al cuidado infantil que se brinda fuera del hogar de los padres/tutor legal, normalmente un vecino, amigo o pariente, hasta para dos niños por más de tres horas al día o para más de dos niños si el cuidado se brinda por menos de tres horas al día. El cuidado infantil legalmente exento en el hogar se refiere a cuidado infantil brindado en el hogar del padre/madre/tutor legal, normalmente por un vecino, amigo o pariente.) Además, llene y traiga a su cita los siguientes formularios que corresponden a su caso:
 - 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**)
 - Formulario Enrollment for Provider of Legally-Exempt Group Child Care and Legally-Exempt In-Home Child Care (**OCFS-LDSS-4700**) (Cuidado infantil legalmente exento en grupo se refiere a todo cuidado infantil sin licencia que no sea por parte de proveedores informales de cuidado infantil. El cuidado infantil en grupo legalmente exento incluye, entre otros, programas de cuidado infantil administrados por los distritos escolares, escuelas privadas, organizaciones sin fines de lucro, campamentos de verano y guarderías infantiles.)

Para obtener los formularios **OCFS-LDSS-4699** y/o **OCFS-LDSS-4700** usted puede:

- Solicitar los formularios a su Trabajador en el Centro de Trabajo; o
- Bajar los formularios de: <http://www.ocfs.state.ny.us/main/forms>. Usted puede entrar al Internet gratis en cualquier biblioteca pública.

Una vez que tenga los formularios correctos:

- Llénelos junto con su proveedor de cuidado infantil, y asegúrese de que ambos usted y el proveedor hayan firmado todas las secciones.
- Lleve los formularios llenados a la agencia de inscripción para ser revisados y sellados antes de su cita de cuidado infantil.
- Traiga los formularios llenados con usted a su cita.
- Su asignación puede terminarse el la fecha de la cita en la **página 1** si usted no ha conseguido cuidado infantil para esta fecha.

Si tiene cualquier pregunta, favor de comunicarse con su Trabajador.

****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.

Child Care Provider Enrollment Supplement*

To be used with LDSS-4699/LDSS-4700 for all unregulated providers

PARENT/CARETAKER'S NAME:		CASE NUMBER:
ADDRESS:		
TELEPHONE:	SOCIAL SECURITY NUMBER (OPTIONAL, SEE BELOW): ¹	ACCIS CASE NUMBER:
PROVIDER'S NAME:		DATE OF BIRTH: ²
ADDRESS WHERE CARE IS GIVEN:		
PROVIDER'S ADDRESS (IF DIFFERENT):		
TELEPHONE:	PROVIDER'S SOCIAL SECURITY/LICENSE NUMBER/EIN	
<p>¹ The parent/caretaker may, but does not have to, list his/her Social Security number. You cannot be required to disclose your Social Security number as a condition of eligibility for child care services. If provided, your Social Security number will be used to assist in identifying your child care file. It may also be used by Federal, State and local agencies to prevent duplication of services and fraud, and for Federal reporting.</p> <p>² Legally-responsible relatives (parents, stepparents, and legal guardians) cannot be paid as child care providers for their own child(ren).</p> <p>³ If the provider is less than 18 years old, the Employment of Minors Form must be completed.</p>		

Provider/Agency Name: _____

ACCIS Provider Number (if available): _____

Provider's License Type: _____ License Number: _____

Expiration Date: _____ / _____ / _____
MM DD YYYY

Provider Rate (All providers, except ACS-contracted programs, must complete this section.)

My weekly child care rates are as follows:

Indicate the rate charged for each age level	INFANT Under 18 months	TODDLER 18 months – under 3 years	PRESCHOOL 3 years – under 6 years	SCHOOL-AGE 6 – 12 years
Full time (30 hours or more per week)				
Part time (15 – 29 hours per week)				
Hourly (1 – 14 hours per week but less than 3 hours per day)				

***ATTENTION:** 1. Regulated/licensed providers are not required to complete the **LDSS-4699** or the **LDSS-4700**. They should complete only pages 1 and 2 of this form and return to the parent/legal guardian. Regulated providers without an ACCIS number must also submit a copy of their license along with the completed **CS-274W**.

2. Informal providers must provide documentation of BOTH their identification and their address in order to be paid by ACS. Please ask your JOS/ACS Worker for the Proof of ID and Residency for Your Child Care Provider or "Babysitter" (**CS-574FF**), which is the list of approved types of ID.

Indicate the weekly schedule(s) of child care services for the child(ren) listed below:

Child's Name	CHILD'S NAME			CHILD'S NAME			CHILD'S NAME		
Date of Birth	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR
Date Care Began	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR
Weekly Schedule	From	To		From	To		From	To	
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
OFFICE USE ONLY	Total Hours per Week			Total Hours per Week			Total Hours per Week		
	ACS Child Care Rate			ACS Child Care Rate			ACS Child Care Rate		

I acknowledge that receiving payment from the City of New York for child care services provided does not make me an employee of the City of New York. I am an employee of the parent/legal guardian of the child for whom I provide care.

Provider Certification

I am enrolling this child in a child care program. I understand that I will be paid only after the child's attendance data is received by ACS and for so long as the above parent/guardian is engaged in an FIA-approved activity or employed. If the parent/guardian fails to meet these criteria, I will be sent a letter from ACS informing me that ACS will no longer pay for child care. I agree that the amount I am charging this parent is not more than the amount I charge for other children of the same age. **I understand that I cannot be paid if I do not list all my rates.**

I will allow the parent/guardian of the children named on this form unlimited access to his/her children and the premises and will make myself available whenever the children are in my care.

I certify that the statements above are accurate and true to the best of my knowledge. I understand that providing false information may lead to the suspension or termination of payments and the recovery of any payments to which I was not entitled.

