

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
REQUIRED FORMS AND CLEARANCE LIST
CHILD CARE PROGRAMS

The following individual forms listed must be completed for all staff, legally-exempt providers, volunteers and all household members 18 years of age or older as noted in the chart below:

- **DCC, SACC and Legally-Exempt Group Program Staff and Volunteers:** Submit all required forms listed below to your Director... Director or designee enters the information from the **LDSS-3370** form into the Online Clearance System (OCS). If payment is not made with credit card, the \$25.00 payment, in the form of certified check or money order, must be mailed to appropriate licensing/registration office. Your clearances will **NOT** be processed without payment. Make an appointment for fingerprinting using the **OCFS-4930** and bring that form to the appointment. All clearance documents are then submitted to the Licensor/Registrar or Enrollment Agency. Director checks references and qualifications for DCC and SACC staff/volunteers.
- **DCC, SACC and Legally-Exempt Group Program Directors:** Submit all required forms listed below to your Licensor/Registrar or Enrollment Agency along with SCR payment. Your clearances will **NOT** be processed without payment. Schedule an appointment for fingerprinting using the **OCFS-4930** and bring that form to the appointment. All clearance documents are then submitted to the Licensor/Registrar or Enrollment Agency.
- **All GFDC/FDC/SDCC Staff and Household Members:** Submit all required forms listed below to your Licensor/Registrar. Your clearances will **NOT** be processed without payment. Make an appointment for fingerprinting using the **OCFS-4930** and bring that form to the appointment (if noted below).
- **Legally-Exempt Informal Child Care Providers*, Staff and LE Family Child Care Household Members 18 and older**:** Submit all required forms listed below to your Enrollment Agency. Make an appointment for fingerprinting using the **OCFS-4930** and bring that form to the appointment. Your clearances will **NOT** be processed without payment

*Legally-exempt informal child care providers who are related to ALL children in care as a grandparent, great grandparent, sibling (who resides in a separate residence), aunt or uncle are exempt from comprehensive background check requirements, as are their staff and volunteers.

**Legally-exempt family child care household members age 18 or older who are related to ALL children in care in any way are exempt from comprehensive background check requirements.

Requirement	All Staff & Volunteers in licensed/registered programs	G/FDC Household Member 18 Years & Older	G/FDC Household Member Under 18 years old	Legally-Exempt Group Staff and Volunteers	Legally-Exempt Informal Providers, Staff, Volunteers and LE Child Care Household Members 18 years & older
LDSS-3370 <i>Statewide Central Register Database Check (includes the form and instructions for completing the DCCS version)</i>	X	X		X	X
OCFS-4930 <i>Request for Fingerprinting Services-Child Care</i>	X	X		X	X
OCFS-6001 <i>Child Care Provider, Staff, Volunteer, and Household Member Information</i>	X	X	X	X	X
OCFS-6002 <i>Qualifications</i>	X				
OCFS-6003 <i>References</i>	X				
OCFS-6004 <i>Child Care Provider, Staff, Volunteer, and Household Member Medical Statement</i>	X	X	X	X	
OCFS-6005 <i>Criminal Conviction Statement</i>	X	X			
OCFS-6022 <i>Request for Staff Exclusion List Check</i>	X	X		X	X

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The requirements for the comprehensive background checks will be completed using these forms. OCFS will provide written notice as to whether or not the individual is authorized to care for children once the process is complete.

<p>New York State Criminal History Record Check (form OCFS-4930) <i>NYS Department of Criminal Justice Services</i></p>
<p>National Criminal Record Check (form OCFS-4930) <i>Federal Bureau of Investigation</i></p>
<p>New York State Sex Offender Registry Search (form OCFS-6001) <i>NYS Department of Criminal Justice Services</i></p>
<p>***National Sex Offender Registry Search (form OCFS-4930) <i>National Crime and Information Center</i></p>
<p>Statewide Central Register Database Check (form LDSS-3370) <i>SCR of Child Abuse and Maltreatment</i></p>
<p>Staff Exclusion List Check (form OCFS-6022) <i>New York State Justice Center</i></p>
<p>State Sex Offender Registry, Child Abuse or Maltreatment, and Criminal History Repository Search (form OCFS-6001) <i>In each state other than New York where you have lived in the last 5 years</i></p>

*****required in accordance with a schedule that will be released by the office at a later date**



Office of Children and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

September 25, 2019

Dear Enrolled Legally-Exempt Informal Provider:

This letter is to inform you of new requirements for background checks for certain child care providers. Legally-exempt child care providers, employees, volunteers, and household members must now complete a criminal background check and other background checks. This letter contains important information about this requirement.

PLEASE READ CAREFULLY.

Who is required to complete the new background checks?

- Legally-exempt child care providers (unless they are related to ALL children in care as a grandparent, great-grandparent, sibling who resides in a separate residence, aunt or uncle)
- Employees and volunteers
- Family child care household members age 18 or older not related in any way to all children in care

Who is not required to complete the new background checks.

- Providers who are related to ALL children in care as a grandparent, great-grandparent, sibling who resides in a separate residence, aunt or uncle; and their employees, volunteers, and household members
- Household members if they are under age 18 and living at an in-home program, or if they are age 18 or older and living at a family program and related in any way to all children in care

What is checked?

- New York State criminal history records with the Division of Criminal Justice Services (DCJS)
- National criminal history records with the Federal Bureau of Investigation (FBI)
- The New York State Sex Offender Registry
- The Statewide Central Register of Child Abuse and Maltreatment (SCR)
- The Staff Exclusion List (SEL)

A search of the national sex offender registry is also required but will be conducted at a later time.

In addition to those listed above, the following background checks will be required if an individual listed above lives or lived in a state other than New York during the five years prior:

- A search of the criminal history repository in the other state(s)
- A search of any state sex offender registry or repository in the other state(s)
- A search of state-based child abuse or neglect repository in the other state(s)

What are the costs?

- New child care providers and employees must pay \$25 for their SCR check.

When must this be done?

- All new providers applying on or after September 25, 2019, and all other required individuals at such programs must complete the background checks prior to enrollment.
- You, as a currently enrolled informal provider, will receive a new application and notice of reenrollment 60 days prior to the end of your enrollment period. You and all other required individuals at your program must complete these background checks prior to reenrollment.

How do I do it?

- After you receive your enrollment application, complete and return it to your enrollment agency as soon as possible.
- The enrollment agency will then provide you with the OCFS-6000 form (described below) if you or anyone associated with your program is required to complete a background check. If background checks are not required, your reenrollment will proceed as normal.
- Complete the OCFS-6000 form using the instructions in the packet, which include information about scheduling fingerprinting.
- Once the background check process is complete, the New York State Office of Children and Family Services (OCFS) will mail to you a written notice that will state the individual's eligibility for enrollment, work, or presence at a child care program. You must keep the notice on site at the program.

What is the OCFS-6000 series?

The OCFS-6000 is a series of forms needed to complete the background check. The packet contains the following forms for legally-exempt informal programs:

- OCFS-6000, *Staff, Volunteer, and Household Member Required Forms List*
- OCFS-6001, *Child Care Provider, Staff, Volunteer, and Household Member Information*
- OCFS-6022, *Request for Staff Exclusion List*
- OCFS-4930, *Request for Fingerprinting Services*
- LDSS-3370, *Statewide Central Register Database Check*

There are four additional forms in the packet, OCFS-6002, 6003, 6004, and 6005, **that you do not need to complete because these forms do not apply to informal programs**. The instructions for the OCFS-6000 are enclosed with this letter. These forms, and the OCFS-4930-1, *Guidelines for Fingerprinting for Child Care Programs*, are on our website at: <https://ocfs.ny.gov/main/documents/docsChildCare.asp>.

Staff can call 1-877-472-6915 or go to <https://uenroll.identogo.com/workflows/15441V> to schedule a fingerprint appointment.

Please note: DCJS and the FBI require individuals who have had a Social Security number issued to enter it into a key pad when they are fingerprinted. If the number is entered incorrectly, the individual will need to be fingerprinted again, which results in additional costs and a delay in completing the background check. If a Social Security number has been issued to the individual, please be sure the individual carries it when going to be fingerprinted.

FINGERPRINT WAIVER PROCESS

If an individual successfully completes a background check, his/her fingerprint results can apply to another program if the individual has been associated with an active program in the past 180 days. If an individual has not been associated with an active program for more than 180 consecutive days, the individual must complete another background check. However, even when fingerprint results can be waived into another child care program, a new SCR and SEL checks must be completed.

Who must be trained?

Legally-exempt group, family and in-home providers, caregivers, employees, and volunteers with the potential for regular and substantial contact with children will be required to participate in this health and safety training. The only exception to this is that a grandparent, great-grandparent, sibling (if living in a separate residence), aunt or uncle who provides care for ONLY a child(ren) related to them will NOT be required to complete this requirement.

What Happens If I Don't Get the Training?

Legally-exempt child care programs who do not complete the required Health and Safety Pre-service training AND do not notify the enrollment agency that training has been completed within the designated time frame will NOT be eligible to receive child care subsidies. Failure to obtain the training may result in the termination of the child care program's enrollment to provide subsidized child care.

*How do I Take the Pre-service Training? *

There are two OCFS-approved training options.

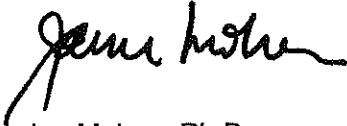
1. Online "E-Learning"- *Foundations in Health and Safety*
 - a. This training is available online and can be found by going to www.ecetp.pdp.albany.edu. *
 - b. Takes approximately five hours to complete.
 - c. Training may be completed on a PC or MAC computer. Mobile devices are not supported. Internet access is required.
 - d. All modules must be completed in full for compliance; they may be completed in more than one sitting.
 - e. Trainees need to create an ecetp account at ecetp.pdp.albany.edu. The username and password established needs to be used for each log in.
 - f. Training is currently available in English. The Spanish version is expected to be available July 1, 2017.
 - g. Participants will be able to print out a certificate at the end of the training to submit to the enrollment agency as proof of having completed the required training.
 - h. There is no cost to take this training.

What Should I Do Once I Have Completed the Training?

Submitting the certificate and notifying your enrollment agency that training has been completed helps make sure that enrollment is not affected. Directors of legally-exempt group programs and providers of legally-exempt family and in-home child care must submit a copy of the certificate and the Training Record Form (OCFS Form 4699.3) to the enrollment agency. Employees and volunteers of legally-exempt group programs should submit a copy of their certificate to their program director. Directors of legally-exempt group programs and providers of legally-exempt family and in-home child care are responsible for verifying that their employees who have caregiving roles and volunteers who have the potential for regular and substantial contact with children in care have met the requirement.

