

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

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

Child care providers who are not required by 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 child care in a residence.



Instructions: Please use black/blue pen.

- Provider: Complete **Section 1 - Child Care Provider**
- Parent/Caretaker: Complete **Section 2 - Parent Information**
- The provider and the parent/caretaker walk through and inspect the site, review sections of the form, then sign and date where indicated.
- Submit the completed form to the enrollment agency serving the location where the child care is being provided.

SECTION 1 - CHILD CARE PROVIDER

A. CHILD CARE PROVIDER AND PROGRAM

1. CHILD CARE PROVIDER NAME:

Mr. Mrs. Ms. _____
Last First MI Suffix

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

2. IDENTIFYING AND CONTACT INFORMATION:

Enrollment Number: _____ Site Phone (land line or cell): () _____
(If applicable)

Date of Birth: / / _____ Social Security #:¹ _____
(mm/dd/yyyy)

Gender (Male or Female): M F Email Address:² _____

3. CHILD CARE LOCATION: Give address where child care is provided.

House Number Street Apt.

Address Line 2 Floor

City State Zip County

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

Yes No. If no, give home address below.

House Number Street Apt.

Address Line 2 Floor

City State Zip County

<p>(For Enrollment Agency Use) Received Date ____/____/____ Complete Date ____/____/____</p>	<p>(For Local District Use) Parent's Case No. _____ Type: Local <input type="checkbox"/> WMS <input type="checkbox"/> LSSD Office /Unit /Worker No. ____/____/____</p>
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¹ The Social Security number is required when the local social services district issues child care subsidy payments directly to a child care provider. Failure to provide the Social Security number may delay payment. The Social Security number of the provider is optional when a local social services district issues child care subsidy checks to the subsidy recipient (parent/ caretaker). If you provide the Social Security number, federal, state, and local agencies may use it for federal reporting, to prevent the duplication of services, and to prevent fraud.

² If you provide an email address, the enrollment agency may use it to contact you.

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

House Number Street Apt.

Address Line 2 Floor

City State Zip County

6. Were you previously enrolled as a legally-exempt child care provider?
 Yes. If yes, give year enrolled ____ / ____ / ____, and county where you resided _____
 No
7. Do you read English? **Yes** **No**. If no, what language do you read best? _____
8. Do you speak English? **Yes** **No**. If no, what language do you speak best? _____
9. Does any other person provide child care at the SAME location in which you intend to provide child care?
 Yes. Describe: _____
 No

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

1. Choose one statement that describes the child care services you seek to provide. Check A, B, or C, and provide additional information as indicated.

- A) I am an **in-home** child care provider. I provide care **in the child's home** and I care only for children **who live in the home**. (Provider and parent/caretaker: Please read the OCFS-LDSS-4699-2A, then complete, and ATTACH the OCFS-LDSS-4699-2, Legally-Exempt In-Home Child Care Provider Agreement Form.)
- B) I am a **family** child care provider. I provide care in my own home, or another person's home. I care for at least one child who **does not live in the home where care is given**. (Choose 1, 2, or 3 below, whichever describes your situation best.)
- 1) **Relative care** – I am either the grandparent, great-grandparent, great-great-grandparent, aunt/uncle, great aunt/great uncle, brother/sister or first cousin of **ALL** the children in care; OR
- 2) I care for no more than two children (not counting my own children or any children older than 13 years); OR
- 3) I care for three or more children. However, I never have more than two children in care at the same time for more than three hours a day.
- C) **Other** - I provide care other than choices A or B above. **Explain:** _____

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

2. Are you at least 18 years of age?
 Yes
 No. If no, you must comply with the New York State Department of Labor's requirements. Provide the documents listed below to show you meet the requirements. (Check to show item is attached.)
- I have **ATTACHED** the OCFS-LDSS-4699-1, *Employment of Minors* form (revised 2010).
- I have **ATTACHED** a copy of my working papers, which are required if I am a minor providing Family Child Care. (Not required for **in-home** child care providers.)

C. PEOPLE WHO MAY BE PRESENT AT CHILD CARE LOCATION

People who are present at the child care location when child care is provided and may have contact with child(ren) you care for must be checked against the New York State Sex Offender Registry as required by New York State regulations. These checks apply to the following people:

- An employee – a person you hire to work at the child care location
- A volunteer – a person who is sometimes at the child care location and has the potential for regular and substantial contact with the children you provide care for
- For family child care, a household member age 18 or older – a person who lives in the home where care is provided

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

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

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

TABLE 1-CHILD CARE PROVIDER'S VOLUNTEERS AND EMPLOYEES

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

2. Only **family** child care providers must answer this following question:

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

No
 Yes. Identify in Table 2 below, everyone age 18 and older who lives in the residence where care is provided.
Attach additional sheets if necessary.

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

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

D. OTHER QUALIFICATIONS AND PROGRAM CHARACTERISTICS

1. PRE-SERVICE HEALTH AND SAFETY TRAINING REQUIREMENT

Legally-exempt **family** and **in-home** providers are required to complete health and safety training, approved by the New York State Office of Children and Family Services (OCFS), prior to enrollment.

A) Provider Pre-Service Training

Check the one that applies to you:

- 1) I have completed the required pre-service health and safety training.
You must ATTACH your certificate of completion for the OCFS-approved pre-service training.
- 2) I am a currently enrolled provider. I completed the pre-service health and safety training and previously submitted my certificate to this enrollment agency.
- 3) I meet one of the relative exemptions below for every child in my care who receives child care subsidies; therefore, I am not required to complete the training. (State your relationships to the **child(ren)** below.)
 - I am grandparent of: _____
 - I am great-grandparent of: _____
 - I am aunt of: _____
 - I am uncle of: _____
 - I am sibling of: _____ **AND**, I live in a separate residence.

B) PRE-SERVICE TRAINING FOR EMPLOYEE AND/OR VOLUNTEERS

All employees with a caregiving role and all volunteers with the potential for regular and substantial contact with children in care

- o meet this pre-service health and safety training requirement or
- o meet the relative exemptions (described above) for every child in my care who receives child care subsidies,

AND

I understand that it is my responsibility to

- o keep a copy of the certificate of training to show their completion of this training or
- o have knowledge of their exemption for every child in care who receives subsidies.

- Yes.**
- Not applicable. I do not have any employees with a caregiving role or volunteers with the potential for regular and substantial contact with children in care.**

2. PROVIDER'S ELIGIBILITY FOR ENHANCED RATE BASED ON TRAINING

Legally-exempt **family** and **in-home** child care providers may be eligible to receive an enhanced rate of reimbursement when they have completed 10 hours of training during 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.

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

- Yes.** If yes, you may be eligible to receive an enhanced rate. **ATTACH** the OCFS-LDSS-4699-3, *Legally-Exempt Child Care Training Record Form and your training certificates.*
- No**

3. FEDERAL FOOD PROGRAM ASSISTANCE

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

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

- 1) Sponsoring Agency Name:
- 2) Sponsoring Agency ID Number (if known):
- 3) Your CACFP Provider Number:
- 4) Agreement Number:
- 5) Proof of Participation:

Date on Proof: ___ / ___ / ___

Type of Proof: (Check below to show proof attached.)

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

4. AMOUNT YOU CHARGE

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

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

5. 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 to specific medical professionals who are authorized by New York State to administer medication. Some individuals are exempt from this requirement based on their relationship to the child, family, or household, and are permitted to administer medications, including the following:

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

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

- A) I agree. I will administer medication in compliance with New York State Law and only to the extent that I am permitted by New York State Law, which I have indicated by my choice on this page below.
 Yes **No**
- B) If I have employees or volunteers, I will make sure that each of my employees and volunteers administers medication in compliance with New York State Law and only to the extent permitted by New York State Law.
 Yes **No**
- C) Are you, your employees or volunteers **legally permitted** to administer medication to child(ren) in subsidized care?
 Check **all** statements that apply to you. Provide all other information as it applies.
- 1) **Yes**, I am **related** within the third degree of consanguinity to the child(ren)'s parent or stepparent. Therefore, I am allowed to administer medication to the child(ren) following the health care provider's instructions and when I have appropriate permission from the parent.
- I am grandparent of: _____
- I am great-grandparent _____
- I am great-great-grandparent of: _____
- I am aunt/uncle of (includes spouse) _____
- I am great aunt/great uncle (includes spouse) of: _____
- I am first cousin (includes spouse) of: _____
- I am brother/sister of: _____
- 2) **Yes**, I am **providing care in the home** of the following child(ren): _____. Therefore, I am **permitted** to administer medication to these children when I have appropriate permission from the parent, and I am following the health care provider's instructions.
- 3) **Yes**, I am a New York State medical professional **authorized by the New York State Department of Education** (NYSED) to administer medication. Therefore, I am allowed to administer medication to child(ren) in my care when there are appropriate permissions from the parent and when following the health care provider's instructions.
- a) My profession is one of the following (*check one*):
- Registered Nurse
- Nurse Practitioner
- Physician
- Physician Assistant
- b) License number: _____
- I have attached a copy of my current New York State professional medical license. (*Required*)
- 4) **Yes**, I **have** an OCFS-LDSS-7000, *Health Care Plan for the Administration of Medication for Legally-Exempt Provider*, approved within the past two years. Therefore, the qualified medications administrant named below is **authorized by OCFS** to administer medication to subsidized children in my care according to the health care provider's instructions, and when there are appropriate permissions from the parent.
- a) Plan approval date: ____/____/____
- I have attached a copy of the **first page AND the approval page** of my *Health Care Plan for the Administration of Medication for Legally-Exempt Provider* (OCFS-LDSS-7000).
- b) Name of the qualified Medications Administrant: _____
- c) Health care consultant (HCC) name: _____
- d) Health care consultant profession (*Check one*):
- Registered Nurse
- Nurse Practitioner
- Physician
- Physician Assistant
- e) License Number: _____
- 5) **No**. None of the above permissions apply to me. I am not authorized by OCFS or NYSED. I understand I **cannot administer** medication to the child(ren) in care, except: *over-the-counter topical ointments, sunscreen, and topically applied insect repellent*.
- D) Are you interested in seeking authorization to administer medication to child(ren) in subsidized care?
- Yes**, I want to learn how to start the process. Please send me the OCFS-LDSS-7007, *Obtaining Authorization to Administer Medication to Subsidized Children in Legally-Exempt Care*.
- No**. I will not be seeking authorization to administer medication at this time.

6. HOURS OF OPERATION

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


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


E. VERIFICATION OF LEGALLY-EXEMPT STATUS

1. CHILD CARE SCHEDULES

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

If your schedule varies, you **must** still provide a schedule for a typical week of care for that child.

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

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

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

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

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

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

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

Note: All children in care **must** be listed on the preceding schedule whether receiving subsidies or not.

2) **No**

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

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

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

F. HEALTH AND SAFETY CHECKLIST ATTESTATION

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

The provider meets and will continue to meet the following basic health and safety requirements.

- Yes
- No

The provider meets the following basic health and safety requirements before caring for children:

1. The provider and all children have two separate and remote ways to leave the building in an emergency.
2. The rooms for children at my child care location are well-heated, well-lighted and well-ventilated.
3. My child care location is free of unsafe areas (such as swimming pools, open drainage ditches, wells, holes, wood or coal burning stoves, fireplaces, and gas space heaters). If there are unsafe areas, sturdy barriers are in place around the areas that keep the child(ren) from getting to them.
4. If child care is provided above the first floor, there are barriers or locks on the windows so the child(ren) cannot fall out.
5. The water supply at my child care location is safe. I have working toilets. There is hot and cold running water all the time.
6. I, all employees and volunteers who are likely to have regular contact with the child(ren) are physically, emotionally, and mentally able to provide child care.
7. I, all employees and volunteers who are likely to have regular contact with the child(ren) are free from any communicable diseases that pose a risk to the health and safety of the child(ren) in care.
 If I, any employee or volunteer who is likely to have regular contact with the child(ren) has a communicable disease, I must have a statement from such person's health care provider that indicates that the presence of a communicable disease does not pose a risk to the health and safety of the child(ren) in care.
 If I, or one of the above-mentioned persons has a communicable disease, I have **ATTACHED** a doctor's statement, stating such disease does not pose a risk to the health and safety of the child(ren) in care.
8. My child care location is free of any dangerous or unsafe conditions that could hurt a child(ren). This includes but is not limited to the following:
 - Knives and other sharp objects are out of the reach of child(ren).
 - Small rugs, runners, and electrical cords are held in place so a child won't trip.
 - Electrical cords do not run under furniture or rugs, and are out of the reach of small children.
 - Extension cords are not overloaded.
 - Any guns and other firearms are unloaded and stored in a locked drawer or cabinet, and the key is kept in a safe place. Ammunition is locked separately.
 - Cords to window blinds and shades are out of the reach of child(ren).
 - Hot liquids are out of the reach of children.
 - Small items that the child(ren) could choke on are out of the child(ren)'s reach.
 - Carbon monoxide detectors are installed where the child(ren) that I provide care for sleep or nap and on each story of the home where care is provided where a carbon monoxide source is located.
9. All matches, lighters, medicines, drugs, cleaning materials, detergents, aerosol cans, and other poisonous or toxic materials are stored in their original containers. Care is taken so that they do not come in contact with child(ren), where food is prepared, or otherwise may be a danger to the child(ren). I store all of these materials safely away from the child(ren).
10. I will give each child(ren) meals and snacks according to what the parent/caretaker and I have agreed.
11. I will refrigerate milk, formula, and any other food that goes bad if not refrigerated.
12. I agree not to heat formula, breast milk, and other food items for infants in a microwave oven.
13. I will always allow the custodial parent/caretaker to have unlimited access to his/her child(ren) in care, to the program site while the child(ren) is in care, and to any written records concerning the child(ren).
14. I will hold fire/evacuation drills monthly with child(ren) during hours that the child(ren) are in care so that the child(ren) and I will know what to do in the case of an emergency.
15. I have a working telephone OR can get to one very quickly in an emergency. Emergency telephone numbers for the fire department, local or state police or sheriff's department, poison control center, and ambulance service are posted near the phone and are easy to see.
16. I will use protective caps, covers, or permanently installed safety devices on all electrical outlets that a child(ren) could reach when I am caring for a child(ren) under 5 years old.
17. Paint and plaster are in good repair so that there is no danger of a child(ren) putting paint or plaster chips in their mouths or of it getting into food.
18. I have at least one operating smoke detector on each floor of my child care location. I will check regularly to make sure all detectors work.
19. I have a portable first aid kit at my child care location that is easy to get to in an emergency, and my first aid supplies are kept in a clean container or cabinet away from child(ren). It is stocked to treat common childhood injuries and problems. I will always replace things in the first aid kit as soon as possible after something has been used or is too old to be used.

The provider meets the following basic health and safety requirements before caring for children:

- 20. I have RECEIVED from the child(ren)'s parent/caretaker
 - signed proof from a doctor or other health care provider that: the child(ren) has received all of the immunizations appropriate for the child(ren)'s age; **OR**
 - proof that one or more of the immunizations would harm the child(ren)'s health; **OR**
 - a statement saying that the child(ren) has not been immunized due to the parent/caretaker's religious beliefs.
- 21. The stairs, railings, porches, and balconies are in good repair.
- 22. For **family** child care providers, all persons living in the home where care is given are free of any communicable diseases. If any person living in the home does have a communicable disease, I must have a statement from the person's health care provider that indicates that the presence of a communicable disease does not pose a risk to the health and safety of the child(ren) in care.
 - I have **ATTACHED** a doctor's statement, if any person living in the home has a communicable disease, and that such disease does not pose a risk to the health and safety of the child(ren) in care.

G. PROVIDER'S BEHAVIORAL CONDITIONS

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

The provider meets and will continue to meet the following basic health and safety requirements.

- Yes
- No

The provider meets and agrees to continue to meet the following basic health and safety requirements before caring for the child(ren):

- 1. I understand and agree that I will never use corporal punishment or let others use corporal punishment while child(ren) are in my care. Corporal punishment means doing things directly to a child(ren)'s body to punish a child, such as:
 - Spanking, biting, slapping, shaking, twisting, or squeezing
 - Making the child(ren) do physical exercises beyond what is normal
 - Forcing the child(ren) to stay still for long periods of time
 - Making the child(ren) stay in positions that hurt the child or are bizarre
 - Bathing the child(ren) in unusually hot or cold water
 - Forcing child(ren) to eat or have in child(ren)'s mouth soap, foods, hot spices or foreign substances
- 2. I understand and agree that I will never use or be under the influence of alcohol or drugs while children are in care, and will make sure that child(ren) being cared for do not have contact with people using drugs or alcohol.
- 3. I understand and agree that I will not smoke or allow smoking in indoor areas or other enclosed areas, such as cars or other vehicles, when child(ren) are present.
- 4. I understand and agree that I will never leave child(ren) alone or unsupervised.
- 5. I understand and agree that I will ALWAYS be present when the child(ren) are in the care of employees, volunteers and if care is provided in a home other than the child's home, household members.

H. RELEVANT HISTORY – PEOPLE AT THE CHILD CARE LOCATION

1. PROVIDER ONLY

A) PROVIDER TERMINATION OF PARENTAL RIGHTS

I certify and attest that (Check one.)

- 1) I have **never had** my parental rights terminated under Social Services Law 384-b or equivalent legal authority.
- 2) I **have had** my parental rights terminated under Social Services Law 384-b or equivalent legal authority.
 - I have **ATTACHED** the OCFS-4917, *History of Termination of Parental Rights and/or Court-Ordered Article 10/Removal of a Child and Parental Acknowledgement* form.³

B) PROVIDER COURT-ORDERED ARTICLE 10 REMOVAL

I certify and attest that (Check one.)

- 1) I have **never had** a child(ren) removed from my care by court order in a proceeding under Article 10 (child protective) of the Family Court Act.
- 2) I **have had** a child(ren) removed from my care by court order in a proceeding under Article 10 (child protective) of the Family Court Act.
 - I have **ATTACHED** the OCFS-4917, *History of Termination of Parental Rights and/or Court-Ordered Article 10/Removal of a Child and Parental Acknowledgement* form.³

C) PROVIDER DAY CARE ENFORCEMENT

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

- 1) I certify and attest that (Check one.)
 - I **have had** an application for a license or registration to operate a child day care program denied.
 - I **have not had** an application for a license or registration to operate a child day care program denied.
- 2) I certify and attest that (Check one.)
 - I **have had** a license or registration to operate a child day care program revoked or suspended.
 - I **have not** had a license or registration to operate a child day care program revoked or suspended.
- 3) If you have **been denied** a license or registration to operate a child day care program, **or** if you have had a license or registration to operate a child day care program **revoked or suspended**, complete the following:
 - i) **Program Name and Location:** _____
 - ii) I have **ATTACHED** the OCFS-4916, *History of Day Care Enforcement and Parental Acknowledgement*.³

2. PROVIDER, EMPLOYEES, VOLUNTEERS, AND HOUSEHOLD MEMBERS

A) CRIMINAL HISTORY

- 1) I have listed on subsection 1.C of this form: ALL employees, volunteers, with the potential for regular and substantial contact with the child(ren) in care, and if I provide care in a home other than the child’s home, all of the household members, 18 years of age or older, residing at the location of child care.

I certify that I have asked each of them if they have been convicted of a crime.

- Yes**
- No**

- 2) Have you, your employee, your volunteer who has the potential for regular and substantial contact with children in care, and IF care is provided in a home other than the child’s home, any of the household members 18 years of age or older who reside at the location where child care is provided **ever been convicted of a crime** in New York State or any other place?

- Yes.** Give name(s) of person(s) convicted _____
 - I have **ATTACHED** the completed OCFS-4915, *History of Criminal Convictions and Parental Acknowledgement*,³ for each person with a criminal history.
- No**

B) INDICATED REPORTS OF CHILD ABUSE AND MALTREATMENT

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

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

- Yes**
- No**

³ If you need a copy of this form, please contact your local social services district or your legally-exempt caregiver enrollment agency.

I. PROVIDER AGREEMENTS AND CERTIFICATIONS

1. SUBMITTING UPDATES AND CHANGES OF ENROLLMENT INFORMATION

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

2. HEALTH AND SAFETY REQUIREMENTS

- ✘ I will continue to meet all the basic health and safety requirements listed on the checklists, and
 - the parent/caretaker and I have inspected the home and completed the “Health and Safety Checklist Attestation” and “Provider’s Behavioral Conditions” together.

3. INFORMATION SHARING AND DATABASE CHECKS

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

4. ELIGIBILITY AND PAYMENT

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

5. OTHER AGREEMENTS

- ✘ I understand and agree to allow representatives of the enrollment agency, the local social services district, and the State of New York access to the premises where subsidized child care is provided to confirm that information on my enrollment form and/or on attendance forms is true and accurate and that child care services are being provided as listed on these forms. I understand that if I do not allow such access, then I will be considered an ineligible provider, my enrollment will be terminated, and I will not be paid by the local social services district.

- ✂ I understand that if I am denied enrollment I may request that the enrollment agency review any extenuating circumstances to determine if an exception could be made to allow me to provide child care. If I request an exception, I must provide all documents or references required by the enrollment agency.
- ✂ I understand and agree to meet all of the conditions stated on this form for as long as I am providing child care. I understand that I am required to inform the enrollment agency and the parent/caretaker if there is a change in the information stated on the enrollment form.

6. PROVIDER CERTIFICATION

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

- I understand and agree to continue to meet all of the conditions stated above.
- I have reviewed **Section 2 - Parent Information** of this form.
- I understand the decision to enroll me is based on the facts provided and attested to on the enrollment form. Providing false information or deliberately concealing information may result in an inaccurate determination of my eligibility to provide subsidized child care, and/or a denial or termination of enrollment. If I provide child care services while enrolled under false pretenses, or while I am an ineligible child care provider, the local social services district may refuse to issue child care subsidy payments, terminate child care subsidy payments, take legal action against me or the parent/caretaker, and I may be required to repay any money I receive for such services.
- Under the penalty of perjury, I agree that to the best of my knowledge all statements made on this enrollment form and any attachments to it are true and accurate.

PROVIDER'S SIGNATURE X	DATE / /
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7. PARENT CERTIFICATION (PROVIDER SECTION)

I have reviewed **Section 1 - Provider Information** of this form. I agree that to the best of my knowledge all statements made on this enrollment form and any attachments to it are true and accurate.

PARENT'S SIGNATURE X	DATE / /
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NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

SECTION 2 - PARENT INFORMATION

The parent/caretaker receiving or applying for child care subsidy must complete this section and must review and sign **Section 1 - Child Care Provider**.



A. PARENT'S/CARETAKER'S⁴ INFORMATION

1. **Parent's/Caretaker's Name:**

Mr. Mrs. Ms. _____
Last First MI Suffix

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

2. **Identifying and Contact Information:**

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

Work Phone: (____) _____ (area code) phone number Cell Phone: (____) _____ (area code) phone number

Email Address:⁵ _____ No Email Address

3. Do you read English?

Yes No. If no, what languages do you read best? _____

4. Do you speak English?

Yes No. If no, what languages do you speak best? _____

5. Is the child care provided in your home?

Yes No

6. Give your home address below.

HOME ADDRESS:

House Number _____ Street _____ Apt. _____

Address Line 2 _____ Floor _____

City _____ State _____ Zip _____ County/Borough _____

7. **MAILING ADDRESS:** Is your mailing address the same as your home address? Yes No
 If your mailing address is different from your home address please give your mailing address below.

House Number _____ Street _____ Apt. _____

Address Line 2 _____ Floor _____

City _____ State _____ Zip _____ County/Borough _____

8. Provide information about your child care subsidy case:

Subsidy Paying County: _____ Subsidy Case Number:⁶ _____

⁴ "Caretaker" means the child's parent, legal guardian, caretaker relative, or any other person with whom a child lives who has assumed responsibility for the day-to-day care and custody of the child.

⁵ If you provide an email address, the enrollment agency may use it to contact you.

⁶ The temporary assistance number, subsidy case number, and parent's CIN (client identification number) are optional. If provided, they will be used to facilitate information sharing with the local social services district regarding your eligibility and payment for child care.

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

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

Attach additional sheets if necessary.

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

Provider's Relationship to Child: _____ Gender (M or F): M F

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

Provider's Relationship to Child: _____ Gender (M or F): M F

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

Provider's Relationship to Child: _____ Gender (M or F): M F

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

Provider's Relationship to Child: _____ Gender (M or F): M F

2. MY CHILD(REN)'S MEDICATION NEEDS

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

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

I have read the "Administration of Medication" in **Section 1 - Child Care Provider** of this form, and this form's part B. 2., **My Child(ren)'s Medication Needs**, above, and I understand the extent to which my child care provider is legally permitted to administer medication to my child(ren). My child care provider and I have agreed that

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

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

3. My Child(ren)'s Meals and Snacks

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

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

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

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

1. I understand the child care provider must ask and is required to inform me whether the following people, who may be in contact with my child(ren), have been the subject of an indicated report of child abuse or maltreatment
 - the provider,
 - volunteers who are likely to have regular contact with child(ren) in care,
 - employees, and
 - if care is not provided in my home, persons living in the home age 18 years or older.
2. I have specifically asked the provider if the provider, volunteers who are likely to have regular contact with child(ren) in care, employees, and if care is provided in the provider's home, persons living in the home age 18 years or over, have been the subject of an indicated report of child abuse or maltreatment.
3. The provider has informed me whether any indicated reports of child abuse or maltreatment exist, who was the subject of the report: the provider, employees, volunteers, who are likely to have regular contact with child(ren) in care, and if care is provided in the provider's home, persons living in the home age 18 years or over.
4. When an indication of child abuse or maltreatment exists, the provider has given me written information regarding such indication of child abuse or maltreatment. I understand I have the right to select another provider. I agree that I have carefully considered the information on child abuse and maltreatment indications that I have been given and I am selecting this provider.
 - Yes
 - No

D. PARENTAL ACKNOWLEDGEMENTS AND AGREEMENTS**1. PARENT'S RESPONSIBILITIES TO MONITOR QUALITY OF CARE**

- ✘ I certify that I have selected this provider to care for my child(ren).
- ✘ I have reviewed, with the provider, each item on the "Health and Safety Checklist Attestation" and the "Provider's Behavioral Conditions" that are in **Section 1 - Child Care Provider** of this form, and all information on the checklist is true and accurate.
- ✘ I understand it is my responsibility to monitor the quality of care my child(ren) receives from the child care provider.
- ✘ I understand that these agreements apply for as long as this provider is caring for my child(ren).

2. CHANGES TO ENROLLMENT INFORMATION

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

3. ELIGIBILITY AND PAYMENT ISSUES

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

4. HEALTH AND SAFETY REQUIREMENTS

- ✕ I understand that the provider must continue to meet all the basic health and safety requirements and behavioral conditions listed on the checklists.
 - The provider and I have inspected the home, completed the Health and Safety Checklist Attestation, and the Provider's Behavioral Conditions together.
 - All statements on the checklists are true and accurate.

5. PARENT CERTIFICATION

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

- I have reviewed **Section 1 - Child Care Provider** of this form.
- I understand and agree to continue to meet all conditions stated above.
- I understand the decision to enroll my provider is based on the facts provided and attested to on the enrollment form. Providing false information or deliberately concealing information may result in an inaccurate determination of my provider's eligibility to provide subsidized child care, and/or a denial or termination of enrollment. If my provider provides child care services while enrolled under false pretenses, or while he or she is an ineligible child care provider, the local social services district may refuse to issue child care subsidy payments, terminate child care subsidy payments, take legal action against me or the child care provider.
- Under the penalty of perjury, I agree that to the best of my knowledge all statements made on this enrollment form and any attachments to it are true and accurate.

PARENT'S/CARETAKER'S SIGNATURE X	DATE / /
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6. PROVIDER CERTIFICATION (PARENT SECTION)

I have reviewed **Section 2 - Parent Information** of this form. I agree that to the best of my knowledge all statements made on this enrollment form and any attachments to it are true and accurate.

PROVIDER'S SIGNATURE X	DATE / /
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***This enrollment form is a legal agreement. Make a copy of this form for your records.
Return this form and its attachments to:***