

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**

Do ALL children in-care reside in the home where child care is provided?

Yes → Are you related to ALL children receiving child care assistance as a grandparent, great-grandparent, sibling that lives in a separate residence, aunt or uncle? (check one)

No → Are you related to ALL children receiving child care assistance as a grandparent, great-grandparent, sibling that lives in a separate residence, aunt or uncle? (check one)

Yes → ☐ YES = You are providing Relative-Only In-Home Child Care Complete **ALL** sections of application.

No → ☐ NO = You are providing In-Home Child Care Complete all sections **EXCEPT** sections 6 and 9. Comprehensive Background Clearance (CBC) required. Refer to page 3 of the attached instructions.

No → ☐ YES = You are providing Relative-Only Family Child Care (RO FCC) Complete **ALL** sections of application.

No → ☐ NO = You are providing Family Child Care (FCC) Complete all sections **EXCEPT** sections 6 and 9. Comprehensive Background Clearance (CBC) required. Refer to page 3 of attached instructions.

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 If yes, provider's name: _____						
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 who 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: / /	Completed Date: / /
CCFS ID: Facility Name:	

SECTION 1: Provider Information

Provider Information:		Last (Please include any ALIASES or MAIDEN names in parentheses.)		MI	Suffix
Name: First					
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 ☐ Same as Home	Apt #	Floor #	City	State	Zip Code
Have you ever been previously enrolled? ☐ Yes or ☐ No If yes, please write your enrollment ID:					
Email Address	Home Phone Number () -		Cell Number () -		

SECTION 2: Parent/Caretaker Information

Parent/Caretaker Information:		Last (Please include any ALIASES or MAIDEN names in parentheses.)		MI	Suffix
Name: First					
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 ☐ Same as Home	Apt #	Floor #	City	State	Zip Code
Child Care Assistance Paying District					
Preferred Language					

SECTION 3: Children Receiving Child Care Assistance (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	☐ M ☐ F	/ /		
Parent's Name		Provider's relationship to the child?			
Last					
Mon	Tue	Wed	Thurs	Fri	Sat
☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
Who will be responsible for meals/snacks? (Check one) ☐ Provider (must meet requirements per instructions) ☐ Parent					
Who will administer medication? (Check one) ☐ Provider (must meet requirements per instructions) ☐ Parent					

Child's Full Name		Gender		DOB	
First	Last	☐ M ☐ F	/ /		
Parent's Name		Provider's relationship to the child?			
Last					
Mon	Tue	Wed	Thurs	Fri	Sat
☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
Who will be responsible for meals/snacks? (Check one) ☐ Provider (must meet requirements per instructions) ☐ Parent					
Who will administer medication? (Check one) ☐ Provider (must meet requirements per instructions) ☐ Parent					

Child's Full Name		Gender		DOB	
First	Last	☐ M ☐ F	/ /		
Parent's Name		Provider's relationship to the child?			
Last					
Mon	Tue	Wed	Thurs	Fri	Sat
☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
Who will be responsible for meals/snacks? (Check one) ☐ Provider (must meet requirements per instructions) ☐ Parent					
Who will administer medication? (Check one) ☐ Provider (must meet requirements per instructions) ☐ Parent					

SECTION 4: Other Children in Care NOT Receiving Child Care Assistance ☐ None

Child's First Name		Age		Parent's First Name	
Provider's relationship to the child:					
Schedule of Child Care					
	Mon	Tues	Wed	Thurs	Fri
Drop-off	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
Pickup	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM

Child's First Name		Age		Parent's First Name	
Provider's relationship to the child:					
Schedule of Child Care					
	Mon	Tues	Wed	Thurs	Fri
Drop-off	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
Pickup	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM

Child's First Name		Age		Parent's First Name	
Provider's relationship to the child:					
Schedule of Child Care					
	Mon	Tues	Wed	Thurs	Fri
Drop-off	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
Pickup	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ 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.	

SECTION 5: ALL Provider Formal Child Care History

<i>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.</i>	Yes	No
1. Have you ever had an application for a license or registration to operate a child day care program denied?	☐	☐
2. Have you ever had a license or registration to operate a child day care program revoked, limited or suspended?	☐	☐

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

<i>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.</i>	Yes	No
1. Have you ever had your parental rights terminated under Social Services Law 384b or equivalent legal authority?	☐	☐
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?	☐	☐
3. Have you ever been convicted of a crime in the State of New York or any other jurisdiction?	☐	☐
4(a) Have you ever been the subject of an indicated report of child abuse and maltreatment?	☐	☐
4(b) If yes, have you provided the parent/caretaker with true and accurate descriptions of the incident and the date of indication?	☐	☐

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 aged 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			
		☐ Household Member ☐ Employee ☐ Volunteer	/ /	☐ Yes – If yes, how? ☐ No
		☐ Household Member ☐ Employee ☐ Volunteer	/ /	☐ Yes – If yes, how? ☐ No
		☐ Household Member ☐ Employee ☐ Volunteer	/ /	☐ Yes – If yes, how? ☐ 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 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 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
1. Have any of your employees, volunteers and 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?	☐	☐
2. a. I have asked my employees, volunteers and persons over the age of 18 residing in the home if they have been the subject of a case of indicated child abuse and maltreatment.	☐	☐
b. If any employee, volunteer, or person over the age of 18 stated that they have been the subject of an indicated report of child abuse and maltreatment, I have 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).	☐	☐

SECTION 10: Employee and Volunteer Training Requirements

Employee and Volunteer Preservice Training (Select one)	
☐	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.
☐	Not applicable. Provider is related to every child in care receiving child care assistance.
☐	Not applicable. Provider does not have employees or volunteers.

Employee and Volunteer Annual Training (Select one) Required at re-enrollment

☐	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.
☐	Not applicable. Provider is related to every child in care receiving child care assistance.
☐	Not applicable. Provider does not have employees or volunteers.

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

History of Day Care Enforcement (Section 5)	
Name of day care program having enforcement action:	
Location:	
Type(s) of enforcement action (Check all that apply.):	☐ Denied ☐ Revoked ☐ Suspended ☐ Limited
Dates of enforcement actions:	
Description/reason for enforcement action:	
History of Criminal Convictions (Section 6, 9)	
Relative-Only Providers; Their Employees and Volunteers; and Adult Household Members of Relative-Only FCC; and Non-Relative FCC Providers.	
When the Household Member Is Related In Any Way to ALL Children in Care:	
Name of individual with criminal conviction:	
Specific conviction(s):	
Disposition date	/ / and penalty imposed:
Description:	
History of Termination of Parental Rights and/or Court-Ordered Article 10 Removal of a Child (Section 6)	
Relative-Only In-Home and Relative-Only Family Child Care (Applies to provider only)	
Date(s) of removal/termination:	/ / Name of court:
County:	State:
Type of court involvement (Check all that apply.)	
☐ Judicial Termination of Parental Rights Under Social Services Law 384-b	
☐ Court-Ordered Removal of a Child Under Article 10 of the Family Court Act (Child Protective)	
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 assistance 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 assistance payments, and/or legal action against the parent/caretaker for deliberately presenting false or misleading information.	
Signature of Parent/Caretaker:	Date: / /

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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 child care assistance than for children not receiving child care assistance.
- 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 child care assistance 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 understand that I am required to comply with any and all inspections that will be conducted at the child care site.
- 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 a misdemeanor or a 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 any adult household member (for relative-only family child care) 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 those 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 they, any employees or volunteers, or any adult household member (if it is a family child care), has been the subject of an indicated report of child abuse and maltreatment. In circumstances when a provider has disclosed to me that they have been indicated as the subject of child abuse and maltreatment, I have received detailed information pertaining to the incident, 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
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 Statewide Central Register Database Check (includes the form and instructions for completing the DCCS version)	X	X		X	X
OCFS-4930 Request for Fingerprinting Services-Child Care	X	X		X	X
OCFS-6001 Child Care Provider, Staff, Volunteer, and Household Member Information	X	X	X	X	X
OCFS-6002 Qualifications	X				
OCFS-6003 References	X				
OCFS-6004 Child Care Provider, Staff, Volunteer, and Household Member Medical Statement	X	X	X	X	
OCFS-6005 Criminal Conviction Statement	X	X			
OCFS-6022 Request for Staff Exclusion List Check	X	X		X	X

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

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.

New York State Criminal History Record Check (form OCFS-4930) <i>NYS Department of Criminal Justice Services</i>
National Criminal Record Check (form OCFS-4930) <i>Federal Bureau of Investigation</i>
New York State Sex Offender Registry Search (form OCFS-6001) <i>NYS Department of Criminal Justice Services</i>
***National Sex Offender Registry Search (form OCFS-4930) <i>National Crime and Information Center</i>
Statewide Central Register Database Check (form LDSS-3370) <i>SCR of Child Abuse and Maltreatment</i>
Staff Exclusion List Check (form OCFS-6022) <i>New York State Justice Center</i>
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>

***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.

Mandated Training Requirement Added to Child Care Regulations

Compliance Required by September 30th, 2017!

The federal Child Care and Development Block Grant (CCDBG) requires certain licensed, registered, and legally exempt child care employees, caregivers and volunteers to complete health and safety training by September 30, 2017.

To implement this new federal requirement, OCFS developed an e-learning session that, once completed by participants, will satisfy all required health and safety topics. This OCFS health and safety e-learning is named Foundations in Health and Safety e-learning. There is no charge for the training, which can be found at the following website: https://www.ecetp.pdp.albany.edu/learn_catalog.shtm. This fully-narrated five-hour course offers important information and strategies to facilitate and improve the safety and health of children in regulated child care programs and enrolled legally exempt programs. Child care providers and caregivers completing this course will receive training credit in federally mandated health and safety topic areas.

In order to register for this training, you must set up an account. Setting up an account is easy! All you need is a valid email address to get started. Once you have set up your ECETP account, you will be able to register for training. Once training is complete, your certificate of completion will be available for you to print in your ECETP account.

Please follow the instructions below in order to create an Early Childhood Education Training Program account and to be able to register yourself for training.

After you click on the link or type in the address <https://www.ecetp.pdp.albany.edu/>

This is what should come up. Click on e-Learning ECETP

PROFESSIONAL DEVELOPMENT PROGRAM
ROCKEFELLER COLLEGE UNIVERSITY AT ALBANY THE UNIVERSITY OF ALBANY
Early Childhood Education and Training Program

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Sign Up for Virtual Class Training

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Latest News

Sep 16, 2024

Better Breakfast Month.

Breakfast is the most important meal of the day. It gives you the energy to get off on the right foot

Featured Trainings

Identifying and Responding To Anaphylaxis

As a child care professional, you play a critical role in protecting the health and safety of children in your program. The US Centers for Disease Control and Prevention (CDC) estimates that allergies affect 1 in 13 children. These allergies have the potential to cause a

Then this should come up....

PROFESSIONAL DEVELOPMENT PROGRAM
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Early Childhood Education and Training Program

Register for e-Learning

Step 1 of 2: Choose Your e-Learning Training

This course does not meet the pre-service training requirement.
 Este curso no cumple con el requisito de capacitación previa al ejercicio de servicios.

42 trainings have been found Sort by: Latest

Title	Organization	Location
Educación en línea en la primera infancia <i>e-Learning</i>	Professional Development Program	Online
Comprender y ayudar a los niños con necesidades especiales <i>e-Learning</i>	Professional Development Program	Online
Sesgo implícito en la primera infancia <i>e-Learning</i>	Professional Development Program	Online
Understanding Challenging Behavior in Legally Exempt Child Care <i>e-Learning</i>	Professional Development Program	Online
Desarrollando sobre los fundamentos de salud y seguridad <i>e-Learning</i>	Professional Development Program	Online
Documentation and Record Keeping for Enrolled Legally Exempt Providers and Programs <i>e-Learning</i>	Professional Development Program	Online
Understanding and Supporting Children with Special Needs <i>e-Learning</i>	Professional Development Program	Online
Plomo: El peligro oculto en el agua potable <i>e-Learning</i>	Professional Development Program	Online
¿Qué es el cuidado infantil legalmente exento? <i>e-Learning</i>	Professional Development Program	Online
Requisitos y recursos de cuidado infantil para proveedores legalmente exentos <i>e-Learning</i>	Professional Development Program	Online

SCROLL TO THE BOTTOM AND GO TO THE SECOND PAGE...

Identificando y respondiendo a la anafilaxia <i>e-Learning</i>	Professional Development Program	Online
Identifying and Responding to Anaphylaxis <i>e-Learning</i>	Professional Development Program	Online
Child Care Requirements and Resources for Legally Exempt Providers <i>e-Learning</i>	Professional Development Program	Online
What is Legally Exempt Child Care? <i>e-Learning</i>	Professional Development Program	Online
Information and Resources to Promote a Successful Program <i>e-Learning</i>	Professional Development Program	Online
ACEs and Trauma-Informed Practice developed by the CUNY School of Professional Studies <i>e-Learning</i>	Professional Development Program	Online
Supporting Language Development: Birth to 5 <i>e-Learning</i>	Professional Development Program	Online
Medic Use and Safety with Children <i>e-Learning</i>	Professional Development Program	Online
What to Expect When Inspected <i>e-Learning</i>	Professional Development Program	Online
Introduction to the New York State Child Day Care Regulations <i>e-Learning</i>	Professional Development Program	Online
Anti-bias Education in Early Childhood <i>e-Learning</i>	Professional Development Program	Online
Implicit Bias in Early Childhood <i>e-Learning</i>	Professional Development Program	Online
Prevention and Identification of Brain Injuries, Including Abusive Head Trauma (AHT) <i>e-Learning</i>	Professional Development Program	Online

1
2

Click on the first training listed on the second page...Foundations in Health and Safety e-Learning



PROFESSIONAL DEVELOPMENT PROGRAM
 ROCKEFELLER COLLEGE UNIVERSITY AT ALBANY State University of New York

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Register for e-Learning

Step 1 of 2: Choose Your e-Learning Training

 = This course does not meet the pre-service training requirement.
 Este curso no cumple con el requisito de capacitación previa al ejercicio de servicios.

42 trainings have been found
 Sort by: Latest

Title	Organization	Location
Foundations in Health and Safety e-Learning	Professional Development Program	Online
Mandated Reporter Online Training e-Learning	CUNY School of Professional Studies	Online
Aprendizaje a distancia sobre fundamentos de salud y seguridad e-Learning	Professional Development Program	Online
健康及安全基礎線上學習 e-Learning	Professional Development Program	Online
Preventing Sudden Infant Death Syndrome and Promoting Safe Sleeping e-Learning	Professional Development Program	Online
Early Intervention e-Learning	Professional Development Program	Online
Managing Challenging Behavior: 18 months to 36 months e-Learning	Professional Development Program	Online
Keeping Children Safe: Prevention of Lead Poisoning and Other Dangers to Children e-Learning	Professional Development Program	Online
Transportation	Professional Development Program	Online

You will get a pop-up as shown...click on Proceed to register

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Proceed to register



PROFESSIONAL DEVELOPMENT PROGRAM
 ROCKEFELLER COLLEGE UNIVERSITY AT ALBANY STATE UNIVERSITY OF NEW YORK

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Already have an ECETP account?

Need help?

New to ECETP?

1. By establishing or updating your ECETP account, you agree that your personal identifying information is your own, is correct to the best of your knowledge, can be shared with the New York State Office of Children and Family Services (OCFS), the Research Foundation for SUNY, and the Professional Development Program, Rockefeller College, University at Albany, and that these entities assume no liability for personal identification or other data discrepancies.

[Back to top](#)

Follow Instructions to register.

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.ny.net/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.

A-Adult Services/Family Type Home for Adults CCE - Child Care Current Employee CCZ - Child Care Prospective Volunteer/Consultant CCS - Child Care Provider of Goods/Services D-Prospective employee (<i>Local DSS district - bill against reimbursement</i>) ** F-Prospective/new employee other than day care employees. (fee required - see below) * 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. 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) * J-Age 18 or Older Household Member (with no child care role)	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) * M-Director of a summer camp, overnight camp, day camp or traveling day camp. N-Applying for a license to operate a day care center. (To be submitted by authorized licensing agency only.) (fee required - see below) * 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. 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. R-Applying to be kinship foster parents. U-Universal Pre-K Teacher (fee required - see below)* W-Applying to be foster parents or family care home providers. X-Applying to be adoptive parents pursuant to an application pending before the inquiring agency. Y-Prospective Day Care 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)*
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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
STATEWIDE CENTRAL REGISTER DATABASE CHECK
Agency Use Only

SCR USE ONLY
REQUEST I.D.:

ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE

AGENCY CODE:	RESOURCE I.D. (RID)	CHILD CARE FACILITY SYSTEM (CCFS) NUMBER:	CATEGORY (Use alpha codes on reverse):	PHONE NUMBER (Area Code): () -
PRINT BELOW THE ADDRESS ASSOCIATED WITH YOUR RID/CCFS NUMBER: AGENCY NAME: AGENCY LIAISON: STREET ADDRESS: CITY: STATE: ZIP CODE:			The particular classifications of persons who must or may be screened are set forth on the reverse side of this document. The alpha codes to complete the "Category" box above, are also on the reverse side of this form. FOR ALL CATEGORIES: Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. MAKE SURE YOU COMPLETE ALL MAIDEN NAME/ALIAS/MARRIAGE SECTIONS THAT APPLY. IF NONE, STATE "NONE" List RELATIONSHIP in the fields below. <i>(see reverse side for instructions) Attach additional page if necessary.</i>	

The purpose of collecting the demographic data on *other persons in your household* who are not screened pursuant to Section 424-a of the Social Services Law is to enable the NYS Office of Children and Family Services to identify with the greatest degree of certainty whether the person(s) being screened is the subject of an indicated child abuse or maltreatment report. The utilization of this information in a discriminatory manner is contrary to the Human Rights Law.

APPLICANT/HOUSEHOLD MEMBER AREA

PLEASE TYPE OR PRINT CLEARLY

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

RELATIONSHIP TO APPLICANT	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH mm dd yyyy
APPLICANT			☐ M ☐ F	
APPLICANT MAIDEN/ALIAS/ MARRIED NAME			☐ M ☐ F	
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			☐ M ☐ F	
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Please provide your current address and any other addresses at which you have resided for the last 28-years, including street, street number, city and state. For Adoption, Foster Care, Family and Group Family Day Care and legally-exempt Family Child Care, also include the same address history for household members 18 years of age or older.

CURRENT STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) /	TO (Mo/Yr) /
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) /	TO (Mo/Yr) /
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) /	TO (Mo/Yr) /
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) /	TO (Mo/Yr) /
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) /	TO (Mo/Yr) /

I affirm that all the information provided on this form is true to the best of my knowledge. I understand that if I knowingly give false statements, such action could be grounds for denial or dismissal from employment or denial or revocation of a license, certificate, permit, registration or approval.

APPLICANT'S SIGNATURE	DATE (mm/dd/yyyy) / /	APPLICANT'S SIGNATURE	DATE (mm/dd/yyyy) / /
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EIGHTEEN-YEARS OF AGE OR OLDER:

I understand that as a person 18 years of age or older in a home of an applicant to become an Adoptive or a Foster Parent or a Family or Group Family Day Care provider or a legally-exempt family child care provider, the information I have provided will be used to inquire of the Statewide Central Register to determine if I am the subject of an indicated report of child abuse or maltreatment.

SIGNATURE	DATE (mm/dd/yyyy) / /	SIGNATURE	DATE (mm/dd/yyyy) / /
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STATEWIDE CENTRAL REGISTER DATABASE CHECK FORM
 ADDITIONAL PAGE

(Use only if the space on the form, LDSS-3370, DCCS version is not sufficient)

APPLICANT NAME:

Print clearly, all dates must be consecutive (month/year). Be sure to associate address histories with particular individuals.

[illegible]

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: _____

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

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.

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, 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.

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.

"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 _____

Notary Public

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
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. ☐ Individual/sole proprietor or single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: 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. ☐ Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

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.

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.

Social security number									
				-					
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ►

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.