Provider's Name (print clearly): _____ Official Title (if applicable): _____

Signature: _____ Date: _____

Parent/Guardian Certification

I certify that I have reviewed the above information and that it is correct. I understand I must report any changes to ACS.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

For Agency Use Only:

Is child care authorized for this applicant/participant? Yes No

Agency-approved start date for child care: _____ / _____ / _____
MM DD YYYY

Suplemento de Inscripción del Proveedor de Cuidado Infantil* (a ser usado con LDSS-4699-S/LDSS-4700s para todos los proveedores no regulados)

NOMBRE DE LA/DEL MADRE/PADRE/CUIDADOR:		NÚMERO DEL CASO:
DIRECCIÓN:		
TELÉFONO:	NÚMERO DE SEGURO SOCIAL (OPCIONAL, VEA MÁS ABAJO): ¹	NÚMERO DE CASO ACCIS
NOMBRE DEL PROVEEDOR:		FECHA DE NACIMIENTO: ²
DIRECCIÓN EN DONDE SE CUIDA AL/A LOS NIÑO(S):		
DIRECCIÓN DEL PROVEEDOR (SI ES DISTINTA):		
TELÉFONO:	NÚMERO DE SEGURO SOCIAL/NÚMERO DE LICENCIA/EIN	
<p>¹ La madre, el padre o el cuidador puede proporcionar su número de Seguro Social, pero no está obligado(a) a ello. No se le exige a usted que revele su número de Seguro Social como condición de elegibilidad de servicios de cuidado infantil. Si lo proporciona, su número de Seguro Social será utilizado para la identificación de su expediente de cuidado infantil. También puede ser usado por agencias Federales, Estatales o locales para evitar el fraude y la duplicación de servicios, y para elaborar informes Federales.</p> <p>² Los parientes legalmente responsables (padres, padrastros, y guardianes legales) no pueden ser pagados como proveedores de cuidado infantil para su(s) propio(s) hijo(s).</p> <p>³ Si el proveedor es menor de 18 años, el Formulario de Empleo de Menores (Employment of Minors Form) tiene que llenarse.</p>		

Nombre del/de la Proveedor/Agencia: _____

Núm. de ACCIS del Proveedor (si disponible): _____

Tipo de licencia del proveedor: _____ Núm. de licencia: _____

Fecha de Vencimiento: _____ / _____ / _____
DÍA MES AÑO

Tarifas del Proveedor (Todo proveedor, excepto programas contratados por ACS, tienen que llenar esta sección.)

Mis tarifas semanales de cuidado infantil son las siguientes:

Indique la tarifa cobrada para cada grupo de edad	BEBÉ Menor de 18 meses	NIÑO PEQUEÑO 18 meses – menor de 3 años de edad	PRE- ESCOLAR 3 años – menor de 6 años	EDAD ESCOLAR 6–12 años
Tiempo completo (30 horas o más a la semana)				
Tiempo parcial (15–29 horas a la semana)				
Por hora (1–14 horas a la semana pero menos de 3 horas al día)				

***ATENCIÓN:** 1. Los proveedores con licencia/regulados no tienen que llenar el **LDSS-4699-S** o el **LDSS-4700S**. Solamente deben llenar las páginas 1 y 2 de este formulario y devolvérselas al/a la padre/madre/tutor. Los proveedores regulados sin número de ACCIS también tienen que presentar una copia de la licencia junto con el **CS-274W-S** llenado.

2. Los proveedores informales deben proporcionar documentación de AMBOS su identificación y su dirección para poder recibir pagos por parte de HRA. Favor de pedirle a su Trabajador de JOS/ACS el formulario Prueba de Identidad y Domicilio de su Proveedor de Cuidado Infantil o “Niñera” (**CS-574FF-S**), que consiste en la lista de tipos de identificación admisibles.



Indique el horario semanal de cuidado infantil para cada niño nombrado más abajo:

Nombre del Niño	NOMBRE DEL NIÑO		NOMBRE DEL NIÑO		NOMBRE DEL NIÑO	
Fecha de Nacimiento	MES DÍA AÑO		MES DÍA AÑO		MES DÍA AÑO	
Fecha de Inicio de Cuidado	MES DÍA AÑO		MES DÍA AÑO		MES DÍA AÑO	
Horario Semanal	De	A	De	A	De	A
Lunes						
Martes						
Miércoles						
Jueves						
Viernes						
Sábado						
Domingo						
OFFICE USE ONLY	Total Hours per Week		Total Hours per Week		Total Hours per Week	
	ACS Child Care Rate		ACS Child Care Rate		ACS Child Care Rate	

Yo entiendo que el hecho de recibir pagos por parte de la Ciudad de Nueva York por servicios de cuidado infantil no significa que soy un empleado de la misma. Soy empleado del/de la padre/madre/tutor del niño a quien le presto cuidado.

Certificación del Proveedor

Estoy inscribiendo a este niño en un programa de cuidado infantil. Entiendo que será pagado solo después de que la FIA reciba los datos de asistencia del niño siempre y cuando el/la antemencionado(a) padre/madre/tutor esté trabajando o participando en una actividad aprobada por la FIA. En caso de que el/la padre/madre/tutor no reúna estos criterios, la FIA me enviará una carta avisándome de que la FIA ya no pagará por el cuidado infantil. Yo doy fe de que la cantidad que le estoy cobrando a este/a padre/madre no es más de la que cobro por otros niños de la misma edad. **Entiendo que no se me pagará si no indico todas mis tarifas.**

Yo le permitiré al/a la padre/madre/tutor de los niños nombrados en este formulario acceso ilimitado a sus niños y al local de cuidado, y estaré disponible siempre que los niños estén bajo mi cuidado.

Doy fe de que las declaraciones más arriba son verídicas y exactas, según mi leal saber y entender. Entiendo que el proporcionar información falsa puede resultar en la suspensión o terminación de pagos y la recuperación de cualquier pago al cual yo no haya tenido derecho.

Nombre del Proveedor (en letra de molde): _____ Cargo Oficial (si corresponde): _____

Firma: _____ Fecha: _____

Certificación del/de la Padre/Madre/Tutor

Doy fe de que he leído y repasado la información más arriba y que la misma es correcta. Entiendo que tengo que reportar cualquier cambio a la FIA.

Nombre del/de la Padre/Madre/Tutor: _____

Firma del/de la Padre/Madre/Tutor: _____ Fecha: _____

<p>For Agency Use Only:</p> <p>Is child care authorized for this applicant/participant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Agency-approved start date for child care: ____ / ____ / ____</p> <p style="text-align: center;">MM DD YYYY</p>

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

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

Reviewed 1/2013

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.
 No.
 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.)

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

Date on Proof: _____

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"/>	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).
<input type="checkbox"/>	<input type="checkbox"/>	10. I will give each child(ren) meals and snacks according to what the parent/caretaker and I have agreed.
<input type="checkbox"/>	<input type="checkbox"/>	11. I will refrigerate milk, formula and any other food that goes bad if not refrigerated.
<input type="checkbox"/>	<input type="checkbox"/>	12. I agree not to heat formula, breast milk and other food items for infants in a microwave oven.
<input type="checkbox"/>	<input type="checkbox"/>	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).
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<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"/>	21. The stairs, railings, porches and balconies are in good repair.

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:
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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**

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 Address⁶: _____ 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. Is the child care provided in your home? Yes. No.

6. Give your home address below

Home Address:

House Number Street Apt.

Address Line 2 Floor

City State Zip County/Borough

7. **Mailing Address:** Is your mailing address the same as your home address? Yes. No.

If your mailing address is different from your home address please give your mailing address below.

House Number Street Apt.

Address Line 2 Floor

City State Zip

8. Provide information about your Child Care Subsidy case:

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

Subsidy Case Number⁷: _____ Parent's CIN Number⁷: _____

Reviewed 1/2013

⁵ Caretaker means the child's parent, legal guardian, caretaker relative or any other person with whom a child lives 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 provided, they will be used to facilitate information sharing with the local social services district regarding your eligibility and payment for child care.

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:

- Any child care provider may administer only over-the-counter topical ointments, insect repellent, and sunscreen with the parent's permission.
- 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.
- 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.
 - the child's grandparent,
 - the child's great-great-grandparent,
 - the child's great aunt/great uncle (and spouse),
 - the child's first cousin (and spouse),
 - the child's great-grandparent,
 - the child's aunt/uncle (and spouse),
 - the child's brother/sister
- 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.
- 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.

Reviewed 1/2013

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
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Reviewed 1/2013



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

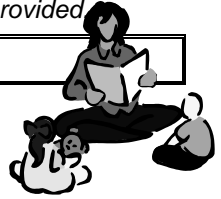
NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

ENROLLMENT FORM FOR PROVIDER OF LEGALLY-EXEMPT GROUP CHILD CARE

Group child care providers, who are not required by NYS law to be licensed or registered to operate a day care program, and who are not providing "informal" child care in a residence, use this form to enroll with a legally-exempt caregiver enrollment agency to provide subsidized child care. (Regulatory reference: 18 NYCRR 415).

Instructions: Please use black/blue pen.

- Provider/director must complete the "Child Care Provider Section" of this form and parent must review. Parent/caretaker must complete the "Parent Information Section" of this form and provider/program director must review.
- Both parent and provider/program director must sign at the end of the section.
- 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/Program Director¹ 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: () _____ Unlisted
(If Applicable)

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

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

Social Security No.²: _____ E-Mail Address³: _____ 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/Borough _____

<p>(For Enrollment Agency Use)</p> <p>Received Date ____ / ____ / ____</p> <p>Complete Date ____ / ____ / ____</p>	<p>(For Local District Use)</p> <p>Parent's Case No. _____ Type: Local <input type="checkbox"/>; WMS <input type="checkbox"/></p> <p>LSSD Office/Unit/Wkr. No. ____ / ____ / ____</p>
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¹ Director means the person who has responsibility for the development and supervision of the daily activity programs for children and the administrative authority and responsibility for the daily operations of the child care program.

² The Social Security Number is not required when a federal identification number is present. 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/program. Failure to provide the social security or federal identification number may delay payment. Social security number of the provider or federal identification of the program 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.

³ 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 on page one?

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

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

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

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

8. Operating schedule for the **program listed on page one.**

A) The program operates (choose one):

- The full calendar
 School year only
 Summers Only
 Other (please describe): _____

B) Provide information in the table below regarding the days and hours of operation for each age group and the numbers of children served.

Ages Served	Days of the Week	Daily Start and End Times	Current Number of Children	Maximum Number of Children
0-2 y				
3-4 y				
5-6 y				
7-12 y				
13+ y				

9. Does your organization operate **any other** child care program at the SAME site/location where you intend to provide child care?

- No.**
 Yes. List below all **other** child care programs operated by your organization at the same site. Attach additional papers if needed.

PROGRAM NAME:	CHILD CARE FACILITY ID NO.: <input type="checkbox"/> NYS License/ Registration <input type="checkbox"/> NYS Enrolled Legally-Exempt
PROGRAM DESCRIPTION (Include numbers of children by age, hours of care, etc.):	OTHER OVERSIGHT AGENCY: <input type="checkbox"/> NYC DOHMH (have Permit) <input type="checkbox"/> None <input type="checkbox"/> Other Agency:
	RESOURCES SHARED WITH PROGRAM ON PAGE ONE: <input type="checkbox"/> Director <input type="checkbox"/> Staff <input type="checkbox"/> Space <input type="checkbox"/> No shared resources <input type="checkbox"/> Other resources:
PROGRAM NAME:	CHILD CARE FACILITY ID NO.: <input type="checkbox"/> NYS License/ Registration <input type="checkbox"/> NYS Enrolled Legally-Exempt
PROGRAM DESCRIPTION (Include numbers of children by age, hours of care, etc.):	OTHER OVERSIGHT AGENCY: <input type="checkbox"/> NYC DOHMH Permit <input type="checkbox"/> None <input type="checkbox"/> Other Agency:
	RESOURCES SHARED WITH PROGRAM ON PAGE ONE: <input type="checkbox"/> Director <input type="checkbox"/> Staff <input type="checkbox"/> Space <input type="checkbox"/> No shared resources <input type="checkbox"/> Other resources:

PROGRAM NAME:	CHILD CARE FACILITY ID NO.: <input type="checkbox"/> NYS License/ Registration <input type="checkbox"/> NYS Enrolled Legally-Exempt
PROGRAM DESCRIPTION (Include numbers of children by age, hours of care, etc.):	OTHER OVERSIGHT AGENCY: <input type="checkbox"/> NYC DOHMH Permit <input type="checkbox"/> None <input type="checkbox"/> Other Agency:
	RESOURCES SHARED WITH PROGRAM ON PAGE ONE: <input type="checkbox"/> Director <input type="checkbox"/> Staff <input type="checkbox"/> Space <input type="checkbox"/> No shared resources <input type="checkbox"/> Other resources:

10. Legally-exempt group child care means child care provided by a provider/program, which is *not* a legally-exempt family child care or in-home childcare provider/program, AND, which is *not required* to be licensed or registered with the Office of Children and Family Services, or licensed by the City of New York, but which meets all applicable State or local requirements for such child care programs. The provider/program must meet the following requirement to be enrolled as legally-exempt.

I, the provider and/or program director, attest that my program is NOT providing child care that is required to be licensed or registered with the Office of Children and Family Services, or licensed by the City of New York.

- Yes.** If you have supportive⁴ documentation, please provide it.
- No.**

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

To be enrolled to provide subsidized child care services, the provider/program director must attest that:

- The provider/program is LEGALLY OPERATING under the auspices of another federal, State or local government agency; **OR**
- The provider/program is NOT REQUIRED to operate under the auspices of another federal, State or local government agency. These programs must meet additional health and safety requirements.

Indicate in question 1 below, whether your program legally operates under the authority of another federal, State, or local government, or tribal agency, or, is not required to do so. Your answer to question 1 will determine whether you answer question 2 or question 3, within this subsection B.

1. Choose the statement below that describes your program.
- A) My program legally operates under the auspices** of another federal, State, or local government, or a tribal agency AND my program meets all State and local requirement for such program. My program is described in question B.2. PROGRAMS OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY.

Programs operating under the auspices of another federal, State, tribal or government agency must:

- Answer question B.2, PROGRAMS OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY, and then
- Complete only the sections and questions listed immediately below.

- I. Child Care Provider Section
 - A. Child Care Provider/Director and Program (*All questions.*)
 - B. Type of Legally-Exempt Child Care That You Provide (*Questions 1 and 2*)
 - C. Other Qualifications and Program Characteristics,
 - #2) Program’s Hours of Operation, and
 - #3) Cost of Care
 - F. Relevant History,
 - #2) Provider, Employees and Volunteers
 - G. Provider Agreements and Certification (*All questions.*)
 - H. Provider Certification (*All.*)
- II. Parent Information Section
 - A-D.#5. (*All questions are to completed by the parent/caretaker*)
 - D. Parental Acknowledgments & Certifications,
 - #6) Provider Certification

⁴ Supportive documentation, issued by NYS Office of Children and Family Services, or the City of New York, may be required to establish that the provider/program is exempt from the requirement to be licensed/registered by NYS OCFS or NYC DOHMH.

- B) My program **does not** operate under the auspices of another federal, State, or local government or a tribal agency AND my program is **not legally required** to do such.

Programs that are NOT required to operate under the auspices of another federal, State, tribal or government agency, must:

- Skip question B.2 PROGRAMS OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY, on page 4, and
- Answer question B.3 PROGRAMS NOT OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY, on page 6, then
- Complete the Child Care Provider Section: ALL remaining subsections and questions.
- Complete within II. Parent Information Section, D. Parental Acknowledgements & Certifications: #6, Provider Certification, on page 19.

- C) None of the above. *Your program might not be eligible to be enrolled. Contact the enrollment agency for assistance.*

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

Answer this question only if your answer to question 1, above, was "A".

Check to choose the statement A, B, C, D, E, or F, that describes your legally-exempt child care program and the government or tribal agency under which you operate. Answer all related questions for the selected program.

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

1) Name of Federal agency/property where located: _____

2) 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**.

1) Name of Tribe: _____

2) Name of tribal property where located: _____

3) 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 is operated under the auspices of the **NYS Department of Education**,
 - 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**
 - Is **located on the same premises** or campus where the elementary or secondary education is provided, **AND**
 - The program meets all State and local requirements for such child care programs.

1) Name of school: _____

2) Name of school district: _____

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

Nursery school program, providing services only to children three years of age or older

Pre-kindergarten program, providing services only to children three years of age or older,

School-age child care programs conducted during non-school hours.

- D)** The program is a nursery school, voluntarily **registered** with the **NYS Department of Education**,
 - Operating in accordance with Part 125 of NYSED regulations, **AND**
 - Is operated by a nonprofit agency or organization or private proprietary organization, **AND**
 - Is providing services for 3 hours or less per day, to pre-school age⁵ children, **AND**
 - The program meets all State and local requirements for such child care programs.

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

2) Registration Number: _____

3) Date of Certificate of Registration: _____

4) The program hours are: _____

- E)** The program, located WITHIN New York City, is operated under Article 43 of the NYC Health Code
 - 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 or as part of such school and has identical ownership, operation management and control of kindergarten and pre-kindergarten classes for children ages three through five and all other classes provided by the school, **AND**
 - Is a pre-kindergarten or kindergarten program of instruction for children no younger than 3 years of age⁶, through 5 years and serving *only* children ages 3 to 5 years, **AND**
 - The program meets all State and local requirements for such child care programs.

1) Name of School: _____

2) **I HAVE ATTACHED** a copy of the current **Certificate of Filing** issued by the **NYC Department of Health and Mental Hygiene (DOHMH)**.

3) Certificate of Filing DCID Number: _____

4) Filing Date: _____

- F)** The program is a **Summer Day Camp operating under the auspices of the Department of Health AND**
 - Does meet all State and local requirements for such child care programs, **AND**
 - 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, **AND**

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) The Summer Day Camp opened on or is scheduled to open on *(date)*: _____

3) Does the program 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) **I HAVE ATTACHED** a copy of my current year permit from the NYS DOH or the NYC DOHMH.

ii) Permit number: _____

iii) Expiration date: _____

⁵ Per 18 NYCRR 413.2, "Preschooler" means a child who is at least three years of age and who is not yet enrolled in kindergarten or a higher grade.

⁶ Programs operating under NYC Health Code Article 43 use the definition within Article 43 for *Three years of age*: A child attending an elementary school where the school year starts in September shall be deemed to be three years of age if the child's third birthday occurs or will occur on or before December 31st of the school year. In a school where the school year starts during any other month, all children in a class of three year olds shall have their third birthday within four months of the start of the school year.

- 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 DOHMH, **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 within 30 days of camp opening WILL result in a TERMINATION of enrollment.**
- i) I have **ATTACHED** proof of my application for the DOH permit.
- ii) I submitted the camp permit application to DOH on (date): _____

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

Choose the statement, *A*, *B* or *C*, that describes your legally-exempt child care program(s) that *does not operate under the auspices* of a federal, State, local government, or tribal agency.

- A)** The program is **operated OUTSIDE OF New York City, by a private school or academy**, that is providing elementary or secondary education or both, **in accordance with the compulsory education requirements** of the NYS Education Law, **AND**,
- Is (are) **located on the same premises** or campus where the elementary or secondary education is provided, **AND**,
 - Meets all State and local requirements for such child care programs.
- 1) Name of School: _____
- 2) The type of child care provided is: (check all that apply)
- Nursery school program or pre-kindergarten program, providing services only to children three years of age or older,
- A program for school-aged children conducted during non-school hours.
- B)** The program is **operated WITHIN New York City, by a private school or academy**, that is providing elementary or secondary education or both, **in accordance with the compulsory education requirements** of the NYS Education Law, **AND**,
- Is (are) **located on the same premises** or campus where the elementary or secondary education is provided, **AND**,
 - Meets all State and local requirements for such child care programs.
- 1) Name of School: _____
- 2) The program is for school-aged children conducted during non-school hours and the program *does not serve* any children ages 0 to 4 years of age.
- C)** The program is a nursery school for children 3 years of age or older or program for preschool age children,
- Is not voluntarily registered with NYS Education Department, **AND**,
 - Is operated by a non-profit agency or organization or a private proprietary agency **AND**,
 - Provides services for three or less hours per day, **AND**,
 - Meets all State and local requirements for such child care programs.
- 1) Name of Agency/Organization: _____
- 2) The type of child care provided is: (check all that apply)
- A nursery school
- A program for preschool ⁷aged children, at least 3 years of age.
- 3) The program hours are: _____
- D)** The program cares for not more than six school age children, during non-school hours, for three hours or less per day, **AND**,
- Is not located in a residence, **AND**,
- Meets all State and local requirements for such child care programs.

⁷ Per 18 NYCRR 413.2, "Preschooler" means a child who is at least three years of age and who is not yet enrolled in kindergarten or a higher grade.

C. OTHER QUALIFICATIONS & PROGRAM CHARACTERISTICS

1. PROVIDER’S/PROGRAM’S QUALIFICATIONS TO ADMINISTER MEDICATION

The questions pertaining to the administration of medication apply ONLY to group programs NOT operating under auspices of another government agency (Refer to pages 3-6 if you are not sure if this applies to your program.)

Note: *The parent’s/caretaker’s plan for who is responsible for meeting the child(ren)’s medication needs is addressed in the Parent Information Section of this form.*

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 New York State. A caregiver may not administer medication to any child in his or her care except to the extent that the caregiver is a medical professional authorized under the Education Law to administer medications OR both the program and the medication administrant have met the requirements for the administration of medication as defined in 18 NYCRR 418-1.11. Pursuant to 18 NYCRR 418-1.11, some child care providers/programs *may be* “permitted”, to administer medications when certain requirements are met.

Legally-exempt group child care programs, NOT operating under the auspices of another government agency, may administer medication on a limited basis only when the following conditions are met:

- The program director is a Physician, Physician Assistant, Registered Nurse or Nurse Practitioner currently licensed by New York State Department of Education (NYSED) to administer medication

OR

- The program must be authorized by the Office of Children and Family Services (OCFS), to administer medication under a Health Care Plan for Administration of Medication, approved by a qualified health care consultant AND
 - The program’s designated medications administrant must meet OCFS training requirements,
 - The program’s medications administrant 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,
 - The program must be operating in compliance with the NYS regulation,
 - The program’s medications administrant must have permission to administer medication *to a specific child* from the child’s parent/caretaker, step-parent, legal guardian, or legal custodian,
 - The program’s medications administrant must follow the health care provider’s instructions for administration of medication, and
 - The program’s medications administrant may administer medication to *subsidized* children in care.

Any child care provider, program employee or program volunteer who is not authorized by NYS Law or child care regulations, 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) The provider/program director agrees the provider/program director will administer medication *only as the provider/program is permitted by NYS Law, as described above.* The provider/program director will make sure that each of the program’s employees and volunteers (present and future) administers medication only to the extent allowed by NYS Law.
 Yes. **No.**
- B) Is the program interested in seeking OCFS authorization to administer medication to the child(ren) in subsidized care?
 Yes. The provider/program wants 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. The provider/program will not be seeking authorization to administer medication at this time.
- C) Does this program (includes provider/director, employees, caregivers and/or volunteers) administer medication to any subsidized children in care?
 Yes. **No.**

D) Is the provider/program legally permitted to administer medication to the child(ren) in subsidized care? Check statements 1 or 2. Provide all other information as it applies.

1) **Yes.** Complete the applicable section below, a) or b), to show the legal authority.

a) The **program director** is legally permitted to administer medication because the provider/program director is a NYS medical professional authorized by New York State Department of Education (NYSED) to administer medication. Therefore, the program director is allowed to administer medication to children in the program director's care when the program director has appropriate permissions from the parent(s) and in accordance with the health care provider's instructions.

1) Profession (Check one):

- Registered Nurse Physician
- Nurse Practitioner Physician Assistant

2) License number: _____

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

b) The program's **medication administrant**, designated in the Health Care Plan for the Administration of Medication, is legally permitted to administer medication because the provider/program has an OCFS-LDSS-7000, Health Care Plan for the Administration of Medication approved within the past 2 years and the designated **medication administrant** has met all basic and training requirements. The medications administrant named below is authorized to administer medication to subsidized children in the program's care when there are appropriate permissions from the parent, and, in accordance with the Health Care Plan for the Administration of Medication and the health care provider's instructions.

i) Approval date for Health Care Plan for the Administration of Medication: _____

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).

ii) Name of the qualified **medication administrant**: _____

iii) Health Care Consultant (HCC) name: _____

iv) Health Care Consultant Profession (Check one):

- Registered Nurse Physician
- Nurse Practitioner Physician Assistant

v) License Number: _____

2). **No.** None of the above permissions apply to the provider/program. The provider/program is not authorized by OCFS or NYSED. The program, **cannot administer** medication to child(ren) in care, **except:** over-the-counter topical ointments, sunscreen, and topically applied insect repellent.

2. PROGRAM'S PERIODS OF OPERATION

(All programs must answer.)

Indicate when the program is operating by checking all that apply.

- Full Year (school year and summer)
- School Year
- Summer Only (June-September)

3. COST OF CARE

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

- Yes.**
- No.** I charge parents receiving subsidy **more** than I charge other parents.

D. HEALTH AND SAFETY CHECKLIST

The Health and Safety Checklist questions must be answered by group programs that are not under auspices of another government agency as explained in Subsection I B.

The provider/director and parent/caretaker must walk through and inspect the site, then complete the health and safety checklist together.

Check an answer for each item below:

YES	NO	The provider/program director agrees the program meets and will continue to meet the following basic health and safety requirements.
<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 child care premises 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 child care premises is safe. There are working toilets and there is hot and cold running water all the time.
<input type="checkbox"/>	<input type="checkbox"/>	6. The provider, 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. The provider, 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 the provider, any employee, or volunteer who is likely to have regular contact with the child(ren) has a communicable disease, the provider/program, 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"/> The provider/program has ATTACHED a doctor's statement, if the provider, 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"/>	8. The child care premises 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. • 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. • To the extent that a legally-exempt group program provides cribs, those cribs must be in compliance with the federal requirements. • A carbon monoxide detector is installed on each floor where a carbon monoxide source is located and/or where the child(ren) sleep or nap.
<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). The provider/program stores all of these potentially unsafe materials in an inaccessible area safely away from the child(ren).
<input type="checkbox"/>	<input type="checkbox"/>	10. The provider/program staff 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 provider/program staff will refrigerate milk, formula and perishable food that goes bad if left out.
<input type="checkbox"/>	<input type="checkbox"/>	12. The provider/program staff will not heat formula, breast milk and other food items for infants in a microwave oven.
<input type="checkbox"/>	<input type="checkbox"/>	13. The provider/program staff 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).

YES	NO	The provider/program director agrees the program meets and will continue to meet the following basic health and safety requirements.
<input type="checkbox"/>	<input type="checkbox"/>	14. The provider/program staff 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 provider/program 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. The provider/program 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. The child care premises has 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. The provider/program has 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. The provider/program director has 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

The Provider/Program Behavioral Conditions Checklist questions must be answered by group programs that are *not operating under auspices of another government agency as explained in Subsection I B.*

YES	NO	The provider/program director agrees the program meets and will continue to meet the following basic health and safety requirements before caring for children:
<input type="checkbox"/>	<input type="checkbox"/>	1. The provider/program director understands and agrees that the provider, program staff and program volunteers 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. The provider/program director understands and agrees that provider, program staff and program volunteers 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. The provider/program director understands and agrees that provider, program staff and program volunteers 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. The provider/program director understands and agrees that provider, program staff and program volunteers will never leave the child(ren) alone or unsupervised.

F. RELEVANT HISTORY

1. PROVIDER’S HISTORY

The questions in F.1.(A-C), must be answered only by Group Programs that are not operating under auspices of another government agency as explained in Subsection I B.

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-4917⁸, 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-4917, 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 the provider/program director has been denied a license or registration to operate a child day care program, OR if provider/program director has had a license or registration to operate a child day care program revoked or suspended, complete the following:

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

b) Location: _____

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

2. PROVIDER’S, EMPLOYEE’S AND VOLUNTEER’S HISTORY

These questions must be answered by ALL Group programs.

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.

A) Did the provider/director 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.

⁸ If you need a copy of this form, please contact your local social services district or your legally-exempt child care provider enrollment agency.

B) Has the provider/program director and/or the program's employee(s) and/or volunteer(s) ever been convicted of a crime in New York State or any other place?

- No.** Skip to Question D.
- Yes.** If yes, you must complete and attach the OCFS-LDSS-4915, History of Criminal Convictions And Parental Acknowledgement for person with a criminal convictions history and answer question C.
 - The provider/program director has ATTACHED the OCFS-LDSS-4915, History of Criminal Convictions And Parental Acknowledgement.

C) In the chart below, provide additional information on each person with a criminal convictions history who is present at the child care site.

ADDITIONAL INFORMATION ON CONVICTED PERSONS AT THE CHILD CARE SITE						
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
1)						/ /
	Last	First	MI Suffix			/ /
2)						/ /
	Last	First	MI Suffix			/ /
3)						/ /
	Last	First	MI Suffix			/ /
4)						/ /
	Last	First	MI Suffix			/ /
5)						/ /
	Last	First	MI Suffix			/ /

D) Indicated Reports Of Child Abuse Or Maltreatment

The provider/program director must ask all volunteers who are likely to have regular contact with children in care and all employees, if they have been the subject of an indicated report of child abuse or maltreatment (Child Protective).

The provider/program must provide each parent/caretaker with a true and accurate written statement, indicating whether the provider/program director, any program employee, and/or any volunteers who are likely to have regular contact with children in care, have been the subject and person responsible on any indicated report of child abuse or maltreatment, including: a description of the incident, the date of the indication and any other relevant information.

1) I, the provider/program director, have asked all volunteers and employees if they have been the subject of an indicated report of child abuse or maltreatment. When any report of child abuse or maltreatment has been indicated against the provider/program director, employee or volunteers, I have given the parent/caretaker a true and accurate written description of the incident, the indication and any other relevant information.

- Yes.**
- No.**

G. PROVIDER AGREEMENTS AND CERTIFICATIONS

1. RECORD KEEPING

✂ On a daily basis, the provider/program maintains current and accurate attendance records, at the child care program, for each child being cared for, minimally including: the date, arrival time, departure time, and if absent for the full day, a note that the child is absent.

2. SUBMITTING UPDATES AND CHANGES OF ENROLLMENT INFORMATION

- ✂ I understand that enrollment of this provider/program to provide subsidized child care will only apply to the specific provider/program located at the site specified on page one. If the program relocates temporarily or permanently to a child care location different from the one given on this form, this enrollment will end. To remain eligible to provide subsidized child care I must submit a new enrollment request for the new site to the enrollment agency and begin the enrollment process anew.
- ✂ I understand that if, in the future there are new employees or volunteers, the requirements on pages 11-12 for Criminal History and Child Protective Indicated Reports apply to them.
- ✂ I understand I am required to inform the enrollment agency promptly if I add any new employees or volunteers who have a criminal conviction so their criminal history can be evaluated.

- ✘ I understand that the decision to enroll the program is based on the facts provided on the enrollment form and when there is a change to any of the information I have attested to, my eligibility to provide subsidized child care may also change. I will inform the enrollment agency immediately if there are changes in any information provided on the enrollment form or changes to the attachments.

3. INFORMATION SHARING

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

4. ELIGIBILITY AND PAYMENT

- ✘ I understand that the program cannot be enrolled until all items marked "No" on the Health and Safety Checklist have been corrected.
- ✘ I understand that the program must be enrolled with the enrollment agency before any payment can be made.
- ✘ The program agrees to maintain and provide accurate attendance records as required by the local social services district.
- ✘ The program agrees to collect the family share (fee) if instructed to do so by the local social services district. The program will immediately notify the local social services district if the parent/caretaker fails to pay the required family share.
- ✘ I understand that when I, any volunteer who is likely to have regular contact with the child(ren), or any employee has been convicted of a crime, the provider must give the parent and the Enrollment Agency true and accurate information about the crime which will enable the parent and Enrollment Agency to evaluate whether the criminal background poses an unreasonable risk to the safety or welfare of the children.
- ✘ I understand that no person convicted of a felony or misdemeanor against children or, for caregivers of legally-exempt family child care, whose household includes an individual convicted of such a crime may be enrolled by a legally-exempt caregiver enrollment agency as a child care caregiver.
- ✘ I understand that no legally-exempt informal child care program or legally-exempt group child care program which employs an individual or uses a volunteer convicted of a felony or misdemeanor against children may be enrolled by a legally-exempt caregiver enrollment agency as a child care caregiver.
- ✘ I understand a legally-exempt caregiver enrollment agency may enroll a caregiver who has been convicted or whose employee, volunteer or household member has been convicted of other felony or misdemeanor offenses, consistent with guidelines issued by the office for evaluating applicants with criminal conviction records.
- ✘ I understand that if the enrollment agency determines the program cannot be enrolled, then the local social services district cannot issue payment for care provided. The program will not be paid by the local social service district for any child care that it provides to a child(ren) receiving a child care subsidy, while the program is deemed an ineligible provider by the enrollment agency. The parent/caretaker has the right and responsibility to decide whether he/she wants to use the program. If the parent/caretaker chooses to use the program when it cannot be enrolled, the parent/caretaker is responsible to pay the program for the child care.

5. ADDITIONAL REQUIREMENTS FOR PROGRAMS NOT OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY-ONLY

(This section does not apply to programs operating under the auspices of another government agency).

- ✘ I understand the program may not be eligible to provide child care AND that the local social services district may not be able to pay the program 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 the provider/program may request, within 30 days of the Notice Date, that the enrollment agency review any extenuating circumstances, when the program's enrollment is denied or terminated based on:
 - Article 10 (child protective) removal of a child by family court order, or
 - History of termination of parental rights, OR
 - History of denial, revocation and/or suspension of a license or registration to operate a child day care program.

6. OTHER AGREEMENTS

- ✘ I agree to operate in compliance with all applicable State and local laws.
- ✘ I understand and agree the program will allow the parent/caretaker unlimited and on demand access including:
 - Access to the parent's/caretaker's child(ren),
 - The right to inspect at any time during the hours of operation, all parts of the facility used for child care or which could present a hazard to the health and/or safety to the child(ren),
 - Access to the providers/caregivers caring for the child(ren),
 - Access to written records about the parent's/caretaker's child(ren) except when otherwise restricted by law.
- ✘ I understand and agree that the program will 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 the program will be considered ineligible, the program's enrollment will be terminated and the program will not be paid by the local social services district.
- ✘ 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. CERTIFICATION

1. 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 the program 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 the provider/program or the parent/caretaker and the provider/program 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:
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2. PARENT CERTIFICATION

I have reviewed the "child care provider" section of this form. 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: X	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. The provider must review and sign this section.



A. PARENT/CARETAKER⁹ 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: ____ / ____ / ____
(mm/dd/yyyy)

Home Phone: (____) _____

Listed Unlisted

Work Phone: (____) _____

Cell Phone: (____) _____

E-Mail Address:¹⁰ _____

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:

House Number Street Apt.

Address Line 2 Floor

City State Zip County/Borough

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

House Number Street Apt.

Address Line 2 Floor

City State Zip County/Borough

7. Parent's /Caretaker's Child Care Subsidy Case¹¹:

Subsidy Paying County: _____ Temporary Assistance No.: _____

Subsidy Case Number: _____ Parent's CIN Number: _____

8. Child Care Provider's Name:

Mr. Mrs. Ms.

_____ Last First MI Suffix

⁹ 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.

¹⁰ The e-mail address if given may be used by the enrollment agency to contact you.

¹¹ 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: / / _____ Male Female
(mm/dd/yyyy) Gender

B) Child's Name: _____
Last First
 District CIN: _____ Date of Birth: / / _____ Male Female
(mm/dd/yyyy) Gender

C) Child's Name: _____
Last First
 District CIN: _____ Date of Birth: / / _____ Male Female
(mm/dd/yyyy) Gender

D) Child's Name: _____
Last First
 District CIN: _____ Date of Birth: / / _____ Male Female
(mm/dd/yyyy) Gender

2. MY CHILD(REN)'S MEDICATION NEEDS

A). Child care providers/programs **can only administer medication in accordance with State Laws and regulations.**

1) OCFS does NOT oversee the administration of medication by legally-exempt group programs operating under the auspices of a federal, State or local government or tribal agency (see pages 3-5). Such programs must follow the regulations set forth by the federal, State or local government or tribal agency that the program is operating under. If your child is attending such a program, ask the program about its medication administration policies.

2) OCFS **DOES OVERSEE** administration of medication by legally-exempt group *programs **NOT** operating under the auspices of a federal, State or local government or tribal agency* (see pages 3-6).

a) Review pages 7-8 to determine if the child care program is authorized to administer medication. 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.

b) When the child care program is authorized by OCFS to administer medication and following a Health Care Plan for the Administration of Medication, the child's parent/caretaker may choose to allow the program to be responsible for the medication needs of the child. When the child care program is responsible for medication administration, the parent must provide written permissions and physician's instructions to the child care program.

c) Parent/Caretaker, indicate below your decision on who will be responsible for administering medication to each of your child(ren).

I, the parent/caretaker, have read the Provider's Qualifications to Administer Medication on pages 7-8 and the section above. I understand whether this provider/program is or is not legally permitted to administer medication to my child(ren) and my plan is: (Choose the correct statement(s) below and list children's names).

The Child Care Program is NOT *legally permitted* to administer medication to my children, AND, I, the parent/caretaker will be responsible for the medication needs of (list children's names):

Although, the Child Care Program is *legally permitted* to administer medication to my children; I, the parent/caretaker will be responsible for administering medication to my child (ren):

The Child Care Program is *legally permitted* to administer medications through its Health Care Plan for the Administration of Medication. The *medications administrant(s)* designated in the program's Health Care Plan for Administration of Medications will administer medication to my child(ren) in accordance with the procedures set forth in the Child Care Program's Health Care Plan for the Administration of Medication. The CHILD CARE PROGRAM¹² will be responsible for administering medication to my child (ren):

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

For each of my child(ren) in the provider's care, 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/caretaker will be responsible for the meals and snacks for the following child(ren):

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

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

1. I understand the child care provider **must tell me** whether the provider, employees and volunteers who are likely to have regular contact with child(ren) in care, have been the subject of an indicated report of child abuse or maltreatment.

- 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, including: **a description of the incident, the date of the indication and any other relevant information.**
- 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 & CERTIFICATIONS**1. PARENT RESPONSIBILITIES TO MONITOR QUALITY OF CARE**

- ✘ I understand it is my responsibility to choose a provider that meets the needs of my child(ren). I certify that I have selected this provider/program to care for my child(ren).
- ✘ My child care provider/program must give me unlimited and on demand access including:
 - Access to my child(ren),
 - The right to inspect, at any time during the hours of operation, all parts of the facility used for child care or which could present a hazard to the health and/or safety of my child(ren),
 - Access to the provider/caregivers caring for my child(ren),
 - Access to written records about my child(ren) except when otherwise restricted by law.
- ✘ I understand the provider/program director *must provide me with a written statement* indicating whether the provider/program director, any program employee, and/or any volunteers who are likely to have regular contact with children in care has been the subject of any indicated report of child abuse or maltreatment, including: a description of the incident, the date of the indication and any other relevant information.
- ✘ I understand it is my responsibility to monitor the quality of care my child(ren) receives from the child care provider/program. 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 understand that this enrollment applies **ONLY** to the provider/program and the location of care listed on page one. If the provider/program OR the location of care changes, this enrollment ends, and I must submit a new enrollment form for the new provider/program or the new location.
- ✘ 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/program must be accepted for enrollment with the Enrollment Agency before any payment can be made.
- ✘ I understand a provider/program 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/program *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*.
- ✘ I understand that if the provider/program is denied enrollment or has his or her enrollment terminated, the provider/program will be considered ineligible to provide child care. The local social services district cannot pay the provider/program or issue payment for care given by a provider/program who cannot be enrolled or who is ineligible.
 - If I choose to use an ineligible provider/program, I am responsible to pay for the child care myself.
 - I understand I have the right to select another provider/program.

4. PROGRAM NOT OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY

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

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/program provides child care services while enrolled under false pretenses, or while the provider/program is an ineligible child care provider, the Local Social Services District may refuse to issue child care subsidy payments, terminate child care subsidy payments, and/or 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: X	DATE:
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6. PROVIDER CERTIFICATION

I have reviewed the "Parent Information Section" of this form. 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:
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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: