



Andrew M. Cuomo
Governor

NEW YORK STATE
OFFICE OF CHILDREN & FAMILY SERVICES
52 WASHINGTON STREET
RENSSELAER, NY 12144

Gladys Carrión, Esq.
Commissioner

Local Commissioners Memorandum

Transmittal:	12-OCFS-LCM-01
To:	Local District Commissioners
Issuing Division/Office:	Division of Child Care
Date:	February 3, 2012 (Revised February 8, 2012)
Subject:	Changes to the Legally-Exempt Child Care Provider Enrollment Process
Suggested Distribution	Directors of Social Services and Temporary Assistance Child Care and Temporary Assistance Staff Accounting and Child Welfare Supervisors LAN Administrators
Contact Person:	See page 11
Attachments:	Attachment A: OCFS-LDSS-4699, Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care (Rev. 6/2011) Attachment B: OCFS-LDSS-4700, Enrollment Form for Provider of Legally-Exempt Group Child Care (Rev. 6/2011) Attachment C: OCFS-2114 (9/2011), District Notification To Legally-Exempt Caregiver Enrollment Agency Attachment D: Model Non-disclosure Agreement for District and Contractor Attachment E: Model Non-disclosure Agreement for District and Contractor's Employee Attachment F: OCFS-LDSS-4699.1, Employment of Minors Form (Rev. 9/2010) Attachment G: OCFS-LDSS-4699.1A, Employment of Minors, Information (Rev. 9/2010) Attachment H: OCFS-LDSS-4699.2A, Parental Responsibilities When Employing a Legally-Exempt In-Home Child Care Provider (Rev. 8/2010) Attachment I: OCFS-4915, History of Criminal Convictions and Parental Acknowledgment (7/2010) Attachment J: OCFS-4916, History of Day Care Enforcement and Parental Acknowledgment (7/2010) Attachment K: OCFS-4917, History of Termination of Parental Rights and/or Court-Ordered Article 10 Removal and Parental Acknowledgment (7/2010)
Attachments Available Online:	Attachments A, B, F, G, H, I, J and K are available at the OCFS Forms website: http://www.ocfs.state.ny.us/main/forms/ All of the attachments are available, listed with this policy, at the OCFS policies

websites:

http://ocfs.state.nyenet/policies/external (intranet)
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http://www.ocfs.state.ny.us/main/policies/external (internet)
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I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to inform the Social Services Districts (districts) of changes in the Legally-Exempt Child Care Provider (LECCP) enrollment process and of planned enhancements to the Child Care Facility System (CCFS) that will impact district procedures. This LCM also clarifies the districts' roles and responsibilities in the enrollment of LECCPs for the purpose of providing child care subsidized by the New York State Child Care Block Grant (NYSCCBG). New and revised enrollment forms, to be distributed by districts to applicants and recipients of child care services who choose to use an LECCP, are provided, as is a new state form for notifying legally-exempt caregiver enrollment agencies (enrollment agencies) of district decisions relevant to enrollment. Finally, we discuss a 2010 change in Social Services Law Section 410-x, subdivision 7, which allows a district to suspend the eligibility of an LECCP who is the subject of a report of child abuse or maltreatment that is under investigation by Child Protective Services (CPS).

II. Background

The federal guidelines require that all states have requirements in place designed to protect the health and safety of children applicable to the providers who serve children under the Child Care and Development Fund (CCDF), one of the primary federal sources for the NYSCCBG. In NYS, to provide child care services under the NYSCCBG, all child care providers must demonstrate they meet basic health and safety standards through one of the following processes: Licensing, Registration or Enrollment.

New York State Social Services Law (SSL) §390 defines "child day care" and mandates which providers must be licensed or registered to operate a child care program in New York State. Providers and programs not required to be licensed or registered have come to be known as "legally-exempt." In accordance with federal guidelines, the enrollment process was developed to establish a set of health and safety requirements for the otherwise unregulated "legally-exempt" child care providers (LECCP) and programs to establish their eligibility to provide subsidized child care services.

III. Program Implications

Jurisdiction

Prior to the release of this LCM, the enrollment agency with jurisdiction for the enrollment of LECCPs outside of New York City was the district where the child resided, usually the district issuing the subsidy. Effective upon release of this LCM, *the enrollment agency with jurisdiction will change to the enrollment agency serving the district where the child care site is located.* **This change takes place immediately for all newly enrolling LECCPs. For LECCPs who are currently enrolled, the enrollment agency must transfer the child care provider's enrollment to the appropriate enrollment agency at the next case action, or at re-enrollment.**

This jurisdictional change is reflected on page one of the revised enrollment forms. Districts must make corresponding changes in the cover letter given to applicants/recipients of child care assistance to

instruct them to return the enrollment packet to the enrollment agency serving the county where the child care site is located. Please refer to Attachment A, OCFS-LDSS-4699, Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care (Rev. 6/2011) and Attachment B, OCFS-LDSS-4700, Enrollment Form for Provider of Legally-Exempt Group Child Care (Rev. 6/2011).

The *district in which the LECCP resides* still remains responsible for conducting the state-required child welfare database check for the LECCP's history of termination of parental rights and court-ordered removal/placement of a child under Family Court Act Article 10, as well as the review of extenuating circumstances. For districts situated along the New York State border with other states and/or Canada, there will be times when the child care provider does not reside within New York State. In those situations, the enrollment agency will identify an otherwise affiliated district within New York State, usually the subsidy-issuing district, to perform the child welfare database check.

The *subsidy-issuing district* still remains responsible for evaluating the LECCP's compliance with any state-approved additional local standards for enrollment. Districts must inform the OCFS Division of Child Care Services (DCCS) if they intend to exempt child care providers who provide child care in a location out of the county, state, or country from any additional local standard for enrollment. This may be done by specifying the exemption in the Child and Family Services Plan.

CCFS Enhancements

At present, all districts, in collaboration with enrollment agencies, have processes in place to perform their roles related to legally-exempt child care subsidized under the NYSCCBG. However, CCFS enhancements planned by OCFS will drive changes in existing enrollment processes. Districts must assess the extent to which these changes will have an impact on their work processes for carrying out local responsibilities including, but not limited to, conducting the local child welfare database checks and authorizing child care payments. Upon the implementation of the planned CCFS enhancements:

- CCFS will automatically provide enrollment-related notifications, hereafter referred to as E-notices, directly to districts via E-mail delivered to the address created by the districts for this purpose. The E-notices will identify enrollment-related tasks which the district is required to perform. E-notices from CCFS to districts will not contain personal identifiers for either LECCPs or persons included on subsidy cases. Districts will be instructed to run a report in CCFS to retrieve the specific LECCP and subsidy case-level information required to complete the enrollment-related task.
- To the extent that CCFS performs an automated notification or referral function, enrollment agencies will be relieved of that notification responsibility. Enrollment agencies will no longer be required to routinely provide districts with copies of enrollment forms or notifications.
- Districts will have the option of updating a subsidy case decision directly in CCFS instead of informing the enrollment agency in writing.

CCFS will record when updates are made to the system and who makes them. This will eliminate the need to have some documents exchanged between the local districts and the enrollment agencies, thus saving time and money for districts and enrollment agencies.

CCTA-CCFS Interface

All child care providers providing care subsidized under the NYSCCBG must meet state health and safety requirements. Prior to issuing payments for child care services, local districts must verify that a child care provider was “eligible” to provide subsidized care during the period care was provided. With the exception of day care centers in New York City, CCFS is the system of record for all licensed, registered and enrolled child care providers in New York State. CCFS documents child care provider compliance with state health and safety requirements and other information necessary to determine provider eligibility for payment. With the advent of the Child Care Time and Attendance System (CCTA), the provider eligibility verification process is partially automated, as the nightly CCTA interface with CCFS draws the information needed to determine whether pending payments are payable (eligible), not payable (not eligible), or need review by the district.

District Suspension of Legally-Exempt Child Care Provider Eligibility

Social Services Law (SSL) § 410-x (7) permits districts to suspend an LECCP from providing child care services funded under the NYSCCBG when the LECCP is the subject of a report of child abuse or maltreatment under investigation by CPS. Districts that elect to suspend any of these providers must develop written local policy and procedures, in accordance with the guidance in this LCM, to support staff in their decision-making. The district must inform the applicable enrollment agency, in writing, at the start and end of each suspension. OCFS-2114 (7/2011), District Notification To Legally-Exempt Caregiver Enrollment Agency, included as Attachment C, may be used for this purpose. Upon receiving such notification, the enrollment agency documents the suspension in CCFS. The subsequent change in the provider’s CCFS record will be transmitted to CCTA during the nightly CCTA-CCFS interface and result in an advisement to the district to stop payment.

IV. Required Action

Receipt of CCFS E-notices, Retrieval of Reports, and Completion of Required Actions

Automated CCFS E-notices sent to districts will be of two kinds: those containing a required action and those for informational purposes. When an E-notice contains a required action, the required action must be completed in the time frame indicated on the E-notice. E-notices will refer the district to a specific CCFS report for the confidential, provider-specific information needed to perform the task. To prepare, each local district must:

- Establish an E-mail account box solely for the purpose of receiving E-notices from CCFS. The E-mail address must be a single E-mail address that should be structured so that it is not subject to frequent change. It may represent a distribution list or mailbox. Access and management of the generic E-mail address is the responsibility of the district.
- Designate a primary contact person and a backup contact person who will be responsible for monitoring the mailbox.
- Within one month of the issuance of this LCM, notify Ann Haller, in writing, at the Division of Child Care Services, Child Care Subsidy Unit, at Ann.Haller@ocfs.state.ny.us of:

1. The E-mail address to which E-notices will be sent from CCFS to the district.

2. The designated contact persons at the district, including a backup contact person, who will be responsible for managing the CCFS mailbox for your district. Include for each person: name, title, E-mail address and phone number.
- Develop a process to ensure that the required actions included on the E-notice are completed within the specified time frame. The local process must include timely review of all E-notices, *recommended to be done each business day*; completion of the required actions; and timely written response to the designated enrollment agency. Districts must identify individuals who will be responsible for reviewing E-notices and running reports in CCFS. Districts may wish to assign different program areas (child care subsidy unit, child welfare unit, accounts payable, fraud prevention, etc.) and staff to be responsible for the timely review and required actions for different *types* of E-notices, based on the content of the “subject line.” Note that the personal information of LECCPs *will not* be transmitted in the E-notices. The district must utilize the specified CCFS reports to obtain a list of specific LECCPs for whom local district action is required. The subject lines and brief descriptions of the CCFS E-notices are listed below for your reference and planning.
 1. LE-CCFS LD-001, Legally-Exempt Child Welfare Referral List: This notice informs the district that there are one or more legally-exempt child care providers for whom the district must conduct a check of the local child welfare database to determine if the district has a record showing the provider had a child removed from his or her care by court order under Family Court Act Article 10 or had his or her parental rights terminated under Social Services Law 384-b. The notice informs the district to run the *LE Child Welfare Database Referral List (DSS)* report in CCFS to obtain the detailed listing of providers.
 2. LE-CCFS LD-002, Legally-Exempt Child Welfare Database Results Due/Overdue: This notice informs the district that the results of the child welfare database checks, requested in E-notice number one, are overdue. The district must run the *LE Child Welfare Database Results Due/Overdue (DSS)* report in CCFS to obtain the detailed listing of providers.
 3. LE-CCFS LD-003, Legally-Exempt Additional Standard Referral: This notice informs the district that there are one or more legally-exempt child care providers for whom the district must conduct the OCFS-approved additional local standard process specified in the district’s approved Child and Family Services Plan. The district must run the *LE Additional Standard Referral List (DSS)* report in CCFS to obtain the detailed listing of providers and other persons to whom the standard applies.
 4. LE-CCFS LD-004, Legally-Exempt Additional Standards Due/Overdue: This notice informs the district that the results of the OCFS–approved, additional local standard, requested in E-notice number three, are overdue. The district must run the *LE Additional Standards Due/Overdue (DSS)* report in CCFS to obtain the detailed listing of providers.
 5. LE-CCFS LD-005, Legally-Exempt Child Welfare Extenuating Circumstances Review Referrals: This notice informs the district that there is one or more legally-exempt child care providers for whom the district must conduct a review of extenuating circumstances related to the provider’s child welfare history. The district must run the *LE Child Welfare EC Review Referrals (DSS)* report in CCFS to obtain the detailed listing of providers. The district must, in accordance with the Guide to Enrollment, conduct the

review of extenuating circumstances and determine whether an exception can be made to the presumption against enrollment.

6. LE-CCFS LD-006, Legally-Exempt Family Child Care & In-Home Training Approvals by Approval Date: This notice informs the district that a legally-exempt child care family or in-home provider for whom the district issues a subsidy has met the requirement for the enhanced rate of reimbursement. The district must run the LE FCC & IH Training Approvals by Approval Date (DSS) report in CCFS to obtain the provider-specific data and apply the enhanced market rate for a 12-consecutive-month period, starting no later than the beginning of the first full month following the date of the E-notice.
 7. LE-CCFS LD-007, Legally-Exempt Parent-Provider Eligibility Changes: This notice informs the district that an enrollment agency has made changes to a family decision and/or to the enrollment status of a provider that may impact issuance of subsidy payments. The district may obtain specific information regarding changes made to a family decision and/or to the enrollment status of a provider by running the LE Parent-Provider Notification of Eligibility Changes (DSS) report in CCFS.
- Obtain appropriate permissions in CCFS for designated local district staff. District staff with a role in the enrollment process may request “view” access to relevant CCFS data. District staff performing child care subsidy-related functions and who plan to enter data directly into CCFS may request “data entry” access to CCFS. With the planned CCFS enhancements, districts will have the option of updating the subsidy case decision directly in CCFS instead of informing the enrollment agency in writing. Requests for access to CCFS must be directed to the CCFS Security Administrator, Shane Stone, by E-mail: Shane.Stone@ocfs.state.ny.us.

CCFS Training

District staff and/or subcontractor staff who are responsible for retrieving CCFS reports, including lists of providers for whom an action is required, must participate in training to learn how variable report parameters will affect the data retrieved. CCFS training for district staff is currently under development. Topics covered in the CCFS training will include: “searching” in CCFS, reviewing the provider profile, running reports, understanding report data, using CCFS to determine providers’ eligibility for payment, and entering data on local district screens in CCFS. CCFS training for districts will be available one to two months prior to implementation of the above described CCFS enhancements. OCFS will inform district Staff Development Coordinators when the training will be available.