We appreciate your commitment to the safety and well-being of children in care. OCFS will continue to keep you informed as we progress with implementing these federal requirements. In the meantime, if you have any questions, please reach out to your enrollment agency for assistance.

Sincerely,

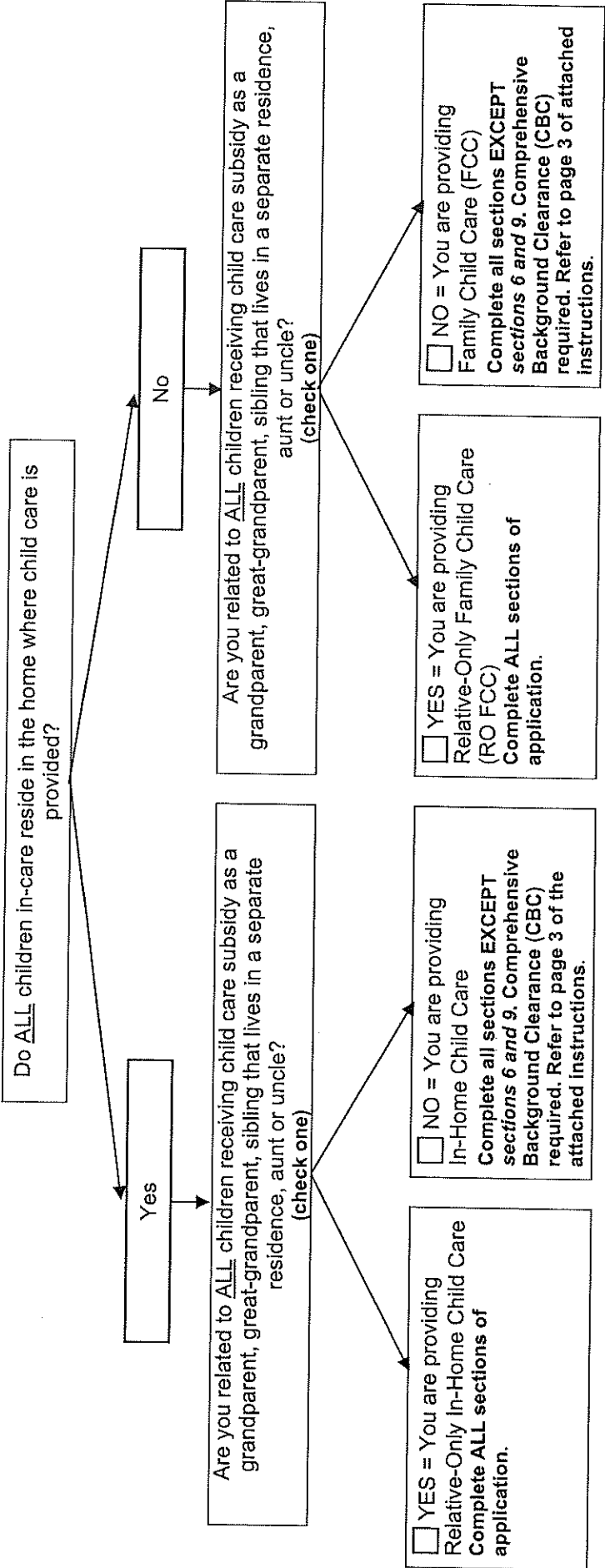


Janice Molnar, Ph.D.
Deputy Commissioner
Division of Child Care Services

Si necesita leer esta carta en español, visite el portal de la División de Servicios de Cuidado Infantil: Si no tiene acceso a <https://ocfs.ny.gov/main/childcare/letters.asp> la Red o Internet, contacte al encargado de licencias o registros para recibir ayuda.



NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**ENROLLMENT FORM FOR PROVIDER OF LEGALLY EXEMPT IN-HOME CHILD CARE
AND LEGALLY EXEMPT FAMILY CHILD CARE**



Child Care Location: All fields required. Include the full address of the location where child care will be provided.

Street Address: Apartment # Floor # City State Zip Code County

Site phone number: *Valid working phone or immediate access to one is required at child care location: () - Is another provider enrolled to provide care at same address? Yes No

Site address/Care location same as: Provider's address Parent's/Caretaker's address Other:

IMPORTANT: Maximum capacity for Family Child Care (FCC) programs is no more than eight children may be in care at any given time. When non-related children are also in care, you may not care for more than two non-related children simultaneously, for more than three hours total per day. There is no capacity limit for In-Home child care when ALL children reside in the home.

Received Date: / / Complete Date: / /

CCFS ID: Facility Name:

Section 1: Provider Information

Provider Information:									
Name: First		Last (Please include any ALIASES or MAIDEN names in parentheses)				MI		Suffix	
Gender	Date of Birth / /	Social Security Number (optional)			Preferred Language				
Home Address: Street Address		Apt #	Floor #	City	State	Zip Code	County		
Mailing Address: Street Address/P.O. Box <input type="checkbox"/> Same as Home		Apt #	Floor #	City	State	Zip Code			
Have you ever been previously enrolled? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, please write your Enrollment ID:									
Email Address				Home Phone Number () -			Cell Number () -		

Section 2: Parent/Caretaker Information

Parent/Caretaker Information:									
Name: First		Last (Please include any ALIASES or MAIDEN names in parentheses)				MI		Suffix	
Date of Birth / /	Gender	Home Phone () -			Work Phone () -				
Cell Phone () -		Email Address							
Home Address: Street Address		Apt #	Floor #	City	State	Zip Code	County		
Mailing Address: Street Address/P.O. Box <input type="checkbox"/> Same as Home		Apt #	Floor #	City	State	Zip Code			
Subsidy Paying County Preferred Language									

Section 3: Children Receiving Subsidy (If the schedule varies, you must provide a schedule for a typical week of care for the child.)

Child's Full Name		Gender		DOB	
First	Last	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
Parent's Name					
Provider's relationship to the child?					
First	Last	Fri		Sun	
Drop-off	Mon	Tue	Wed	Thurs	Sat
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Pickup	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	(Check one) <input type="checkbox"/> Provider (must meet requirements per instructions) <input type="checkbox"/> Parent				
(Check one) <input type="checkbox"/> Provider (must meet requirements per instructions) <input type="checkbox"/> Parent					
Who will administer medication?					

Child's Full Name		Gender		DOB	
First	Last	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
Parent's Name					
Provider's relationship to the child?					
First	Last	Fri		Sun	
Drop-off	Mon	Tue	Wed	Thurs	Sat
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Pickup	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	(Check one) <input type="checkbox"/> Provider (must meet requirements per instructions) <input type="checkbox"/> Parent				
(Check one) <input type="checkbox"/> Provider (must meet requirements per instructions) <input type="checkbox"/> Parent					
Who will administer medication?					

Child's Full Name		Gender		DOB	
First	Last	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
Parent's Name					
Provider's relationship to the child?					
First	Last	Fri		Sun	
Drop-off	Mon	Tue	Wed	Thurs	Sat
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Pickup	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	(Check one) <input type="checkbox"/> Provider (must meet requirements per instructions) <input type="checkbox"/> Parent				
(Check one) <input type="checkbox"/> Provider (must meet requirements per instructions) <input type="checkbox"/> Parent					
Who will administer medication?					

Section 4: Other Children in Care NOT Receiving Subsidy None

Child's First Name	Age	Parent's First Name
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Provider's relationship to the child:

Schedule of Child Care							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Drop-off	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Pickup	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Child's First Name	Age	Parent's First Name
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Provider's relationship to the child:

Schedule of Child Care							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Drop-off	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Pickup	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

How many of the provider's own children (including foster children) are at the child care site during child care hours? None

Number of Children	List the ages of all the provider's own children at the child care site.
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Section 5: ALL Provider Formal Child Care History

*If you select yes to questions 1 or 2 below, you must complete the relevant questions in Section 11, and provide the required true and accurate information.	Yes	No
1. Have you ever had an application for a license or registration to operate a child day care program denied?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had a license or registration to operate a child day care program revoked, limited or suspended?	<input type="checkbox"/>	<input type="checkbox"/>

Section 6: Relative-Only Provider-Child Abuse/Maltreatment and Criminal History Disclosure

*If you select yes to questions 1, 2 or 3 below, you must complete the relevant questions in Section 11, and provide the required true and accurate information.	Yes	No
1. Have you ever had your parental rights terminated under Social Services Law 384b or equivalent legal authority?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had a child(ren) removed from your care by court order in a proceeding under Article 10 of the Family Court Act?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been convicted of a crime in the State of New York or any other jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
4.4(a) Have you ever been the subject of an indicated report of child abuse and maltreatment?	<input type="checkbox"/>	<input type="checkbox"/>
4.4(b) If Yes: Have you provided the parent/caretaker with true and accurate descriptions of the incident and the date of indication?	<input type="checkbox"/>	<input type="checkbox"/>

Section 7: Provider Training Requirements (See page 4, **Section 7**, of Instructions for more information)

Preservice Training (Select one) *Only required for initial enrollment*

I am required to complete five hours of Health and Safety preservice training, and I have attached my certificate of completion.

I previously enrolled as a provider and have submitted my certificate to this enrollment agency.

Not applicable. I am a relative-only in-home or relative-only family child care provider.

Annual Training (Select one) *Only required at re-enrollment for non-relative providers*

I have attached my certificates of completion of five hours of training (completed in the last 12 months) as proof of my completion of annual training.

Not applicable. I am not yet enrolled as a legally exempt provider.

Not applicable. I am a relative-only in-home or relative-only family child care provider.

Enhanced Rate Training (Select one) *Only required if applying for the enhanced rate*

I have attached my certificates of completion of 10 or more additional hours of training as proof of eligibility for the enhanced rate.

Not applicable. I am not applying for the enhanced rate.

Section 8: Relative-Only Family Child Care and Family Child Care Household Members, Employees, and Volunteers None

THIS SECTION DOES NOT APPLY TO HOUSEHOLD MEMBERS FOR IN-HOME CHILD CARE.
Only complete this section if you have household members age 18 or older, employees or volunteers.
 For relative-only family child care and family child care, list all persons who are age 18 and older residing in the home where family child care is provided. List all employees and volunteers.

Full Name		Role	Date of Birth	Related to Child
First	Last			
		<input type="checkbox"/> Household Member <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer	/ /	<input type="checkbox"/> Yes - if yes, how? <input type="checkbox"/> No
		<input type="checkbox"/> Household Member <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer	/ /	<input type="checkbox"/> Yes - if yes, how? <input type="checkbox"/> No
		<input type="checkbox"/> Household Member <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer	/ /	<input type="checkbox"/> Yes - if yes, how? <input type="checkbox"/> No

Section 9: Household Members, Employees and Volunteers Relevant History None

Only complete this section if you are a relative-only in-home child care and have employees or volunteers, OR if you are a relative-only family child care and have household members over the age of 18 residing in your home, employees or volunteers, OR if you are a family child care and have household members over the age of 18 who are related in any way to ALL children in care.
**If you select yes to question 1 below, you must complete Section 11, and provide the required true and accurate information.*

	Yes	No

<p>1. Have any of your employees, volunteers, persons over the age of 18 residing in your home where child care is provided been convicted of a crime in the State of New York or any other jurisdiction?</p>	<input type="checkbox"/>
<p>2. I have asked my employees, volunteers and persons over the age of 18 residing in the home, including those related in any way to all children in care where child care is provided, if they have been the subject of a case of indicated child abuse and maltreatment, AND if they have never been the subject of an indicated report of child abuse or maltreatment, OR they have been the subject of an indicated report of child abuse and maltreatment, and I provided the parent/caretaker with true and accurate descriptions of the incident and the date of indication (see instructions on page 6, Section 9, for further clarification of these statements).</p>	<input type="checkbox"/>

Section 10: Employee and Volunteer Training Requirements

<p>Employee and Volunteer Preservice Training (Select one)</p>	
<input type="checkbox"/> All employees and volunteers have completed five hours of Health and Safety preservice training, and a copy of certificate of completion will be kept on-site.	
<input type="checkbox"/> Not applicable. Provider is related to every child receiving subsidy in care.	
<input type="checkbox"/> Not applicable. Provider does not have employees or volunteers.	
<p>Employee and Volunteer Annual Training (Select one) Required at re-enrollment</p>	
<input type="checkbox"/> All employees and volunteers have completed an additional five hours of annual training and a copy of certificates of completion will be kept on-site.	
<input type="checkbox"/> Not applicable. Provider is related to every child receiving subsidy in care.	
<input type="checkbox"/> Not applicable. Provider does not have employees or volunteers.	

Section 11: History/Background Acknowledgements (Use additional paper as needed.)

<p>History of Day Care Enforcement (Section 5)</p>	
<p>Name of day care program having enforcement action:</p>	
<p>Location:</p>	
<p>Type(s) of enforcement action (Check all that apply.):</p>	<input type="checkbox"/> Denied <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended <input type="checkbox"/> Limited
<p>Dates of enforcement actions:</p>	
<p>Description/reason for enforcement action:</p>	
<p>History of Criminal Convictions (Section 6, 9)</p>	
<p>Relative-Only In-Home and Relative-Only Family Child Care Provider and Employees, Volunteers and Adult Household Members</p>	
<p>Name of individual with criminal conviction:</p>	
<p>Specific conviction(s):</p>	
<p>Disposition date / / and penalty imposed:</p>	
<p>Description:</p>	
<p>History of Termination of Parental Rights and/or Court-Ordered Article 10 Removal of a Child (Section 6)</p>	
<p>Relative-Only In-Home and Relative-Only Family Child Care-applies to provider only</p>	
<p>Date(s) of removal/termination: / /</p>	<p>Name of court:</p>
<p>County: State:</p>	
<p>Type of court involvement (Check all that apply.)</p>	
<p><input type="checkbox"/> Judicial Termination of Parental Rights Under Social Services Law 384-b</p>	
<p><input type="checkbox"/> Court-Ordered Removal of a Child Under Article 10 of the Family Court Act (Child Protective)</p>	

Reasons underlying the loss of parental/custodial rights

Section 12: Provider Certification

To the best of my knowledge, I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in denial or termination of the enrollment, social services terminating child care subsidy payments, and/or legal action against the provider for deliberately presenting false or misleading information.

Signature of Provider:

Date:

/ /

Section 13: Parent/Caretaker Certification

To the best of my knowledge, I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in denial or termination of the enrollment, social services terminating child care subsidy payments, and/or legal action against the parent/caretaker for deliberately presenting false or misleading information.

Signature of Parent/Caretaker:

Date:

/ /

Detach here and retain for your own records.

Section 14: Provider Attestations and Agreements <https://ocfs.ny.gov/programs/childcare/regulations/415-Child-Care-Services.pdf>
By signing this enrollment application, the provider attests and agrees to the following:

ALL Providers:

- I have reviewed the Health and Safety Requirements listed in 18 NYCRR 415 and on pages 9-12 of the attached instructions guide **OCFS-LDSS-4699a** and agree to meet and continue to meet all requirements.
- I will immediately notify the enrollment agency and the parent/caretaker if there are changes to any section of this enrollment form.
- 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 must not charge parents more for the cost of child care for children receiving subsidy than for children not receiving subsidy.
- 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 if I provide care in a child's own home, I am employed by the parent/caretaker, and the parent/caretaker is responsible to pay my wages, benefits, and all applicable federal and state employment taxes.
- I understand that I must be enrolled with an enrollment agency before any payment may be made.
- 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 they want to use my child care services. If the parent/caretaker chooses to use my child care services when I cannot be enrolled, I can hold the parent/caretaker responsible to pay me for the child care.
- I have reviewed the Parent/Caretaker Attestations and Agreements in **Section 15** and agree with all requirements of the parent/caretaker.

Relative-Only In-Home Child Care Providers and Relative-Only Family Child Care Providers:

I understand that

- I must be related to all children in care as either a grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle, and have indicated such relationship to all children in **Section 3** of this form.
- I must ask all employees, volunteers and, for relative-only family child care, adult household members if they have been convicted of a misdemeanor or felony in the State of New York or any other jurisdiction. If I or any such individuals have been convicted of a misdemeanor or felony, I am required to provide true and accurate information about the crime to enable the parent/caretaker and enrollment agency to evaluate whether the criminal background poses an unreasonable risk to the safety or welfare of the child.
- I must not be enrolled as a relative-only in-home or family child care provider if I, an employee, volunteer, or for relative-only family child care, adult household member has been convicted of a misdemeanor or felony against a child.
- I may not be enrolled as a relative-only in-home or relative-only family child care provider if I have been, or if I employ a person or use a volunteer who has been, or for relative-only family child care, live with an adult household member who has been convicted of misdemeanor or felony other than crimes against a child, unless the enrollment agency finds the circumstances are consistent with guidelines issued by OCFS for evaluating such criminal conviction records.
- I must not be enrolled as a relative-only in-home or relative-only family child care provider if I knowingly make materially false statements in connection with a criminal background history or refuse to cooperate with the criminal history evaluation.

- I must provide the information for myself, any employees or volunteers, and for relative-only family child care, any adult household member, to allow the enrollment agency to conduct a check of the New York State Sex Offender Registry maintained by the New York State Division of Criminal Justice Services, via the registry's toll-free telephone number to determine if such person is listed on the New York State Sex Offender Registry.
- I must not be enrolled as a relative-only in-home or relative-only family child care provider if any such individual is listed on the New York State Sex Offender Registry.

Section 15: Parent/Caretaker Attestations and Agreements

By signing this form, the parent/caretaker attests and agrees to the following:

- I have reviewed the Health and Safety Requirements listed in **18 NYCRR 415** and agree that the provider must meet and continue to meet all requirements.
- My child care program must give me unlimited and on demand access including:
 - Access to my child(ren)
 - The right to inspect, at any time during the hours of operation, all parts of the facility used for child care or which could present a hazard to the health and/or safety of my child(ren)
 - Access to the staff for my child(ren)
 - Access to written records about my child(ren) except when otherwise restricted by law
- I will notify the enrollment agency immediately if
 - my address or phone number changes, or
 - I have any concerns about the health and safety of my child(ren) in the program's care.
- I understand that this enrollment applies ONLY to the provider and the location of care listed in **Section 1**. If the provider OR the location of care changes, this enrollment ends, and I must submit a new enrollment form for the new provider or the new location.
- I will immediately notify the local social services district and the 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, if any, as directed by the local social services district.
- 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 the 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.
 - I understand I have the right to select another provider.
- If I choose a provider to provide care in my home, I am the sole employer of the provider. As the sole employer I am responsible for paying minimum wage and benefits to the provider as well as all applicable federal and state employment taxes required. I also understand that any child care benefit for which I am eligible may not cover the entire cost of care, and I am responsible for the costs the child care benefit does not cover.
- If the provider is denied enrollment or has their enrollment terminated, the provider will be considered ineligible to provide child care.
- If I selected a relative-only in-home or relative-only family child care provider, the provider must inform me if he/she, any employees or volunteers, or for family child care, any adult household member, has been the subject of an indicated report of child abuse and maltreatment. In circumstances when a provider has disclosed to me that he/she has been indicated as the subject of child abuse and maltreatment, I have received detailed information pertaining to the incident, AND I have carefully considered the information and I am selecting this provider.
- I have reviewed the Provider Attestations and Agreements in **Section 14** and understand and agree with all requirements of the provider.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**LEGALLY EXEMPT PROGRAM ENROLLMENT FORM INFORMATION
AND INSTRUCTIONS GUIDE**

Child care providers who are not required by New York State law to be licensed or registered to operate a child day care program use this form to enroll with a legally exempt caregiver enrollment agency to provide subsidized in-home or family child care in a residence. Enrollment as a legally exempt child care provider is required for families eligible to receive child care assistance.

All legally exempt informal child care regulations can be found in 18 NYCRR 415.

This enrollment form is used only to apply for Legally Exempt In-Home and Legally Exempt Family Child Care.

ENROLLING AS A LEGALLY EXEMPT CHILD CARE PROVIDER

- You can complete and submit your enrollment form the same day you receive it.
- You can submit your enrollment form in person or by mail.
- All applicable sections of the enrollment form must be complete. Both the provider and the parent/caretaker must complete all applicable sections, review and sign the enrollment form.

HOW TO COMPLETE THE ENROLLMENT FORM

- COMPLETE each section that corresponds with your type of legally exempt provider in the **Child Care Provider chart on the first page.**
- Please PRINT clearly.
- Attach additional sheets if more space is needed.
- Please use pen. Do not use pencil.

WHERE TO TURN IN YOUR ENROLLMENT FORM

Submit the completed form to the enrollment agency that serves the location where the child care is being provided.

<p>Child Care Provided *The number of children you are allowed to care for is based on the type of child care you provide. This information can be found in 18 NYCRR 415.</p>	
Relative-Only In-Home:	If you are related to all children as a grandparent/great-grandparent, sibling living in a separate residence, an aunt or an uncle, and you provide care in the home of every child in care, you are a <i>relative-only in-home</i> provider. A person related to the child's stepparent does apply as the stepparent is related by marriage to the child. A foster parent does not apply unless the foster parent is also related to the child. <i>Relative-only in-home</i> providers are required to attest to child welfare and criminal history but will not have to complete a comprehensive background clearance.
In-Home Child Care	If you are <u>not</u> related to all children as a grandparent/great-grandparent, sibling living in a separate residence, an aunt or an uncle, <u>and</u> you provide care in the home of every child in care, you are an <i>in-home child care</i> provider. You and any employee or volunteer must complete a comprehensive background clearance.*
Relative-Only Family Child Care	If you are related to all children as a grandparent/great-grandparent, sibling living in a separate residence, an aunt or an uncle, and you provide care in a location other than the home of every child in care, you are a <i>relative-only family child care</i> provider. A person related to the child's stepparent does apply as the stepparent is related by marriage to the child. A foster parent does <u>not</u> apply unless the foster parent is also related to the child. <i>Relative-only family child care</i>

	<p>providers are required to attest to child welfare and criminal history but will not have to complete a comprehensive background clearance.</p>
<p>Family Child Care:</p>	<p>If you are <u>not</u> related to all children as a grandparent/great-grandparent, sibling living in a separate residence, an aunt or an uncle, and care is provided at a location other than the home of every child in care, you are a <i>family child care</i> provider. You and any employee, volunteer, or adult household member must complete a comprehensive background clearance <u>except</u> for a household member related, in any way, to all children in care.*</p>

* *Comprehensive Background clearance consist of:*

- A criminal history record check with the New York State (NYS) Division of Criminal Justice Services
- A national criminal record check with the Federal Bureau of Investigation (FBI)
- A search of the NYS Sex Offender Registry
- A database check of the NYS Statewide Central Register of Child Abuse and Maltreatment (SCR) in accordance with section 424-a of the Social Services Law
- A search of the national sex offender registry using the National Crime and Information Center
- In addition, the following background clearance checks are required to be conducted where an individual resides or resided outside of New York State in the past five years:
 - A search of the criminal history repository in each state where the individual resides or resided outside of New York
 - A search of any state sex offender registry or repository in each state where the individual resides or resided outside of New York
 - A search of the state-based child abuse or neglect repository in each state where the individual resides or resided outside of New York

Section 1: Provider Information
Provider Completes Section 1

Complete with your information.

- **Social Security Number:** The Social Security number is required when the local social services district issues child care subsidy payments directly to a child care provider. The Social Security number of the provider is optional when the local social services district issues child care subsidy checks to the subsidy recipient (parent/caretaker). If you provide your Social Security number, federal, state, and local agencies may use it for federal reporting, to prevent the duplication of services and to prevent fraud.
- **Email Address:** If you can be reached by email, print your email address. If you provide your email address, the enrollment agency may use it to contact you.

Section 2: Parent/Caretaker Information
Parent/Caretaker Completes Section 2

Complete with your information.

- **Email Address:** If you can be reached by email, print your email address. If you provide your email address, the enrollment agency may use it to contact you.

Section 3: Children Receiving Subsidy

Complete with your child's information.

Who will be responsible for administering medication: Check to indicate whether the provider or parent is responsible for the medication administration. Please read below for requirements for medication administration prior to making a selection.

Administration of Medication

New York State law restricts the right to administer medication other than over-the-counter topical ointments, sunscreen, and topically applied insect repellent, and emergency treatments as provided for in regulation, to specific medical professionals who are authorized by New York State to administer medication (physician, physician assistant, registered nurse, nurse practitioner, licensed practical nurse, and advanced emergency medical technician). 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 following:

- The child's parent/caretaker, stepparent, 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 own home
- Family members who are related within the third degree of consanguinity to the child's parent or stepparent. This includes the child's grandparent, great-grandparent, great-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 New York State Office of Children and Family Services (OCFS) under the Health Care for Administration of Medication who have been approved by a qualified health care consultant and who are
 - o operating in compliance with the New York State regulations, which includes receiving training on medication administration;
 - o authorized by the child's parent/caretaker, stepparent, legal guardian, or legal custodian to administer medication; and
 - o administering medication to subsidized children in care.

To receive OCFS's 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 New York State law or **not exempt** from this legal requirement may administer **only** over-the-counter topical ointments, sunscreen, and topical insect repellent and emergency treatments as provided for in regulation. Examples of medication they **may not administer** include, but are not limited to, Tylenol, Ritalin, insulin, antibiotics, and ear, eye, or nose drops.

Section 4: Other Children in Care

Complete with the information of any other children at your child care.

- **Child's First Name:** For any other child also receiving care who is not receiving subsidy, print first name ONLY.
- **How many of the provider's own children** (including foster children) **are at the child care site during child care hours?** Fill in the number of the provider's own children including foster children, as well as their ages, who will be at the child care site.
Note: Any changes in the number of children for which you provide care, 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.

Section 5: Provider Formal Child Care History

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.

All providers are advised that the enrollment agency will check the New York State Child Care Facility System to determine whether they have ever been denied a child day care license or registration or had a child day care license or registration suspended, limited, or revoked. If the provider answers **YES** to having an application for licensure or registration to operate a child day care program denied, revoked, limited, or suspended, you must complete the

relevant, corresponding questions in **Section 11** and provide true and accurate information regarding the circumstances surrounding the denial, revocation, limitation, or suspension.

Section 6: Relative-Only Provider Child Abuse/Maltreatment and Criminal History Disclosure

If the provider answers **YES** to question 1, 2, and/or 3, the provider must provide true and accurate information to the child's parent/caretaker and will be required to provide the same true and accurate information to the enrollment agency regarding the reasons for the removal or loss of parental rights, and/or the nature of the crime including penalties imposed as a result of the conviction and the length of time elapsed since conviction as applicable. When the provider answers **YES** to question 1, 2, and/or 3, the provider must complete the relevant, corresponding questions in **Section 11** and provide the required true and accurate information.

If the provider answers **YES** to question 4a, the provider must provide to the parent/caretaker, a written description of the incident leading to the indication including the date of indication and any other relevant information.

All relative providers are advised that the local social services district will check its child welfare database for history of any court ordered removal of a child under Family Court Act (FCA) Article 10 and any termination of parental rights. Additionally, the relative providers are advised that the enrollment agency will check the New York State Sex Offender Registry to determine if the relative provider is listed on the registry.

All providers and other individuals who are required to complete a comprehensive background clearance do not answer the questions in this section.

Section 7: Provider Training Requirements

Provider Preservice Training

Providers are required to complete health and safety training, approved by OCFS (see below) prior to enrollment, unless the provider is a *relative-only in-home or relative-only family child care provider*. **Preservice training is only required once for initial enrollment and remains valid through re-enrollment or other enrollment periods.**

Preservice Training Options

- 1.) Online "E-Learning" *Foundations in Health and Safety*: This training is available online at the following website:
www.ecetp.pdp.albany.edu
- 2.) Classroom training *Health and Safety Training for Legally Exempt Providers*: This training may be offered by local enrollment agencies, the United Federation of Teachers in the New York City area, and the Civil Service Employees Association, Inc. in upstate New York.

Annual Training

All providers who are re-enrolling must have completed five hours of training within the past 12 months in the areas specified in Social Services Law 390-a unless the child care provider is relative-only in-home or relative-only family. If you are re-enrolling, you must provide certificates of completion as proof you have completed your annual five hours of training.

Enhanced Rate Training

Providers may be eligible to receive an enhanced rate of reimbursement if they have completed 10 hours of training within the past 12 months in the areas specified in Social Services Law 390-a, and they submit satisfactory documentation of the training to the enrollment agency. This is only required if the provider is requested an enhanced rate.

Training specified in Social Services Law 390-a are

- o *principles of childhood development, focusing on the developmental stages of the age groups for which the program provides care;*
- o *nutrition and health needs of infants and children;*
- o *child day care program development;*
- o *safety and security procedures;*
- o *business record maintenance and management;*

- o child abuse and maltreatment identification and prevention;
- o statutes and regulations pertaining to child day care;
- o statutes and regulations pertaining to child abuse and maltreatment;
- o for operators, program directors, employees and assistants of family day care homes, group family day care homes and child day care centers, education and information on the identification, diagnosis and prevention of shaken baby syndrome; and
- o adverse childhood experiences (ACEs), focused on understanding trauma and on nurturing resiliency.

Section 8: Relative-Only Family Child Care and Family Child Care Household Members, Employees and Volunteers

ONLY COMPLETE THIS SECTION IF YOU HAVE HOUSEHOLD MEMBERS AGE 18 OR OLDER, EMPLOYEES OR VOLUNTEERS.

THIS SECTION DOES NOT APPLY TO HOUSEHOLD MEMBERS FOR IN-HOME CHILD CARE.

For family child care including relative-only family child care, list all person's age 18 and older residing in the home where family child care is provided. List all employees and volunteers. Family child care household member is a person living in the residence where family child care or relative-only family child care is provided.

The word **employee** also means staff, and both employee and staff are meant to include all personnel, including directors, temporary personnel, teachers, aides, paraprofessionals, cooks, custodians, administrative staff, and any other person(s) employed by the legally exempt child care provider.

The word **volunteer** means any unpaid person who is present for the purpose of assisting with the care of children or operation of the child care program, and who has the potential for either unsupervised contact or regular and substantial contact with the children in care.

Section 9: Household Members, Employees and Volunteers Relevant History

Only complete this section if you are relative-only in-home child care and have employees or volunteers, OR if you are relative-only family child care and have household members over the age of 18 residing in your home, employees or volunteers, OR if you are a family child care and have household members over the age of 18 who are related in any way to ALL children in care.

**if you select yes in this section, you must also complete the relevant, corresponding questions in Section 11 and provide the required true and accurate information.*

Additionally, the provider must advise the household member, employee or volunteer applicable in this section that the enrollment agency will check the New York State Sex Offender Registry to determine if the employee, volunteer, or household member are listed on the registry.

Section 10: Employee and Volunteer Training Requirements

Employee and Volunteer Preservice Training

All employees and volunteers are required to complete health and safety training, approved by OCFS prior to enrollment, unless the provider is related to all the children in care as a grandparent, great-grandparent, sibling (living in a separate residence), aunt or uncle. **Preservice training is only required once and remains valid through re-enrollment or other enrollment periods.** Note that preservice training certificates for all employees and volunteers must be maintained on-site. This documentation will be requested during inspection.

Preservice Training Options

- 3.) Online "E-Learning" Foundations in Health and Safety: This training is available online at the following website:
www.ecetp.pdp.albany.edu
- 4.) Classroom training Health and Safety Training for Legally Exempt Providers: This training may be offered by local enrollment agencies, the United Federation of Teachers in the New York City area, and the Civil Service Employees Association, Inc. in upstate New York

Employee and Volunteer Annual Training

All employees and volunteers are required to complete an additional five hours of training, approved by OCFS annually, unless the provider is related to all the children in care as a grandparent, great-grandparent, sibling (living in a separate residence), aunt or uncle. **Note that providers must maintain copies of training certificates for all staff. This documentation may be requested during inspection.**

Section 11: History/Background Acknowledgements

If you selected yes to questions listed in **Section 5, 6, and/or 9**, more detailed information must be provided for the relevant, corresponding questions in this section.

Complete the corresponding section.

Section 12: Provider Certification

It is your responsibility to ensure that all information provided on the form is true and complete. Review the entire form AND the Health and Safety Requirements listed below before signing. By signing, you are certifying that all information is true and complete and that you are agreeing to the Provider Attestations and Agreements in **Section 14** and the Parent/Caretaker Attestations and Agreements in **Section 15**.

Section 13: Parent/Caretaker Certification

It is your responsibility to ensure that all information provided on the form is true and complete. Review the entire form AND the Health and Safety Requirements listed below before signing. By signing, you are certifying that all information is true and complete, and that you are agreeing to the Provider Attestations and Agreements in **Section 14** and the Parent/Caretaker Attestations and Agreements in **Section 15**.

Section 14: Provider Attestations and Agreements

The provider reviews this section, and by signing the enrollment form, the provider agrees and understands all conditions outlined in the list. The provider may detach this section of the enrollment form to retain for their own records.

Sections 15: Parent/Caretaker Attestations and Agreements

The parent/caretaker reviews this section, and by signing the enrollment form the parent/caretaker agrees and understands all conditions outlined in the list. The parent/caretaker may detach this section of the enrollment form to retain for their own records.

Health and Safety Requirements

All legally exempt providers must meet and continue to meet basic health and safety requirements per 18 NYCRR 415. This section is a complete list of all health and safety requirements per regulatory standards. The provider and parent/caretaker inspect the child care location for compliance with these standards together, and by signing the enrollment form, they agree that these standards are, and will continue to be, met.

RETAIN this section of the instructions for your own records.

Building and Equipment

- There must be two separate and remote ways to escape in an emergency.
- Rooms for children must be well-lighted and well-ventilated. Heat, ventilating, and lighting equipment must be adequate for the protection of the health of the children.
- Adequate and safe water supply and sewage facilities must be provided and comply with state and local laws. Hot and cold running water must be available and accessible at all times.
- Paint and plaster must be in good repair, and there must be no danger of children putting paint or plaster chips in their mouths or of it getting into their food.
- Stairs, railings, porches, decks, and balconies must be in good repair.
- Buildings, systems, and equipment must be kept in good repair and operate as designed.

Fire Protection

- Evacuation drills must be conducted at least monthly with the children during the hours that children are in care. The provider must maintain a written record of the evacuation drills on-site.
- For informal child care providers, there must be a minimum of one operating smoke detector on each floor of the home and a minimum of one operating carbon monoxide detector. Such detectors must be checked regularly to verify proper operation.

Supervision

- Children must never be left unsupervised or in the care of persons who are not authorized to supervise the children.
- For informal child care, the enrolled provider is the sole person authorized to supervise the children.
- Electronic monitoring devices may not be used as a substitute for supervision of children who are awake.
- Electronic monitoring devices may be used to transmit images of children in common rooms, hallways, and play areas only.
- Bathrooms and changing areas must remain private and free of electronic monitoring devices.
- The child's caretaker and each employee and volunteer of the provider must be informed if electronic monitoring devices are used.
- For informal child care providers, sleeping and napping arrangements must be made in writing between the parent and the program. Such arrangements shall include where the child will nap or sleep; whether the child will nap or sleep on a cot, mat, bed, or a crib; and how the child will be supervised, including whether electronic monitors can be used, and how often the provider is required to check on the child.

Physical Environment and Safety

- Suitable precautions must be taken to eliminate all conditions in areas accessible to children that pose a safety or health hazard.
- All potentially hazardous materials, which include, but are not limited to, matches, lighters, medicines, drugs, alcohol, cleaning materials, detergents, aerosol cans, and other poisonous or toxic materials must be
 - inaccessible to children in care and stored in their original containers ; and
 - used in a way that they will not contaminate play surfaces, food or food preparation areas, or constitute a hazard to children.
- Barriers must be used to restrict children from unsafe areas. Such areas include, but are not limited to, swimming pools, bodies of water, open drainage ditches, wells, holes, wood and coal burning stoves, fireplaces, and permanently installed gas space heaters.
- Where child care is provided on floors above the first floor, windows on floors above the first floor must be protected by barriers or locking devices to prevent children from falling out of the windows.
- Protective caps, covers, or permanently installed obstructive devices must be used on all electrical outlets that are accessible to young children.
- Firearms and ammunition must be securely stored and inaccessible to children while care is being provided.
- There must be either a working telephone or immediate access to one. Emergency telephone numbers for the fire department, local or State Police or sheriff's department, poison control center, and ambulance service must be posted conspicuously or are readily accessible.
- The use of, or being under the influence of, alcohol or drugs is prohibited while children are in care. Children must not be exposed to persons using drugs or alcohol while in care. The use of, or being under the influence of, a controlled substance is prohibited while children are in care, unless the controlled substance is prescribed by a health care provider, is being taken as directed, and does not interfere with the person's ability to provide child care services.
- Smoking and vaping are prohibited in indoor areas while children are in care or in vehicles while children are being transported. Children must not be exposed to smoke or vapors from vaping in outdoor areas.
- The child care site must be free of vermin.
- Exposure or access to any materials that are developmentally inappropriate for the age of the children in care is prohibited. Such materials include, but are not limited to, sexually and illicitly graphic materials, drug paraphernalia, and other printed or digital materials or content.
- Sleeping arrangements for infants through 12 months of age require that the infant be placed flat on his or her back to sleep, unless medical information from the child's health care provider is presented to the program by the parent that shows that arrangement is inappropriate for that child.
- Cribs, bassinets, and other sleeping areas for infants through 12 months of age must include appropriately sized fitted sheets, and must not have bumper pads, toys, stuffed animals, blankets, pillows, wedges or infant positioners. Wedges or infant positioners will be permitted with medical documentation from the child's health care provider.
- Providers and staff must take steps to prevent a child's exposure to the foods to which the child is allergic.

Transportation

- A child must never be left unattended in any motor vehicle or other form of transportation.
- Each child must board or leave a vehicle from the curb side of the street.
- All children must be secured in child safety seats properly installed per manufacturer's recommendations, or with safety belts, as appropriate for the age of the child in accordance with the requirements of the New York State Vehicle and Traffic Law.
- Drivers transporting children must be 18 years of age or older and hold a current valid license to drive the class of vehicle they are operating.
- Any motor vehicle, other than a public form of transportation, used to transport children must have a valid registration and inspection sticker.
- Children in care may not be transported in a vehicle built to hold more than 10 passengers, including the driver, unless the vehicle meets the National Highway Traffic Safety Administration definition of a school bus or a multifunction school activity bus; complies with the National Highway

Traffic Safety Administration Federal Motor Vehicle Safety Standards applicable to a school bus or multifunction school activity bus; and is inspected per New York State Department of Transportation rules and regulations.

Behavior Management

- Safe, suitable care to children that is supportive of the children's physical, intellectual, emotional, and social well-being must be provided.
- Acceptable techniques and approaches must be used to discipline children and to manage children's behavior.
 - The use of corporal punishment is prohibited. The term corporal punishment means punishment inflicted directly on the body including, but not limited to, physical restraint, spanking, biting, shaking, slapping, twisting or squeezing; demanding excessive physical exercise, prolonged lack of movement or motion, or strenuous or bizarre postures; and compelling a child to eat or have in the child's mouth soap, hot spices, irritants or the like.
 - Methods of discipline, interaction, or toilet training that frighten, demean, or humiliate children are prohibited.

Health and Infection Control

- The following health requirements must be met:
 - An informal child care provider, employees, and volunteers must be physically fit to provide child care and free of any psychiatric and emotional disorder that would preclude such person from providing care.
 - An informal child care provider, employees, and volunteers, and each family child care household member must be free of any communicable disease unless the applicable person's health care provider has indicated that the presence of a communicable disease does not pose a risk to the health and safety of the children in care.
 - For an informal child care provider and employees or volunteers of the informal child care provider, a medical statement may be requested by the enrollment agency when an event or condition reasonably calls into question the ability of such person to provide safe and/or suitable child care and/or if there is reasonable cause to suspect the information provided is inaccurate.
 - With the exception of children enrolled in kindergarten or a higher grade in a public or private school, child care shall not be provided to any child unless the provider has been furnished with a statement signed by a physician or other authorized individual who specifies that the child has received age-appropriate immunizations in accordance with the requirements of New York Public Health Law. A provider may provide child care to any child not yet immunized provided the child's immunizations are in process and the caretaker gives the program specific appointment dates for required immunizations in accordance with the requirements of New York Public Health Law. Any child who is missing one or more of the required immunizations may be provided care if a physician, licensed to practice medicine in New York State furnishes the program with a signed, completed medical exemption form issued by the New York State Department of Health or New York City Department of Education. The medical exemption must be reissued annually.
 - A portable first aid kit must be accessible for emergency treatment. The first aid kit must be stocked to treat a broad range of injuries and situations and restocked as necessary. The first aid kit and any other first aid supplies must be kept in a clean container or cabinet not accessible to children.
 - Safety precautions relating to blood and other bodily fluids must be observed.
 - All legally exempt providers must have procedures in place to reduce the risk of infection.

Nutrition

- Each child must receive meals and snacks in accordance with the plan developed jointly by the child care provider and the child's caretaker.
- Perishable food, milk, and formula must be kept refrigerated.
- Heating infant formula, breast milk, and other food items for infants in a microwave oven is prohibited.

Management and Administration

- The child care provider must permit a child's caretaker to have: unlimited and on-demand access to such child; the right to inspect, on demand and at any time during the hours of operation of the home or facility, all parts of such home or facility used for child care or which could present a hazard to the health or safety of a child; unlimited and on-demand access to the provider(s) caring for such child whenever such child is in care and during the

normal hours of operation; and unlimited and on-demand access to written records concerning such child except where access to such records is otherwise restricted by law.

- The indoor and outdoor areas of the home or the facility where children are in care must not be used for any other business or social purpose when the children are present, such that attention is diverted from the care of the children.
- Informal child care providers, employees, and volunteers must be of good character and habits.
- The provider or program must take suitable precautions to prevent
 - serious injury of a child while in care at the program or being transported by the program; and
 - death of a child while in care at the program or being transported by the program.
- The provider or program must immediately notify the enrollment agency and the caretakers of children in care upon learning of the following events involving a child, which occurred while the child was in care at the program or was being transported by the program:
 - Death
 - Serious Incident
 - Serious Injury
 - Serious Condition
 - Communicable Disease
 - Transportation to a hospital
- The enrollment agency must be notified immediately by a *family* child care provider or a *relative-only family* child care provider of any new person living in the household.
- The provider or program must immediately call 911 for children who require emergency medical care and notify the caretaker.
- The provider or program must submit to the enrollment agency a written attestation and certification stating whether the program is operating under the auspices of another federal, state, tribal, or local government agency which includes the name of the agency.

Emergency Preparedness

- With the exception of in-home child care, each legally exempt child care provider must have on site a variety of supplies including food, water, first aid, and other safety equipment to allow for the protection of the health and safety of children in the event caretakers are unable to pick up their children due to a local disaster.
- Each legally exempt child care provider must have a written emergency plan that places primary emphasis on the safe and timely evacuation and relocation of children. The plan must account for the variety of needs of children, including those with disabilities, and contain the following components:
 - How children and adults will be made aware of an emergency
 - A designation of primary and secondary evacuation routes
 - Methods of evacuation, including where children and adults will meet after evacuating the building, and how attendance will be taken
 - A plan for the safe evacuation of children from the premises for each shift of care provided (day, evening, night)
 - The designation of primary and secondary emergency relocation sites to be used in the case of an emergency that prohibits reen try to the child care site, and how the health, safety, and emotional needs of children will be met in the event it becomes necessary to evacuate to another location
 - A strategy for sheltering in place, and how the health, safety, and emotional needs of children will be met in the event it becomes necessary to shelter-in-place
 - Methods of notifying authorities and the children's caretakers

- Roles of providers, employees, and volunteers during an emergency
- Procedures related to the reunification of children and caretakers
- Two shelter-in-place drills must be conducted annually during which procedures and supplies are reviewed. The children's caretakers must be made aware of the drills in advance.
- A record of each shelter-in-place and evacuation drill conducted, using forms provided by OCFS or equivalents, must be maintained on-site.
- The children's caretakers must be notified of the primary and secondary relocation sites and any changes to the plan in advance. In the case that a provider is directed to a different location by emergency services, the provider must notify the caretakers and the enrollment agency as soon as possible. In the event that relocation is required, a written notice must be placed on the main entry to the child care space unless an immediate threat precludes the provider from doing so.

Instructions for Completing the Statewide Central Register**Database Check Form LDSS-3370, DCCS version**

ALL information on the LDSS-3370, DCCS version must be easily read so that data entry and results are accurate. Each *Statewide Central Register Database Check form LDSS-3370, DCCS version* submitted should be reviewed for completeness and legibility by the program/agency liaison. If the form is incomplete or illegible, it will be returned to the agency for corrections.

HOW TO COMPLETE THE FORM:**AGENCY INFORMATION****TOP LINE OF FORM**

- The three-digit agency code must be placed in the top left-hand box, followed by the Resource I.D. (RID) in the next box to the right. (Contact the licensing agency if there are any questions about these.)
- Day Care providers must place their Child Care Facility System (CCFS) Number in the box next to Resource ID (RID), in lieu of RID number. (Contact your licensing agency/regional office if you have any questions).
- Clearance Category letter code (see the back of form LDSS-3370, DCCS version) must be placed in the middle box.
- Phone number (with area code) enables the SCR to contact the agency liaison if this becomes necessary.
- The Request ID Box is for SCR use only.

AGENCY ADDRESS AREA

- Agency Name: Please use full name, no abbreviations
- Agency Liaison is the contact person at the inquiring agency. (The SCR response will be addressed to the liaison.) **The liaison cannot be the applicant or a relative of the applicant.**
- Agency Address: **Must** include street and city

APPLICANT INFORMATION**APPLICANT/HOUSEHOLD MEMBER AREA**

ALL HOUSEHOLD MEMBERS, ADULTS AND CHILDREN, WHETHER RELATED TO THE APPLICANT OR NOT, ARE TO BE LISTED IN THIS AREA OF THE FORM.

Remember to **write clearly** or **type** all information to assist in obtaining an accurate response. Record all names with the last name first, then the first name, and middle name.

- First line: Applicant's name. If there is more than one applicant place the additional name(s) on the lines below the maiden name line.
- Second line: Any maiden names, previous married names, or aliases by which the applicant is or has been known. Use additional lines if there is more than one maiden/married/alias name to be listed.
- Remaining lines: Names of all other household members. (Attach an additional page if needed.)

IF THERE ARE NO OTHER HOUSEHOLD MEMBERS, PLEASE CHECK BOX FOR NO OTHER HOUSEHOLD MEMBERS.

- First column: indicate the relationship to the applicant of each person listed. (Spouse, son, daughter, mother, father, friend, etc.)
- Sex M/F column: check either M (Male) or F (Female) for every person listed.
- Date of Birth column: fill in complete date of birth (mm/dd/yyyy) for everyone listed on the form.

ADDRESS AREA

The information required varies depending on the category (see the back of the form for categories).

- For Adoption, Foster Care and Family and Group Family Day Care, provide addresses for the applicant and any household member who is 18 years of age or older. **This information must date back to the last 28-years.** Attach supplemental pages if necessary, but **do not use** another LDSS-3370, DCCS version form to list this additional information. Be sure to associate address histories with individuals (i.e., indicate which addresses are for which household member).
- For all other categories, only the applicant's address history is required – for the **last 28-years**.
- Complete addresses are required. Include street name, street number, apartment number and city/town/village. **Post Office Box numbers are not acceptable.** If the applicant has lived abroad, indicate country and dates (*months/years*) of residence. If the applicant has spent time in the military, list base names and locations along with dates (*months/years*).
- **Be sure that there are no periods of time unaccounted for.**
- The top line is for the current address. The previous address should be listed on the second line downward, and so on, to the back of the form for the last 28-years. Staple the attached supplemental page to the form if more space is needed, but **do not use** another copy of the LDSS-3370, DCCS version for this additional information.

SIGNATURE AREA

- Signatures required depend upon the category (see the back of the form for categories).
- For Adoption, Foster Care and Family and Group Family Day Care, signatures are needed from the applicant and any household member who is 18 years of age or older.
- For all other categories, only the applicant's signature is required.
- All signatures must correspond to the names recorded in the Applicant/Household Member Area. For example: Mary Smith should not sign Mary Ann Smith. Victoria Smith should not sign Vicki.
- Applicants must sign in the boxes marked Applicant's Signature; household members over 18 years of age who are not applicants must sign in the boxes at the extreme bottom of the page marked Signature.
- All signatures must be dated (mm/dd/yyyy). **The SCR will not accept a form with a signature date more than six-months old.**

If you have questions regarding completion of this form, **please call the SCR at 518-474-5297.**

**SUBMIT YOUR COMPLETED LDSS-3370, DCCS VERSION TO THE PERSON REFERENCED IN OCFS-6000
BE SURE TO INCLUDE THE REQUIRED FEE - FEE REQUIRED FOR EACH APPLICANT**

TO ORDER A SUPPLY OF FORM, LDSS-3370, DCCS version:

Please access the OCFS-4627, *Request for Forms and Publications*, from the Intranet: http://ocfs.state.nyenet/admin/forms/Management_Services/ Internet http://ocfs.ny.gov/main/documents/forms_keyword.asp and mail the completed OCFS-4627, *Request for Forms and Publications* to: **THE NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES, FORMS AND PUBLICATIONS UNIT, 52 WASHINGTON ST. ROOM 116 SOUTH BLDG., RENSSELAER, NY 12144.**

AGENCY LIAISON INSTRUCTIONS

Please verify that each form is completed. Incomplete forms will be returned to the sender. For ADOPTION, FOSTER CARE, and FAMILY and GROUP FAMILY DAY CARE, if both spouses are applicants, both are to sign. Persons 18 years of age or older residing in the home of applicants for ADOPTION, FOSTER CARE and FAMILY AND GROUP FAMILY DAY CARE also must sign the form.

AGENCY CODE: Record your three-digit agency code. **NOTE:** Day Care, Family and Group Family Day Care and Camps must provide the agency code of the agency or office which issues your license or certificate. Verify your Alpha or Alpha/Numeric three-digit code with your licensing agency.

DAYCARE PROVIDERS: Must place their Child Care Facility System (CCFS) Number in the box next to Resource ID (RID), in lieu of RID number. (Contact your licensing agency/regional office if you have any questions).

RESOURCE I.D. (RID): Record your RID in this field. OCFS, OMH, OMRDD, DOH, OASAS and SED licensed agencies and programs and local departments of social services, have RIDs as of 9/2001. Verify your RID with your licensing agency. If you need assistance, email: ocfs.sm.conn_app@ocfs.ny.gov

CLEARANCE CATEGORIES: Record the appropriate alpha code in the category box.

<p>A—Adult Services/Family Type Home for Adults</p> <p>CCE - Child Care Current Employee</p> <p>CCZ - Child Care Prospective Volunteer/Consultant</p> <p>CCS - Child Care Provider of Goods/Services</p> <p>D—Prospective employee (<i>Local DSS district - bill against reimbursement</i>) **</p> <p>F—Prospective/new employee other than day care employees. (fee required - see below) *</p> <p>G—This is a provider, at legally-exempt family child care. No checks required when provider is a legally-exempt relative-only family child care provider. (This category is only to be used by Enrollment Agencies) (fee required - see below) * For providers, include address history for all household members 18-years old or over who are not related in any way to all children in care.</p> <p>I—This is a provider or employee, at legally-exempt in-home child care who does not reside in the home. No checks required when provider is a legally-exempt relative-only in-home child care provider. (This category is only to be used by Enrollment Agencies) (fee required - see below) *</p> <p>J—Age 18 or Older Household Member (with no child care role)</p>	<p>L—This is a director or employee at legally exempt group child care. (This category is only to be used by Enrollment Agencies). (fee required - see below) *</p> <p>M—Director of a summer camp, overnight camp, day camp or traveling day camp.</p> <p>N—Applying for a license to operate a day care center. (To be submitted by authorized licensing agency only.) (fee required - see below) *</p> <p>P—Applying to be a family day care provider. (fee required - see below) * Provide address history for all household members 18- years old or over.</p> <p>Q—Applying to be group family day care provider. (fee required - see below) * Provide address history for all household members 18 years old or over.</p> <p>R—Applying to be kinship foster parents.</p> <p>U—Universal Pre-K Teacher (fee required - see below)*</p> <p>W—Applying to be foster parents or family care home providers.</p> <p>X—Applying to be adoptive parents pursuant to an application pending before the inquiring agency.</p> <p>Y—Prospective <u>Day Care</u> employee (fee required - see below) * —Applying to be a Group Family Day Care Assistant. (fee required - see below) * Prospective employee of legally-exempt family child care (fee required-see below)*</p>
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AGENCY LIAISON: Record the name of the person to whom the response should be sent (cannot be the same as applicant or related to the applicant).

APPLICANT/HOUSEHOLD MEMBER AREA INSTRUCTIONS: This information is to be provided by the applicant/employee/provider. (See front of form).

APPLICANT(S): -USE FIRST LINE (at least one person must be so designated)

MAIDEN NAME/ALTERNATIVE/AKA: MUST be completed for every applicant. Record ALL previous names used. Start with second line. Use as many lines as needed (one last name per line)

OTHER HOUSEHOLD MEMBERS: describe relationship to applicant, e.g., son, daughter, father, mother, friend, etc. on remaining lines (ATTACH ADDITIONAL PAGE IF NECESSARY)

IF THERE ARE NO OTHER HOUSEHOLD MEMBERS, PLEASE CHECK BOX FOR NO OTHER HOUSEHOLD MEMBERS.

*Social Services Law 424-a(1)(f) requires the collection of a \$25.00 fee for applicants for employment and applicants to be a child care provider. A certified check, postal or bank money order, teller's check, cashier's check or agency check made payable to "New York State Office of Children and Family Services" in the amount of twenty-five dollars, is to accompany the form. The check must also include the applicant's name and the agency code.

N.B.: a separate check must accompany each form.

**Social Services Law 424-a, allows local DSS to bill against their reimbursement the charge collected for screening prospective employees. If you have questions, please call the SCR at 518-474-5297.

**SUBMIT YOUR COMPLETED FORM, LDSS-3370, DCCS VERSION TO THE PERSON REFERENCED IN OCFS-6000
INCLUDE THE REQUIRED FEE FOR EACH APPLICANT FOR EMPLOYMENT/TO BE A CHILD CARE PROVIDER**

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
REQUEST FOR STAFF EXCLUSION LIST CHECK
Child Day Care Programs

PROGRAM NAME: _____

FACILITY ID NUMBER: _____

The New York State Justice Center for the Protection of People with Special Needs (Justice Center) maintains a Vulnerable Persons Central Register. That register includes a Staff Exclusion List (SEL) containing the names of individuals who have committed serious acts of abuse. The SEL must be checked as part of the comprehensive background check process for the individuals identified below and on the **OCFS-6000** form.

Instructions:

- This form is used to check the Justice Center's (SEL).

To determine where to submit this form, find the type of program and the individual's position in the list below.

Type of program / Role in the program	Where to submit
Family Day Care, Group Family Day Care and Small Day Care Center (Staff, Volunteers, and Household Members Age 18 and older)	The licensor/registrar of the program
Day Care Center and School-Age Child Care (Directors)	The licensor/registrar of the program
Day Care Center, Legally-Exempt Group Program and School-Age Child Care (Staff and Volunteers)	The director of the program
Legally-Exempt Group Program Directors, Legally-Exempt Informal Child Care (Providers, Staff, Volunteers, and Household Members Age 18 and older)	The Enrollment Agency of the program

If the individual appears on the SEL, a determination will be made whether to hire or allow such a person to have regular and substantial contact with a child in child care programs.

Fill out all information below. Please **PRINT** clearly to avoid delays in processing.

First name: _____

Last name: _____

Middle initial: _____

Social security number: _____ - _____ - _____

Date of birth *Only if no social security number or alien registration number is available:* _____ / _____ / _____

Alien registration number *Only if no social security number is available:* _____

Position applied for: _____

NEW YOUR STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

CHILD CARE PROVIDER, STAFF, VOLUNTEER AND HOUSEHOLD MEMBER INFORMATION
CHILD CARE PROGRAMS

INSTRUCTIONS:

- Please **PRINT** clearly. This form **MUST** be completed by each applicant for child care provider, staff, volunteer and household member.
- If you are not sure which role to choose, refer to the child day care regulations and/or consult with your licensur, registrar, or legally-exempt enrollment agent.
- **List all other facility ID numbers you want your fingerprints to be associated with.**

PROGRAM INFORMATION

PROGRAM NAME:		FACILITY ID NUMBER:	
FACILITY ID NUMBER OF PROGRAMS YOU WANT YOUR FINGERPRINTS ASSOCIATED WITH:			
BUSINESS CONTACT NAME:			
PHONE NUMBER: () - - - - - -	EMAIL ADDRESS:		

TYPE OF PROGRAM:	Family Day Care, Group Family Day Care, Small Day Care Centers, Legally-Exempt Informal	Day Care Center, School-Age Child Care, Legally-Exempt Group	All Programs
ROLE:	<input type="checkbox"/> Provider <input type="checkbox"/> Substitute (GFDC/FDC) <input type="checkbox"/> Assistant (GFDC/FDC) <input type="checkbox"/> Household Member	<input type="checkbox"/> Director <input type="checkbox"/> Group Teacher (DCC/SACC) <input type="checkbox"/> Assistant Teacher (DCC/SACC) <input type="checkbox"/> Teacher (LE GROUP)	<input type="checkbox"/> Volunteer <input type="checkbox"/> Employee

PERSONAL INFORMATION

FULL NAME (First, Middle, Last):			
DATE OF BIRTH:		GENDER:	
ADDRESS:		APT:	FLOOR:
CITY:		STATE:	ZIP:
PHONE NUMBER:	EMAIL ADDRESS:		

Have you ever been known by any other name? YES NO

If YES, list all known names (including maiden name, aliases, pseudonyms) _____

Have you lived in another U.S. state or territory outside of NYS in the last 5 years? Prior residence in another country does not apply. YES NO

If **YES**, complete page 2 of this form entering all out of state addresses, including U.S. territories where you lived in the past five years. **Additional information and/or forms may be required.**

If **NO**, you do not have to complete page 2.

APPLICANT NAME: _____

*APPLICANT SOCIAL SECURITY NUMBER (voluntary): _____

APPLICANT EMAIL: _____

OUT OF STATE ADDRESSES (Previous 5 years)

- PRINT CLEARLY
- YOU MAY BE ASKED TO SUBMIT ADDITIONAL FORMS FOR OUT OF STATE CLEARANCES.

Previous Street Address	City	State	Zip	From (Mo/Yr)	To (Mo/Yr)
				/	/
				/	/
				/	/
				/	/
				/	/
				/	/
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				/	/

***Social Security Account Number (SSAN):** Pursuant to the Privacy Act of 1974, any federal, state, or local government agency that requests an individual to disclose his or her SSAN, is responsible for informing the person whether disclosure is mandatory or voluntary, by what statutory or other authority the SSAN is solicited, and what uses will be made of it. In this instance the SSAN is solicited pursuant to 42 USC §9858f and New York State Social Services Law §390-b and will be used as a unique identifier to confirm your identity with other states and territories because many people have the same name and date of birth. Disclosure of your SSAN is voluntary; however, failure to disclose your SSAN may affect completion or approval of your application.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
GUIDELINES FOR FINGERPRINTING
Child Care Programs

BEFORE COMPLETING the *Request for NYS Fingerprinting Services* form, please make additional copies for each person to be fingerprinted for your program. Consider keeping a blank copy of the form on site.

In order to comply with the federal comprehensive background clearance checks effective 2019, fingerprinting is required for all prospective and existing: operators, directors, employees, volunteers and household members age 18 or older in licensed/registered programs; and legally-exempt directors, in-home and family providers, employees, volunteers and family child care household members age 18 or older not related in any way to all children in care.

1. To be fingerprinted for OCFS, you must go to an authorized digital imaging center in New York State.
 - Complete the *Request for NYS Fingerprinting Services* form (OCFS-4930).
 - Schedule an appointment by calling 1-877-472-6915 or by going to the following website: <https://uenroll.identogo.com/workflows/15441V>.
 - You can select the location for your fingerprinting when you schedule your appointment.
2. The *Request for NYS Fingerprinting Services* form must be completed accurately with no blank fields. Use the information from this form when making the appointment. When being fingerprinted for child care purposes:
 - Make sure that the Facility/Agency ID Number and the Facility Name/Address under the "Contributor Agency Section" are completed correctly. The Facility/Agency ID number is the license/registration/enrollment number assigned to the program for which you are applying.
 - You must complete the "Applicant" section with your own information. For the purposes of this form, "Applicant" means the person to be fingerprinted.
 - You must also select the appropriate role in the "Child Care/Role of Applicant" section.
3. On the day of the fingerprinting appointment:
 - You must bring the accepted forms of identification (ID) listed on the back of form OCFS-4930. No one will be fingerprinted without appropriate ID. The forms of identification must be valid and not expired.
 - Your picture will be taken and your identification will be validated.
 - You will be required to data enter your Social Security number if one has been issued to you.

Additional *Request for NYS Fingerprinting Services* forms (OCFS-4930) are available online at http://ocfs.ny.gov/main/documents/forms_keyword.asp or by calling 518-473-0971 (refer to form number OCFS-4930).

If you have additional questions, please contact your regulator or enrollment agency.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
REQUEST FOR NYS FINGERPRINTING SERVICES
Child Care Programs

Enrollment Information:

Applicant must have an appointment to be fingerprinted. At the appointment, the applicant will need to bring this form and acceptable ID.

Appointments can be made by contacting the vendor at one of the following:

Website: <https://uenroll.identogo.com/workflows/15441V> or the Call Center: 877-472-6915

Contributor Agency Section:

Service Code: 15441V Contributor Agency: NYS Office of Children and Family Services-Child Day Care Programs

Facility/Agency ID Number: _____

Facility Name/Address: _____

Fingerprint Applicant Section: New Submission Resubmission

Name of Applicant: _____

Alias / Maiden Name: _____

Street Address: _____

City, State, & Zip: _____

Date of Birth: / / Sex: Male Female Other

Ethnicity: Hispanic Non-Hispanic

Race: White Black American Indian/Alaskan Native Asian/Pacific Islander

Other Unknown

Skin Tone: _____ Eye Color: _____ Hair Color: _____

Height: _____ ft. _____ in. Weight: _____ lbs.

State/Country of Birth: _____

Role of Fingerprint Applicant (please check one):

CHILD CARE: Director (D) Provider (F) Employee/Teacher (T) Volunteer (V)
 Household Member over the age of 18 (HM)

Fingerprint Applicant Affirmation Section

I hereby affirm that the information contained in the application and the supporting documents are true and do not contain any false statements or omissions of any material information or facts. I understand that the making of false written statements in this application is punishable as a class A misdemeanor under Section 175.30 and/or Section 210.45 of the New York Penal Law.

Applicant's signature: **X**

Date: / /

Payment Section:

Agency Billing Account

Accepted Forms of Identification to bring to your appointment (must be valid and not expired):

- Driver license issued by a state or outlying possession of the United States, U.S.
- Driver license PERMIT issued by a state or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a territory of the U.S.
- State ID card (or outlying possession of the U.S.) with a seal or logo from state or state agency
- Commercial driver license, issued by a state or outlying possession of the U.S.
- Department of defense common access card
- Employment authorization document that contains a photograph
- Foreign driver license (Mexico and Canada only)
- Foreign passport
- Military dependent's identification card
- Permanent resident card or alien registration receipt card (form I-551)
- U.S. Coast Guard Merchant Mariner Credential
- U.S. Military identification card
- U.S. passport
- U.S. Tribal card (enhanced only) or U.S. Bureau of Indian Affairs identification card
- U.S. visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the U.S.
- Uniformed Services identification card (form DD-1172-2)

Identification if under 18 and nothing else available:

Persons under the age of 18 who are unable to present an acceptable photograph document listed above shall provide a Social Security card or a birth certificate. The New York Photo ID Waiver for Minors, developed by the New York State Division of Criminal Justice Services, must be completed and signed by a parent or guardian at the time of fingerprinting at the fingerprinting site location.

Do not sign this form in advance.

NOTE: Staff with fingerprint images on file with OCFS may be eligible for a waiver. Contact the licensor/registrar or director of the program for more information.

Hard-to-Print Applicants

Please contact the Criminal History Review Unit at 518-473-8595 for instructions.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <i>Note:</i> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. </p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number											
				-			-				

or

Employer identification number										
				-						

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

- Under penalties of perjury, I certify that:
- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
 - I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 - I am a U.S. citizen or other U.S. person (defined below); and
 - The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



DELAWARE OPPORTUNITIES INC.

35430 STATE HIGHWAY 10, HAMDEN, NY 13782

PHONE (607) 746-1600 • FAX (607) 746-1605

email: delopp@delawareopportunities.org

website: www.delawareopportunities.org

SERVING
DELAWARE COUNTY

HEAD START
RESPITE CARE
SERVICES COORDINATION
BIG BUDDY
PARENT AIDE
DAY CARE
RESOURCE/REFERRAL
(Registration)
(Subsidies)
(USDA Sponsor)
(Inspections)
HEALTHY FAMILIES
PREGNANT AND PARENTING TEENS
SENIOR DINING
SAFE AGAINST VIOLENCE
(Domestic Violence)
(Rape Crisis)
(Crime Victims)
JOBS WORK CREW
JOB COACHES
EMPLOYMENT AND TRAINING
COMMUNITY FOOD AND NUTRITION
WEATHERIZATION
HOUSING ASSISTANCE AND
COMMUNITY DEVELOPMENT
(Housing Development)
(Homeownership/Tenant Counseling)
(Rental Assistance)
(Housing Rehabilitation)
HEAP
FAMILY DEVELOPMENT
FAMILY RESIDENCES
INDEPENDENT LIVING SKILLS
WIC
(Women, Infants and Children)
(Car Seat Safety)
NEIGHBORHOOD CENTER
CLOTHING/HOUSEHOLD GOODS/
AND FOOD BANK SERVICES
EMERGENCY FOOD
AND SHELTER
HOMELESS ASSISTANCE
TRANSPORTATION

Dear Provider:

There will be a change in the processing and structure of the day care subsidy vouchers. We are asking providers to participate in the new system called child care time and attendance. (CCTA). Enclosed is the information regarding the CCTA system and how it will work?

If a provider chooses not to participate in the CCTA system, Providers are still required to provide their rates. Enclosed is a form that needs to be completed and returned. If you choose to participate in the CCTA system, provider also must fill out the agreement form and have the form notarized. All information must be returned Delaware Opportunities in order to process any payments. Please call if you have questions (607) 746-1620.

Providers Name: _____

Providers Address: _____

I will participate: _____ in the CCTA system.

I will not participate: _____ in the CCTA system.

Sincerely:

Judy Velten
CFD Coordinator

"Helping people become self-sufficient and attain a better quality of life." since 1965

CCFS#: _____

Provider Name: _____

Address: _____

Contact Name: _____

Phone # _____

If you operate with specific hours please indicate them here (example M-F 6 am to 7 pm)

Rate/Age	Under 1 ½ years	1 ½ to 2 years	3 to 5 years	6 to 12 years
Weekly Rate <i>Care provided for 30 or more hours over the course of 5 or fewer days in a week.</i>				
Daily Rate <i>Care is provided for at least 6 but fewer than 12 hours per day</i>				
Part Day Rate <i>Care is provided for at least 3 but less than 6 hours per day</i>				
Hourly Rate <i>Care is provided for less than 3 hours per day</i>				

DELAWARE OPPORTUNITIES/ DELAWARE COUNTY

35430 STATE HIGHWAY 10, HAMDEN, NY 13782

CHILD CARE TIME AND ATTENDANCE USER AGREEMENT

The Provider would like to commence using the New York State Office of Children and Family Services, Child Care Time and Attendance (NYS OCFS CCTA) electronic filing system to submit time records for child care services to Delaware Opportunities Inc, Delaware County Department of Social Services electronically.

Upon execution of this agreement, the Provider will electronically submit all claims for payment and all required child attendance information to the County through the use of the NYS OCFS CCTA system.

The Provider acknowledges that they are solely responsible for the information submitted to the County electronically through the NYS OCFS CCTA system pursuant to the provisions of Section 415 of the State of New York Codes, Rules and Regulations and Section ____ of the County Law of the State of New York. The Provider affirms that such information will be complete and accurate. The Provider understands and agrees that the County will hold the Provider responsible for any false, incomplete or misleading information submitted to the County by the Provider or under the Provider's name.

The Provider further understands and acknowledges that he/she could be prosecuted under applicable Federal and State laws for any false claims, statements, documents, or payment submitted to the County.

The Provider acknowledges and agrees that any information submitted to the County by the Provider's or on the Provider's behalf will be treated as if the Provider has personally signed the sheets upon which the information is contained and that the Provider will be held to the same standard as if the submissions were made in written form as opposed to electronic form.

The County reserves the right to rescind this agreement and the Provider's use and access to the NYS OCFS CCTA system. This agreement may be rescinded at any time effective the beginning of the month following the County's notice to the Provider. The Provider may terminate this agreement and their use of NYS OCFS CCTA system upon providing the County with at least thirty (30) days written notice. Such termination to be effective the beginning of the month following the thirty (30) day written notice. This agreement shall remain in full force and effect until terminated pursuant to this paragraph.

Provider Name: _____

Provider Number: _____

Provider Address: _____

Signature: _____

Date: _____

Print Name: _____

Acknowledged and affirmed to before me
appeared _____ on this ____ day
of _____, 2014.

Notary Public

Dear Provider:

We are proud to announce that we will be using an automated system called Child Care Time and Attendance (CCTA) to improve the accuracy and timeliness of New York State's child care subsidy payments. This new time and attendance system will begin operation in Delaware County on April 2011. To participate in this exciting new opportunity, and be the first to start using the new CCTA system, contact Delaware Opportunities Inc, Judy Velten or Lisa Calaci at (607) 746-1620.

What are the main benefits of having a statewide CCTA system?

- Simplify time and attendance workload;
- Save money on postage operating costs; and
- Improve timeliness and accuracy of payments to child care providers.

What will CCTA do?

- Verify if providers are eligible to receive payment for subsidized child care;
- Track the time and attendance of children;
- Calculate and authorize child care payments;
- Allow parents and other caretakers to check their children in and out of a child care program using the provider's computer which will be connected to the new system through a Web-based time clock; and
- Allow providers to see when children in their care lose their eligibility to receive subsidy.

What equipment is needed to use CCTA?

With CCTA there is no software for you to purchase. The only item required is a **desktop or notebook computer that can access the Internet** by using any of the following web browsers: Internet Explorer (IE); Firefox, Chrome or Safari.

How do you use CCTA?

You use the Internet to access CCTA to record and submit your attendance for children receiving a child care subsidy. If you don't have a computer with Internet access, you can use your local library's computer or any other computer with Internet access, to record your time and attendance records. In addition, if you choose the time clock option, parents or other caretakers use your computer to access CCTA and check their children in and out of your day care. This saves you from typing in the attendance for each child. Access and passwords are provided.

How do you learn how to use CCTA?

Online training is available to teach you how to use CCTA. There is also a call center for assistance.

What do you need to do before you start to use CCTA?

Getting started is easy. Let us know that you want to use CCTA and we provide your access. The only requirement is to fill out the provider rate form with your child care hours and rate. We are looking forward to working with our providers using this new and efficient automated time and attendance system. Welcome aboard, we're glad you joined us!



Delaware Opportunities Inc. Agency Intake Form

PLEASE PRINT ALL AREAS NEATLY AND LEGIBLY

Please complete the front and back of this form to the best of your knowledge; all information provided is strictly confidential and may be shared with other programs at Delaware Opportunities Inc. with your signed consent.

Applicant signature: _____

Staff signature if unable to obtain a signature and verbal consent was obtained: _____

Program: _____ Date of visit: _____ Service site: _____

Social security number: _____ - _____ - _____

First name: _____ MI: _____ Last name: _____ DOB: _____

Mailing address:

House number Apt # Street City State Zip Code Town

Physical address:

House number Apt # Street City State Zip Code Town

County: _____

Best way to reach you: (circle one) email mail home phone cell phone message phone/other

home phone number: _____ cell phone number: _____

email address: _____ message phone/other/social media name: _____

Household type, check one:

- multigenerational other single parent female single parent male single person only two adults only two parent unrelated adult unrelated adults with child unspecified

Housing situation, check one:

- homeless other other permanent housing own own mobile home own multifamily rent temp stable temp unstable

Information regarding gender, education, or disability is collected for statistical information only. This information will not be used to determine eligibility. Some of this information is requested by the Federal Government in order to monitor laws prohibiting discrimination against those seeking services. You are not required to furnish this information, but you are encouraged to do so.

For office use only:

_____ Initials of staff that entered data into Captain/central intake _____ date

_____ Initials of staff that entered data into program intake _____ date

_____ Initials of staff that returned intake to program _____ date