Subcontractors

- When a district uses a subcontractor that requires CCFS, the subcontractor must submit requests for CCFS access to the district for pre-approval. The district then forwards the locally approved requests to the CCFS Security Administrator, Shane Stone. The subcontract agency staff must not be represented as district staff.
- We are now requiring districts that use subcontractors for any task requiring access to CCFS and CCTA to have appropriate written non-disclosure agreements in place to protect and preserve

confidentiality of data and information, prior to pre-approving any request for state system access. OCFS has prepared model forms which may be used for this purpose:

- o Model Non-disclosure Agreement for District and Contractor, Attachment D
- o Model Non-disclosure Agreement for District and Contractor's Employee, Attachment E

Revised LECCP Enrollment Forms and Attachments

The enrollment forms for legally-exempt child care providers and the required attachments to the enrollment forms have been updated to address the changes in enrollment agency jurisdiction and other policy issues. Per 18 NYCRR 415.4(f), the district must provide an enrollment form and applicable required attachments to each child's parent/caretaker who has applied for, or is receiving, child care subsidies under the NYSCCBG and who chooses an LECCP to care for his or her child.

Districts must use the most recent revisions of the LECCP enrollment forms and required attachments. The enrollment forms and required attachments are listed in Table One with their most recent revision dates. Spanish versions of these forms are available on the OCFS website. To access the enrollment forms, go to the main OCFS internet site, www.ocfs.state.ny.us, then navigate the following path: Forms> Child Care> Legally-Exempt Provider Forms.

Within 30 days of the release of this LCM, districts must make corresponding changes in cover letters and local forms to instruct applicants/recipients of child care assistance to return the enrollment packet to the enrollment agency *servicing the county where the child care site is located*.

Changes to the enrollment forms are described below.

- OCFS-LDSS-4699, Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care, and the OCFS-LDSS-4700, Enrollment Form for Provider of Legally-Exempt Group Child Care, have been reformatted for ease of completion and data entry.
- OCFS-LDSS-4699.1, Employment of Minors Form (Rev.9/2010), Attachment F, and OCFS-LDSS 4699.1A, Employment of Minors, Information (Rev. 9/2010), Attachment G, have been updated to address the exception inherent in the New York State Labor Law (NYSLL) pertaining to minors who are providing legally-exempt in-home child care. Detailed information is available in OCFS-LDSS 4699.1A, Employment of Minors, Information (Rev. 9/2010).
- OCFS-LDSS-4699.2A, Parental Responsibilities When Employing a Legally-Exempt In-Home Child Care Provider was updated and is included as Attachment H.
- OCFS-LDSS-4699.4, Parental Acknowledgment, has been discontinued and replaced by three forms specific to the safety issue being acknowledged by the parent:
 - OCFS-LDSS-4915, History of Criminal Convictions and Parental Acknowledgment,
 - OCFS-LDSS-4916, History of Day Care Enforcement and Parental Acknowledgment, and
 - OCFS-LDSS-4917, History of Termination of Parental Rights and/or Court-Ordered Article 10 Removal and Parental Acknowledgment.

They are included as Attachments I, J and K, respectively.

Table One-Enrollment Forms and Required Attachments with Revision Dates

Form Number and Name	Revision Date
OCFS-LDSS-4699, Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care	6/2011
OCFS-LDSS-4700, Enrollment Form for Provider of Legally-Exempt Group Child Care	6/2011
OCFS-LDSS-4699.1, Employment of Minors Form	9/2010
OCFS-LDSS-4699.1A, Employment of Minors, Information	9/2010
OCFS-LDSS-4699.2, Legally-Exempt In-Home Child Care Provider Agreement Form	7/2006
OCFS-LDSS-4699.2A, Parental Responsibilities When Employing a Legally-Exempt In-Home Child Care Provider	8/2010
OCFS-LDSS-4699.3, Legally-Exempt Provider Training Record Form	7/2006
OCFS-LDSS-4915, History of Criminal Convictions and Parental Acknowledgment	New in 7/2010
OCFS-LDSS-4916, History of Day Care Enforcement and Parental Acknowledgment	New in 7/2010
OCFS-LDSS-4917, History of Termination of Parental Rights and/or Court-Ordered Article 10 Removal and Parental Acknowledgment	New in 7/2010

With the exception of OCFS-LDSS-4700, Enrollment Form for Provider of Legally-Exempt Group Child Care, Spanish versions of the above forms are available online.

New Form to Standardize Districts' Notifications to Enrollment Agencies

The new **OCFS-2114 (7/2011), District Notification To Legally-Exempt Caregiver Enrollment Agency**, provides a standard form for districts to use in informing enrollment agencies of subsidy case decisions which may impact the provider's eligibility and enrollment status as an LECCP. The district must inform the enrollment agency, in writing, of the following determinations or results pertaining to a legally-exempt child care provider and relevant changes to the affiliated child care subsidy case:

1. The results of the local child welfare database check required at enrollment and re-enrollment. Per 18 NYCRR 415.4(f)(8)(ii), the district where the legally-exempt in-home or family child care provider resides must, within 15 days of the receipt of the request for a check of the local Child Welfare Database Check at initial enrollment and re-enrollment, conduct a check of the district's local Child Welfare Database, and inform the enrollment agency whether the LECCP:
 - Does or does not have a history of termination of parental rights under SSL 384-b, and
 - Does or does not have a history of court-ordered removal/placement of a child under Family Court Act Article 10.

Note that due to the highly confidential nature of the child welfare database, districts must release to the enrollment agency *only that information which is specifically allowed by regulation and/or law*. The district must assign responsibility for searching the database only to employees of the district who understand the confidentiality issues pertaining to foster care and adoption information.

Additionally, sharing indicated or unfounded reports in the Statewide Central Register of Child Abuse and Maltreatment with the enrollment agency is prohibited.

2. The results of the district's determination of compliance with any OCFS-approved additional local standard for legally-exempt child care enrollment. Per 18 NYCRR 415.4(g), to the extent that any district has established additional standards for LECCPs, the local district must evaluate the LECCPs' compliance with state-approved additional local standard(s) for enrollment set forth in the district's Child and Family Services Plan. For all additional standards that are evaluated during the initial enrollment or annual re-enrollment process, the district must inform the enrollment agency whether the requirement(s) has been met or has not been met within 25 days of the receipt of the notification.
3. The results of the district's review of extenuating circumstances pertaining to child welfare history, within 60 days of the receipt of the request for the review. The results must include whether the district has:
 - Granted an exception to the presumption against enrollment, because the provider has demonstrated to the district's satisfaction that enrollment will not jeopardize the health, safety or welfare of children in the provider's care, thus allowing the provider to be considered for enrollment; or,
 - Denied an exception to the presumption against enrollment, thus precluding the provider from enrollment.
4. The district's determination that the LECCP is not eligible to provide care *for a specific family*, per 18 NYCRR,
 - 415.1(l), because the provider is an adult member of this family's Child Care Services Unit who is not a sibling to the child(ren).
 - 415.1 (g)(6) and (7) and 415.4(c)(1)(i), because the recipient may not choose an LECCP when Title XX funding is being used to pay for child care services.
 - 415.4(c)(1)(ii), the district has disapproved a provider chosen by recipient in a preventive or protective services case because the district has reason to believe it would be contrary to the health, safety or welfare of the child to receive child care services from the provider.
5. In accordance with SSL 410-x (7),
 - The district *has suspended a legally-exempt child care provider's eligibility to care for all subsidized children*, while the provider is under investigation for child abuse or maltreatment; or,
 - The district's suspension of eligibility to provide subsidized child care for an LECCP *has ended*.
6. If applicable, that the district has *disqualified* an enrolled provider from receiving payment under the child care subsidy program per 18 NYCRR415.4(h). The notification must include the disqualification period start date, and, if applicable, the disqualification period end date.
7. If applicable, that the district has reason to believe an enrolled or enrolling LECCP is violating health and safety regulations pertaining to subsidized legally-exempt child care and is making a complaint to the enrollment agency.

8. A child care subsidy case decision or change which impacts the provider's enrollment:

- The approval date and child care subsidy start date for a parent's subsidy case,
- Disapproval or closing of the parent's case,
- When a parent with subsidy stops or begins using the LECCP, and/or
- When a parent reports a change in the location where child care is given.

District Suspension of Legally-Exempt Child Care Provider Eligibility

Districts may elect to suspend the eligibility of LECCPs who are under investigation for child abuse or maltreatment, in accordance with SSL 410-x (7). To the extent a district elects this option, the district must develop and implement a local policy to guide decision-making. The policy must:

1. Identify which modalities of legally-exempt child care will be included:

- Legally-exempt in-home child care,
- Legally-exempt family child care,
- Legally-exempt group providers operating under the auspices of another government or tribal agency, and/or
- Legally-exempt group providers not required to operate under the auspices of another government or tribal agency.

2. Specify whether the suspension of eligibility will be applied to all LECCPs with the modality identified in step number one; or, if not, identify the risk or safety related criteria that will be used to determine which providers in the designated modalities will have their eligibility to provide subsidized child care suspended while a CPS report is under investigation.

3. Specify how the population of enrolled or enrolling legally-exempt child care providers specified in steps one and two, who are under investigation for child abuse or maltreatment, will be identified by the district and which district staff will be responsible for informing the enrollment agency of the beginning and ending of the suspension of eligibility for child care subsidy.

4. The suspension start date can be no earlier than the date the provider is notified, in writing, of the suspension of eligibility.

5. State that the following parties will be informed, in writing, by the district of the suspension of the child care provider's eligibility to provide subsidized child care:

- The enrollment agency responsible for the LECCP enrollment. The district must use the OCFS-2114 (9/2011), District Notification To Legally-Exempt Caregiver Enrollment Agency. ***The correspondence must not disclose the existence of the CPS investigation. Note that the enrollment agency must close the LECCP enrollment upon notification of a district "suspension" of the child care provider's eligibility to provide subsidized child care.***
- The LECCP. The district must provide a contact person at the district who can explain the district's decision to the LECCP. The letter from the district must also state that the suspension of the child care provider's eligibility ends when the CPS investigation ends.

- The applicant/recipient of child care services. The district must use the OCFS-LDSS-4781, Notice of Intent to Change Child Care Benefits, to inform the applicant/recipient that payment for child care services rendered by the provider is suspended and the parent/caretaker should seek another provider. ***The correspondence must not disclose the existence of the CPS investigation.***
6. The enrollment agency will be informed, in writing, by the district when the district's suspension of eligibility to provide subsidized child care for an LECCP *has ended*.

V. Contacts:

If you have questions regarding information contained in this LCM, please contact Ann Haller of the OCFS Division of Child Care Services, Child Care Subsidy Unit, at 518 408-0759, or via E-mail at Ann.Haller@ocfs.state.ny.us.

If you have questions regarding access to CCFS, permissions in CCFS, or changes to your district network which may impact E-mail or CCFS, please contact Shane Stone, at 518 473-0486, or via E-mail at Shane.Stone@ocfs.state.ny.us.

If you have problems with CCFS, please contact the Help Desk at 1-800-697-1323.

OCFS forms are available on the OCFS intranet website, <http://ocfs.state.nyenet/> and the OCFS internet website, http://www.ocfs.state.ny.us/main/forms/day_care/#dss.

/s/ Janice M. Molnar

Issued By:

Janice M. Molnar, PhD
Deputy Commissioner
Division of Child Care Services

**DISTRICT NOTIFICATION TO LEGALLY-EXEMPT
CAREGIVER ENROLLMENT AGENCY**

FROM SOCIAL SERVICES DISTRICT		TO ENROLLMENT AGENCY	
PROVIDER NAME	CCFS NUMBER	TODAY'S DATE	

I. NEW YORK STATE ENROLLMENT REQUIREMENT FOR LOCAL CHILD WELFARE DATABASE CHECK

The district conducted a search of its local database on ____ / ____ / ____ and the results follow.

1. The child care provider (*choose one*) **was found** / **was NOT found** in a search of the local child welfare database to be the respondent in court-ordered removal and/or placement of a child under Family Court Act Article 10.
2. The child care provider was (*choose one*) **was found** / **was NOT found** in a search of the local child welfare database to have his or her parental rights terminated under Social Services Law (SSL) 384-b.

II. OCFS APPROVED ADDITIONAL LOCAL STANDARD (IF APPLICABLE)

The results of the additional standard(s) are as follows (*Give a brief description of each OCFS-approved local requirement, the name of the person it is applicable to and whether the requirement is met or not met*):

<u>DESCRIPTION</u>	<u>APPLICABLE TO (NAME)</u>	<u>RESULT</u>
1. _____		<input type="checkbox"/> MET <input type="checkbox"/> NOT MET
2. _____		<input type="checkbox"/> MET <input type="checkbox"/> NOT MET
3. _____		<input type="checkbox"/> MET <input type="checkbox"/> NOT MET
4. _____		<input type="checkbox"/> MET <input type="checkbox"/> NOT MET

III. REVIEW OF EXTENUATING CIRCUMSTANCES DETERMINATION

- A review of extenuating circumstances has been completed and the district has:
- GRANTED** an exception to the presumption against enrollment, because the provider has demonstrated that enrollment will not jeopardize the health, safety or welfare of children in the provider's care. The provider **may be considered** for enrollment.
 - DENIED** an exception to the presumption against enrollment. The provider **cannot be considered** for enrollment.

IV. LOCAL DISTRICT DECISIONS REGARDING LEGALLY-EXEMPT CHILD CARE PROVIDER

- The district has **rejected** this legally-exempt child care provider **for this child/family only**.
- Parent Name:** _____, per the Codes, Rules and Regulations of New York, (NYCRR) Title 18,
- 415.1(l), the child care provider is not eligible to provide care **for this child/family** because he/she is an adult member of this family's Child Care Services Unit and is not a sibling to the child(ren).
 - 415.1(g)(6 and 7) and 415.4(c)(1)(i), the funding source cannot be used for legally-exempt child care.
 - 415.4(c)(1)(ii), the district believes it would be contrary to the health, safety or welfare of the child to receive child care services from the provider and the district has the authority to disapprove the service.
- The child care provider's **eligibility** to care for **ALL subsidized children** was **suspended** on: ____ / ____ / _____. The provider may obtain an explanation by contacting: (district staff) _____ at (phone) _____.
- The child care provider's **suspension of eligibility** ended on (date): ____ / ____ / _____.
 - The provider is **DISQUALIFIED** from receiving payment under the child care subsidy program for child care services provided for a period of five years, per 18 NYCRR 415.4 (h)(2)(i).
- Disqualification Start Date: ____ / ____ / _____ Disqualification End Date: ____ / ____ / _____

V. COMPLAINT REGARDING LEGALLY-EXEMPT CHILD CARE PROVIDER

- The district has reason to believe the child care provider is/was **in violation** of 18 NYCRR,
- 415.1(h)(1), by caring for more children than allowed from (dates ____ / ____ / ____ to ____ / ____ / _____).

- 415.4(c)(iv) by denying a parent access to his/her child, the premises, or written records concerning the child.
- 415.6(e)(2), by charging a subsidy parent an amount greater than that charged to a non-subsidy parent for similar child care services.
- Other, please identify regulation: _____

Supportive documentation is attached.

VI. CHILD CARE SUBSIDY CASE INFORMATION

Parent Name: _____

The child care subsidy is: Approved. Disapproved. Closed.

The parent is: Not using this provider. Using this provider.

SIGNATURE

DATE

PHONE

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:

Complete Date:

(For Local District Use)

Parent's Case No.: Type: WMS Local

LSSD Office/Unit/Wkr. No.: / /

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

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

- Yes**, same as child care location. **Yes**, same as home address.
- No**. If No, give address below.

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

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

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

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

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

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

1. Choose the statement which describes the child care services you provide. Check A, B, or C. Provide additional information as indicated.

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

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

2. Are you less than 18 years of age?

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

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

C. PEOPLE WHO MAY BE PRESENT AT CHILD CARE LOCATION

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

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

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

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

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

TABLE 1-CHILD CARE PROVIDER'S VOLUNTEERS AND EMPLOYEES

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

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

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

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

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

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

D. OTHER QUALIFICATIONS & PROGRAM CHARACTERISTICS

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

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

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

2. FEDERAL FOOD PROGRAM ASSISTANCE

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

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

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

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

<u>YES</u>	<u>NO</u>	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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**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: _____

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-grandparent,
 - the child's great-aunt/great-uncle (and spouse),
 - the child's brother/sister
 - the child's first cousin (and spouse),
 - the child's great-grandparent,
 - the child's aunt/uncle (and spouse),
- 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.

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

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

ENROLLMENT FORM FOR PROVIDER OF LEGALLY-EXEMPT GROUP CHILD CARE

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

Instructions: Please use black/blue pen.

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



I. CHILD CARE PROVIDER SECTION

A. CHILD CARE PROVIDER/DIRECTOR AND PROGRAM

1. Child Care Provider/Director Name:

Mr. Mrs. Ms.

_____ Last First MI Suffix

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

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

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

Legal Name: _____

3. Identifying and Contact Information:

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

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

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

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

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

Building Number Street Apt.

Address Line 2 Floor

City State Zip County

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

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

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

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

Yes.

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

Building Number Street Apt.

Address Line 2 Floor

City State Zip

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

Yes. Year enrolled: _____. County where you resided: _____.

No.

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

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

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

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

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

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

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

Yes. Describe: _____

No.

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

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

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

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

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

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

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

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

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

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

Provider Name: _____ Enrollment Number: _____

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

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

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

Name of Federal agency where located: _____

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

day care center

family day care home

other child care program: _____

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

Name of Tribe: _____

Name of Tribal Property where located: _____

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

day care center

family day care home

other child care program: _____

C) The program operates under the auspices of the **NYS Department of Education** and

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

Name of school: _____

Name of school district: _____

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

nursery school programs providing services to children three years of age or older, for 3 hours or less per day, per child

pre-kindergarten programs for children three years of age or older

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

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

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

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

Registration Number: _____ Date of Certificate of Registration: _____

E) The program, **located within New York City**,

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

I HAVE ATTACHED a copy of my current permit from the NYC Department of Education.

Permit Number: _____ Expiration Date: _____

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

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

New York State Department of Health (NYSDOH) in accordance with subpart 7-2 of the State Sanitary Code or,

New York City Department of Health and Mental Hygiene (NYCDOHMH).

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

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

Check below to show item attached.

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

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

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

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

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

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

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

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

and,

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

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

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

C. OTHER QUALIFICATIONS & PROGRAM CHARACTERISTICS

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

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

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

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

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

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

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

a) Profession (*Check one*):

- Registered Nurse
- Physician
- Nurse Practitioner
- Physician Assistant

b) License number: _____.

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

IF MULTIPLE MEDICAL PROFESSIONALS EXIST, PLEASE ATTACH LIST SEPARATELY.

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

a) Plan approval date: _____.

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

b) Name of the qualified Medications Administrant: _____.

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

d) Health Care Consultant Profession (*Check one*):

- Registered Nurse
- Physician
- Nurse Practitioner
- Physician Assistant

e) License Number: _____.

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

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

- Yes.** I want to learn how to start the process. Please send me the OCFS-LDSS-7007 Obtaining Authorization to Administer Medication to the Child(ren) in Legally-Exempt Care.
- No.** I will not be seeking authorization to administer medication at this time.

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

- Yes.** **No.**

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

- Yes.** **No.**

2. Program's Hours of Operation

(Check all that apply)

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

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

- A) **Yes.**
- B) **No.** If **No**, check statement 1 or 2 below.
 - 1) I charge parents receiving subsidy **less** than I charge other parents.
 - 2) I charge parents receiving subsidy **more** than I charge other parents.

D. HEALTH AND SAFETY CHECKLIST

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

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

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

Check an answer for each item below:

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

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

E. PROVIDER/PROGRAM BEHAVIORAL CONDITIONS

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

F. RELEVANT HISTORY

1. PROVIDER HISTORY

A) PROVIDER/DIRECTOR TERMINATION OF PARENTAL RIGHTS

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

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

B) PROVIDER/DIRECTOR COURT ORDERED ARTICLE 10 REMOVAL

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

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

C) PROVIDER/DIRECTOR DAY CARE ENFORCEMENT

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

1) I certify and attest that (*check one*):

- I **have** had an application for a license or registration to operate a child day care program denied.
- I **have not** had an application for a license or registration to operate a child day care program denied.

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

- I **have** had a license or registration to operate a child day care program revoked or suspended.
- I **have not** had a license or registration to operate a child day care program revoked or suspended.

3) If you have been denied a license or registration to operate a child day care program, OR if you have had a license or registration to operate a child day care program revoked or suspended, complete the following:

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

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

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

2. PROVIDER, EMPLOYEES AND VOLUNTEERS

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

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

A) PERSONS HELPING TO CARE FOR CHILDREN IN MY CARE

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

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

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

- Yes.**
- No.**

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

- Yes.**
- No.**

B) CRIMINAL HISTORY

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

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

C) INDICATED REPORTS OF CHILD ABUSE OR MALTREATMENT

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

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

- Yes.**
- No.**

G. PROVIDER AGREEMENTS AND CERTIFICATIONS

1. SUBMITTING UPDATES AND CHANGES OF ENROLLMENT INFORMATION

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

2. INFORMATION SHARING

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

3. ELIGIBILITY AND PAYMENT

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

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

4. OTHER AGREEMENTS

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

H. PROVIDER CERTIFICATION

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

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

PROVIDER SIGNATURE	DATE:
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II. PARENT INFORMATION SECTION

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



A. PARENT/CARETAKER⁵ INFORMATION

1. Parent/Caretaker's Name:

Mr. Mrs. Ms.

_____ Last _____ First _____ MI _____ Suffix

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

2. Identifying and Contact Information:

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

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

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

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

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

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

_____ House Number _____ Street _____ Apt.

_____ Address Line 2 _____ Floor

_____ City _____ State _____ Zip _____ County/Borough

6. Mailing Address:

_____ House Number _____ Street _____ Apt.

_____ Address Line 2 _____ Floor

_____ City _____ State _____ Zip _____ County/Borough

7. Your Child Care Subsidy Case:

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

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

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

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

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

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

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

A) Child's Name: _____
Last First
 District CIN _____ Date of Birth: ____ / ____ / ____
(mm/dd/yyyy)

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

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

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

2. MY CHILD(REN)'S MEDICATION NEEDS

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

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

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

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

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

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

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

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

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

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

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

Yes.

No.

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

Yes.

No.

C. PARENTAL ACKNOWLEDGEMENTS & CERTIFICATIONS

1. PARENT RESPONSIBILITIES TO MONITOR QUALITY OF CARE

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

2. CHANGES TO ENROLLMENT INFORMATION

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

3. ELIGIBILITY AND PAYMENT ISSUES

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

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

4. HEALTH AND SAFETY REQUIREMENTS

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

5. PARENT CERTIFICATION

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

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

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



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

ATTACHMENT D

(Model) NON-DISCLOSURE AGREEMENT for District and Contractor

between

the _____ County Department of Social Services (DEPARTMENT)

and _____(CONTRACTOR)

THIS AGREEMENT is between DEPARTMENT, having its principal place of business at _____, New York _____, and CONTRACTOR, having its principal place of business at _____.

WITNESSETH

WHEREAS, CONTRACTOR is under engagement by DEPARTMENT to _____; and

WHEREAS, it is in the interests of all parties that discussions and information or data exchanged be carried on in a controlled environment, and that confidential or proprietary information or data (all hereinafter referred to just as “confidential information”) developed by the parties, or accessed from other sources by virtue of DEPARTMENT having access to such sources, or the ability to arrange access to such sources for CONTRACTOR or CONTRACTOR’s employees or agents, be protected from further disclosure unless DEPARTMENT approves of its release, and that any confidential information be protected from disclosure to third parties, other than on a need-to-know basis;

NOW, THEREFORE, for and in consideration of the engagement of CONTRACTOR to perform services for DEPARTMENT, CONTRACTOR agrees to the following:

- I. All information or data (oral, visual or written, including electronic) of which CONTRACTOR and/or its employees or agents become aware as a result of CONTRACTOR’s engagement with DEPARTMENT shall be deemed to be confidential information. Notwithstanding the foregoing, information or data which falls into any of the following categories shall not be considered confidential information:
 - a. information or data that is previously rightfully known to the receiving party without restriction on disclosure;
 - b. information or data that becomes, from no act or failure to act on the part of the receiving party, generally known in the relevant industry or is in the public domain; and
 - c. information or data that is independently developed by CONTRACTOR and/or its employees or agents without use of confidential information of DEPARTMENT or any State or governmental agency.

- II. Except as specifically permitted in this Non-Disclosure Agreement or by DEPARTMENT, CONTRACTOR and/or its employees or agents shall not, at any time, in any fashion, form, or

manner, either directly, indirectly or accidentally, divulge, disclose, communicate or use, either prior to, during or subsequent to any engagement, any confidential information or methods of accessing information or data received, obtained, acquired, directly, indirectly or accidentally, or developed in association with any engagement unless necessary to effectuate the purposes of the engagement.

- III. CONTRACTOR agrees that any confidential information received from DEPARTMENT, or accessed from other sources by virtue of DEPARTMENT having access to such sources, or the ability to arrange access to such sources for CONTRACTOR or CONTRACTOR's employees or agents, shall be provided only to those designated staff of DEPARTMENT and CONTRACTOR on a pre-approved and need-to-know basis, and that it shall be provided to only those of its employees or agents who have signed a non-disclosure agreement provided or approved by DEPARTMENT. CONTRACTOR agrees that when access to such information or data also results in access to confidential information beyond that which is necessary for the purpose for which access was granted, it will access only the information or data needed for the purpose for which access was given. CONTRACTOR shall take all reasonable steps to inform such employees or agents of their non-disclosure responsibilities with respect to CONTRACTOR's engagement by DEPARTMENT. When such employees or agents no longer have a need for access to such confidential information, whether because of termination of employment, reassignment of job duties or otherwise, CONTRACTOR shall ensure that the access of such employees or agents to such confidential information is terminated, unless access is needed for other engagements for which CONTRACTOR, and such employees or agents, have been granted access and have signed Non-Disclosure Agreements.
- IV. CONTRACTOR acknowledges and agrees that it, and its employees, subcontractors or agents, are bound by applicable Federal and State laws governing confidentiality and/or privacy of information, which may include but which are not limited to:
- a. Section 372 of the Social Services Law;
 - b. Parts 357.3 and 423.7 of Title 18 of the NYCRR; Section 114 of the Domestic Relations Law, Sections 373-a and 409-f of the Social Services Law; Section 168.7 of Title 9 of the NYCRR; and Section 501-c of the Executive Law;
 - c. Section 460-e of the Social Services Law; and
 - d. Section 444 of the Social Services Law; and
 - e. Section 422 of the Social Services Law and section 432.7 of Title 18 of the NYCRR; and
 - f. Sections 465.1 and 466.2 of Title 18 of the NYCRR;
 - g. Section 164.7 of Title 9 of the NYCRR and Section 2782 of the Public Health Law;
 - h. Section 431.7 of Title 18 of the NYCRR; and
 - i. Section 459-g of the Social Services Law and Section 452.10 of Title 18 of the NYCRR;

- XI. CONTRACTOR agrees to transmit confidential information, including client data, to DEPARTMENT only through the use of secure methods as designated by DEPARTMENT for such purposes.
- XII. CONTRACTOR agrees:
- a. to use the confidential information furnished under this Agreement only for the purposes described in the engagement and herein; and
 - b. to retain such confidential information only so long as may be necessary to effectuate the purposes of the engagement.
- XIII. CONTRACTOR agrees to store confidential information received in secure, locked containers. Where data is stored on a computer or other electronic media, CONTRACTOR must have an appropriate computer security policy that protects confidential information from unauthorized disclosure. The computer security policy must include provisions that address the physical security of computer resources; equipment security to protect equipment from theft and unauthorized use; software and data security; and access control. Any access to the stored data, wherever or however stored, must be limited to personnel who have an official business need, and who have signed a Non-Disclosure Agreement substantially similar to that signed by CONTRACTOR's other employees or agents who have access to the stored data. Responsibility for computer security must be assigned to a specific individual or organization, and the assignment must be documented.
- XIV. CONTRACTOR agrees that if it and/or its employees or agents breaches or threatens to breach this Agreement, in addition to having any engagement terminated, DEPARTMENT shall have all equitable and legal rights (including the right to obtain injunctive relief) to prevent such breach and/or to be fully compensated (including reasonable attorneys' fees) for losses or damages resulting from such breach. CONTRACTOR acknowledges that compensation for damages may not be sufficient and that injunctive relief to prevent or limit any breach of confidentiality may be the only viable remedy to fully protect the confidential information as defined in this Agreement. CONTRACTOR further understands and agrees that the terms of this Non-Disclosure Agreement shall survive any term of the engagement, and CONTRACTOR will abide by the terms of this Non-Disclosure Agreement in perpetuity.
- XV. CONTRACTOR shall indemnify and hold harmless DEPARTMENT and the applicable State Agency as well as the State of New York from any and all claims, suits, damages, and costs of any kind including attorney fees, and causes of action arising out of or in any way related to the terms of CONTRACTOR's engagement, including but not limited to unauthorized disclosure of any confidential information received hereunder.
- XVI. CONTRACTOR agrees that it shall not assign or subcontract its obligations under this Agreement.

IN WITNESS WHEREOF, CONTRACTOR has signed this Non-Disclosure Agreement as of the date set forth below.

By: _____

Title: _____

Date: _____

STATE OF _____) SS:

COUNTY OF _____)

On this ____ day of _____, 201____, before me personally came _____, to me known, who, being duly sworn by me, did depose and say that (s)he resides at _____, that (s)he is the _____ (the President, principal or other officer or director or attorney-in-fact duly appointed) of _____, the business or organization described in and which executed the above instrument; and that (s)he signed her/his name thereto by authority of the governing body of said business or organization.

Notary Public

**(Model) NON-DISCLOSURE AGREEMENT for District to use with Contractor's Employee,
Subcontractor or Agent**

This Agreement is executed by and between the _____ County Department of Social Services (DEPARTMENT), having its principal place of business at _____, New York _____, and [INSERT NAME OF THE INDIVIDUAL] (hereinafter referred to as either "I," "me" or "INDIVIDUAL"), as an employee, subcontractor or agent of _____ (CONTRACTOR). [INSERT NAME OF THE CONTRACTOR]

I am an employee, subcontractor or agent of [INSERT NAME OF CONTRACTOR], which is under engagement by DEPARTMENT, pursuant to _____ [REFERENCE THE AGREEMENT] (hereinafter referred to as "Engagement"), to _____ . [DESCRIBE THE ENGAGEMENT]

I understand that as part of performing the duties outlined in and associated with the Engagement, I may have access to, see or hear confidential or proprietary information or data (all hereinafter referred to just as "confidential information"). All information or data (oral, visual or written, including electronic) of which I become aware as a result of the Engagement shall be deemed to be confidential information.

I understand and agree that the use of confidential information obtained in the performance of my duties shall be limited to purposes directly connected with such duties, unless otherwise provided in writing by DEPARTMENT. When access to such information or data also results in access to confidential or proprietary information or data beyond that which is necessary for the purpose for which access was granted, I agree to access only the information or data needed for the purpose for which access was given.

When I no longer require access to confidential information, whether because of termination of employment, reassignment of job duties or otherwise, I agree that I will not access or attempt to access any of DEPARTMENT's confidential information, or any confidential information in State systems or other sources to which I have been given access as a result of the Engagement, and will turn over to CONTRACTOR all reports, notes, memoranda, notebooks, drawings, and other information or data developed, received, compiled by or delivered to me relating to the

Engagement, regardless of the source of the said information or data. I will certify in writing that I have complied with the obligations set forth in this section.

I understand that the law forbids disclosing such information, in whole or part, to anyone unless specifically directed to do so by DEPARTMENT. I agree that I will not disclose it unless I am specifically directed to do so by CONTRACTOR or DEPARTMENT. I further understand that if I am unsure as to what information is confidential, I will immediately consult with CONTRACTOR and/or DEPARTMENT program managers involved with the Engagement prior to any such disclosure.

I will safeguard, and will not disclose to unauthorized parties, any user name and/or password that may be issued to me in furtherance of my access to the confidential information unless authorized by DEPARTMENT. I understand that my access to the confidential data may be revoked at any time if my responsibilities change, or for any other reason at the discretion and direction of CONTRACTOR or DEPARTMENT.

I will comply with all applicable Federal and State laws and regulations and with all applicable policies and procedures as set by the State of New York and DEPARTMENT, including, but not limited to, the confidentiality provisions of Section 372 of the New York State Social Services Law.

I will promptly report, to DEPARTMENT and CONTRACTOR, activities by any individual or entity that I suspect may compromise the availability, integrity, security or privacy of the confidential information. I will immediately notify CONTRACTOR of any request for information or data concerning or related to DEPARTMENT business that does not come from an individual involved in the project.

I agree not to attach or load any additional hardware or software to DEPARTMENT or State equipment unless authorized by DEPARTMENT, and that I will use only those access rights and will access only those systems, directories, information or data authorized for my use by DEPARTMENT.

I agree not to take any actions which intrude upon, disrupt or deny services to DEPARTMENT, unless prior authorized and in such a manner as directed by DEPARTMENT's Systems Administrator or his/her designee.

I agree to store confidential information received in secure, locked containers or, where data is stored on a computer or other electronic media, in accordance with CONTRACTOR's computer security policy that protects confidential information from unauthorized disclosure.

I agree not to issue any press releases, give or make any presentations, or give to any print, electronic or other news media information regarding my employment by, or my relationship with, CONTRACTOR with respect to the Engagement with DEPARTMENT, without the advance approval of DEPARTMENT.

I understand and agree that the terms of this Confidentiality and Non-Disclosure Agreement shall continue even when I am no longer an employee, subcontractor or agent of CONTRACTOR, and that I will abide by the terms of this Confidentiality and Non-Disclosure Agreement in perpetuity.

I understand that failure to comply with these requirements may result in disciplinary action, termination and/or criminal prosecution, as well as any other penalties provided by law.

This Agreement shall be governed by the laws of the State of New York, unless otherwise required by the Federal Supremacy Clause.

INDIVIDUAL's printed name

INDIVIDUAL's signature

Entity of which INDIVIDUAL is an employee, subcontractor or agent *[INSERT NAME OF CONTRACTOR]*

Date

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

EMPLOYMENT OF MINORS

This form must be completed by any child care provider who is under 18 years of age.

PROVIDER NAME :	DATE OF BIRTH:
<p>1) I agree to the following conditions:</p> <ul style="list-style-type: none"> • I am at least 14 years old. • I do not and will not provide child care during the hours I am required to be in school. • I understand additional restrictions may apply to me based on the type of care I provide, and they are listed below. <p>2) The type of care I provide is:</p> <p><input type="checkbox"/> A.) I provide In-Home Child Care. I provide care <i>in the home of the children</i>. I provide care <u>ONLY</u> for children who live in the home where the care is provided. Working papers are <u>not</u> required. However, if at any time I begin to provide Family Child Care I must follow the requirements listed below.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> B.) I provide Family Child Care. I provide care in a residence and I provide care for at least one child who does NOT live in that residence.</p> <p>1) I am required to have working papers.</p> <p><input type="checkbox"/> I have attached a copy of my working papers (<i>Required for all minors providing family child care</i>).</p> <p>2) The Family Child Care is provided in the following residence:</p> <p><input type="checkbox"/> a. In my home. My parent/caretaker has signed below.</p> <p><input type="checkbox"/> b. In a home other than the home of the children and other than my home. The adult in charge of the residence has signed below.</p> <p>3) The hours I work are restricted based on my age and whether I am enrolled in school.</p> <p><input type="checkbox"/> a. I am 14 or 15 years old and enrolled in school. While school is <u>in session</u>, I do not provide care between the hours of 7:00 PM and 7:00 AM; and I work no more than 3 hours on any school day; no more than 8 hours on a Saturday, Sunday or holiday; and, no more than 18 hours per week; AND When school is <u>not in session</u> (during school vacations), I do not provide care between the hours of 9:00 PM and 7:00 AM; and, I work no more than 8 hours per day and 40 hours per week.</p> <p><input type="checkbox"/> b. I am 16 or 17 years old and enrolled in school. While school is <u>in session</u>, I do not provide care between the hours of 10:00 PM to 6 AM. However, with the written consent of my parent and a certificate of good academic standing from my school, I may work additional hours from 10:00 PM up to midnight. I work no more than 4 hours on any school day, except Friday; no more than 8 hours a day on Friday, Saturday, Sunday and holidays; and, no more than 28 hours per week, AND When school is <u>not in session</u> (during school vacations), I do not provide care between midnight and 6:00 AM; and, I work no more than 8 hours per day and 48 hours per week.</p> <p><input type="checkbox"/> c. I am 16 or 17 years old and I am not enrolled in school. I can work full time throughout the year. I do not provide care between midnight and 6:00 AM; and, I work no more than 8 hours per day and 48 hours per week.</p>	
By signing this form I agree that all of the above statements are true and accurate.	
PROVIDER SIGNATURE:	DATE:
SIGNATURE OF PARENT/CARETAKER OF MINOR PROVIDER OR ADULT IN CHARGE OF THE HOME:	DATE:
PRINT NAME OF PARENT/CARETAKER OF MINOR OR ADULT IN CHARGE OF THE HOME:	DATE:

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES**PARENTAL RESPONSIBILITIES WHEN EMPLOYING A LEGALLY-EXEMPT
IN-HOME CHILD CARE PROVIDER**

Dear Parent/Caretaker,

When you choose to use an in-home child care provider, you are regarded as an employer and therefore you must meet the requirements for each of the following. Minimum wage and other benefit levels are subject to change. You must check with the New York State Department of Labor to make sure that you meet all of the current requirements.

1. Minimum Wage Requirement

When you have someone care for your child(ren) in your home, you must pay your in-home child care provider no less than minimum wage. The New York State minimum wage was \$7.25 per hour as of August 2010. It is your responsibility to keep informed of the current minimum wage and you may do so by contacting the New York State Department of Labor. Any increase in the federal minimum wage above the state rate will result in an increase to the state's minimum wage. For more information, contact the New York State Department of Labor or visit their website at <http://www.labor.ny.gov/>

2. Social Security Taxes (FICA)

You, as the employer of an in-home child care provider, are responsible for reporting and paying FICA each calendar quarter. FICA does not apply to wages that you pay your own children under 21 years of age. As an employer, you must withhold a percentage of the in-home child care provider's earnings and you must also contribute a matching amount for FICA which includes a portion for Social Security and a portion for Medicare. You may get help determining the appropriate amounts that need to be withheld by contacting the Internal Revenue Service. For more information on FICA rate, forms, filing procedures, and general assistance, contact the Internal Revenue Service at 1-800-829-1040.

3. Federal Unemployment Tax (FUTA)

As an employer, you are required to make FUTA payments if you pay your in-home child care provider in cash wages in any calendar quarter. You should contact the Internal Revenue Service for the dollar amount of cash wages which require FUTA payments. This tax must be paid by you as the employer and cannot be deducted from your in-home child care provider's wages. You must file a Form 940 or Form 940-EZ at the end of the year. For more information on the FUTA rate, forms, filing procedures and general assistance, you may contact the nearest Internal Revenue Service (IRS) office.

4. NYS Unemployment Insurance

If you pay your in-home child care provider a total of \$500 or more in a calendar quarter, then you are required to pay New York State unemployment insurance (UI) taxes. The wages need not to be paid to any one employee to make you liable to pay UI taxes. If you have paid cash wages of at least \$500 in total to one or more in-home child care providers in a calendar quarter, you are required to pay the tax. For information on how to register and for computation of your UI tax rate as an employer, contact the New York State Department of Labor, Unemployment Insurance Division, W.A. Harriman Campus, Building 12, Albany, New York, 12240 or visit their website at <http://www.labor.ny.gov/>

5. New York State Workers' Compensation

When your in-home child care provider works 40 or more hours per week, you are responsible for providing Workers' Compensation Insurance and Disability Benefit Insurance coverage. This requirement does not apply to your own children who are under the age of 21. You may not charge any part of the cost of this insurance to your in-home child care provider. This insurance may be purchased from any private company licensed to write such coverage in New York State or from the State Insurance Fund, a State agency. For more information, contact the Worker's Compensation Board at 1-877-632-4996.

You may request that the local social services district add the cost of these benefits to the rate charged by your in-home child care provider in order to calculate the full cost of your child care. You will need to inform the Local Social Services District how much your in-home child care provider charges you and how much additional you are paying to cover the costs of the benefits. The Local Social Services District may then be able to include all or some portion of these benefits in your child care subsidy, if the total amount is below the applicable market rate. The Local Social Services District cannot pay more than the child care market rate. You are responsible for paying your in-home child care provider the difference between the total cost of care and what the Local Social Services District can pay.

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

HISTORY OF CRIMINAL CONVICTIONS AND PARENTAL ACKNOWLEDGMENT 18 NYCRR, 415.4(F)(7)(I)

Applies to the child care provider, employees, volunteers, and, for Legally-Exempt Family Child Care, household members 18 years of age or older. Use one history form per person. Attach additional pages if necessary.

Name of Child Care Provider: _____	
Name of Individual with Criminal Conviction: _____	
Specify Crime(s) Name and Penal Law/Code: _____	
Disposition Date(s) and Penalties Imposed: _____	
Description(s):	
Other Relevant Information:	
I attest the above information is a true and accurate summary.	
SIGNATURE OF PERSON WITH CRIMINAL HISTORY- if not the provider	DATE:
PROVIDER SIGNATURE	DATE:
PARENT ATTESTATION	
<input type="checkbox"/> I understand that the provider I have selected, or, other person named above who may be on the premises of the child care program, has a criminal history described above. I may request that the Enrollment Agency consider this provider for enrollment.	
<input type="checkbox"/> I understand that I have the right to select another provider. If I need help locating another provider, I can request such help from the local child care resource and referral agency and/or the local district. I hereby waive this right and, by signing this form, I am stating that I choose to have this provider care for my child.	
PARENT/CARETAKER SIGNATURE:	DATE:
PRINT PARENT/CARETAKER NAME:	

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

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

Applies to Child Care Provider only.

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

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

- Explain the underlying reasons why this occurred:

6. Other Relevant Information:

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

PROVIDER SIGNATURE	DATE:
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PARENT ATTESTATION

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

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

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

Applicable to Child Care Provider only.

NAME OF CHILD CARE PROVIDER:	
DATE(S) OF REMOVAL/TERMINATION:	NAME OF COURT:
NAMES OF CHILDREN INVOLVED:	COUNTY AND STATE:
<p>TYPE OF COURT INVOLVEMENT (<i>Check all that apply</i>):</p> <p><input type="checkbox"/> A) Judicial Termination of Parental Rights Under Social Services Law 384-b</p> <p style="margin-left: 20px;">1) Legal Reason for Judicial Termination of Parental Rights:</p> <p style="margin-left: 40px;"><input type="checkbox"/> a) Permanent Neglect; <input type="checkbox"/> b) Mental Retardation; <input type="checkbox"/> c) Severe or Repeated Abuse;</p> <p style="margin-left: 40px;"><input type="checkbox"/> d) Other, _____</p> <p><input type="checkbox"/> B) Court-Ordered Removal of a Child under Family Court Act Article 10 (Child Protective)</p> <p style="margin-left: 20px;">1) Judicial Finding:</p> <p style="margin-left: 40px;"><input type="checkbox"/> a) Neglect; <input type="checkbox"/> b) Abuse; <input type="checkbox"/> c) Severe or Repeated Abuse; <input type="checkbox"/> d) No Finding,</p> <p style="margin-left: 20px;">2) If no judicial finding, give reason:</p> <p style="margin-left: 40px;"><input type="checkbox"/> a) Article 10 Petition never filed with court; <input type="checkbox"/> b) Article 10 Petition withdrawn;</p> <p style="margin-left: 40px;"><input type="checkbox"/> c) Case was dismissed <input type="checkbox"/> d) Other, _____</p> <ul style="list-style-type: none"> • Describe the situation(s) that led to the termination of parental rights and/or the removal of children 	
<ul style="list-style-type: none"> • Explain the reasons underlying the termination of parental rights and/or the removal of children <i>Attach additional pages if necessary.</i> 	
I attest the above information is a true and accurate summary.	
SIGNATURE OF PROVIDER:	DATE:
<p>PARENT ATTESTATION</p> <p><input type="checkbox"/> I understand that the provider named above has a history of termination of parental rights and/or a child protective removal of a child, described above. I may request that the Enrollment Agency consider this provider for enrollment. I understand that I have the right to select another provider. If I need help locating another provider, I can request such help from the local child care resource and referral agency and/or the local district.</p> <p><input type="checkbox"/> I hereby waive this right and, by signing this form, I am stating that I choose to have this provider care for my child.</p>	
SIGNATURE OF PARENT/CARETAKER:	DATE:
PRINT PARENT/CARETAKER NAME:	DATE: