New York State
Office of Children and Family Services

Division of Child Care Services

New York State
School-Age Child Care

SAMPLE
Pursuant to the Americans with Disabilities Act, the State Office of Children and Family Services will make this material available in large print or on audiotape upon request.
Thank you for inquiring about starting a School Age Child Care program. We are pleased to send you an application package. Please note that this application booklet expires on [expiration date]. After that date, you must contact the individual noted below to request an updated application booklet.

**Becoming a Provider**

Operating a school age child care program can be a rewarding professional decision. It is also a business decision that requires that you understand your responsibilities and obligations. While much of the information you will need to make that decision is contained in this application package, there are other sources of information as well. The NYS Office of Children and Family Services encourages you to contact the registrar/licensor listed below and your local child care resource and referral (CCRR) agency for additional technical assistance.

**Filling out the Application**

This package contains the information you will need to begin the application process. The checklist, “School Age Child Care Required Documents”, specifies each item which needs to be completed and submitted to begin your application with us. You can use this checklist to make sure you’ve completed the application.

**Mailing in the Application**

It is not necessary to return this entire booklet to us. Some of the information will be useful to you as you start your child care business. The pages you should mail to us can be removed by tearing them out along the perforated lines. It is required that you keep copies of certain documents on site, but, it is recommended that you keep copies of everything you submit.

You will need to obtain a large envelope to mail your application to us - a regular business envelope will not be big enough. The illustration to the left shows two envelope sizes that will hold all of your application pages.
Helpful Resources & Information

Below are some additional sources of information that you can and should use as you complete the application to provide child care in your home. If you do not have internet access either at home or at your local public library, this information can also be obtained by contacting

**Child Care Regulations and Policies**

Child Care Regulations:  
www.ocfs.state.ny.us/main/childcare/regs/413Definitions.asp  
www.ocfs.state.ny.us/main/childcare/regs/414_SACC_regs.asp

Division of Child Care Services Policies:  
www.ocfs.state.ny.us/main/becs/policy/

Social Service Law 390:  
www.ocfs.state.ny.us/main/childcare/390%20Social%20Services%20Law.doc

**Various Building/Grounds Hazards**

Lead information:  
www.health.state.ny.us/environmental/lead/

Pesticides information:  
www.ocfs.state.ny.us/main/childcare/pest/

Radon Information:  
www.ocfs.state.ny.us/main/childcare/radon/

**Education and Training**

Provider Training:  
www.ocfs.state.ny.us/main/childcare/training.asp

Educational Incentive Program:  
www.tsg.suny.edu/eip.shtm

Medication Administration Training  
www.tsg.suny.edu/obtain_renew.shtm

**General Information**

AfterSchool Works! New York:  
www.afterschoolworksnv.org

American Association of Pediatrics:  
www.aap.org

Child Care Resource and Referral Agencies:  
www.ocfs.state.ny.us/main/childcare/referralagencys.asp

Consumer Product Safety:  
www.cpsc.gov

Downloadable Child Care Forms:  
www.ocfs.state.ny.us/main/childcare/Child%20care_forms.asp

Listing of County Health Departments:  
www.health.state.ny.us/nysdoh/lhu/map.htm

Local Departments of Social Services:  
www.ocfs.state.ny.us/main/localdss.asp

National Association for the Education of Young Children:  
www.naeyc.org

NYS Afterschool Network:  
www.nysan.org

OCFS Website (home page):  
www.ocfs.state.ny.us/main

Playground Safety:  
www.playgroundsafty.org

Quality Stars New York:  
Earlychildhood.org/qsny/
Your School-Age Child Care Application Package

Prepared For:

Your Package Includes:

- Identifying Information A-1
- Requirements B-1
- Site Information C-1
- Program Information D-1
- Agreements E-1
- Appendix App-1
## School-Age Child Care Required Documents

**INSTRUCTIONS**
- This listing specifies those documents that you are required by regulation to submit and/or maintain on-site
- Use this form to keep track of the required documents and when they are submitted
- Some documents are included in this package, some are obtained from outside sources, others you will need to create

### Document Listing

✓ Regulation requirements

It is recommended that you maintain a copy of everything you submit

All forms are subject to approval. Care may not be provided until registration has been issued.

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Page</th>
<th>Available On-Site</th>
<th>Submit</th>
<th>Date Submitted (mm/dd/yyyy)</th>
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<tbody>
<tr>
<td><strong>Identifying Information</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>General Information</td>
<td>A-3 and A-4</td>
<td></td>
<td>✓</td>
<td>/ /</td>
</tr>
<tr>
<td>Business Information</td>
<td>A-5 thru A-10</td>
<td></td>
<td>✓</td>
<td>/ /</td>
</tr>
<tr>
<td><strong>Requirements</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>First Aid &amp; CPR Certification</td>
<td>B-3</td>
<td></td>
<td>✓</td>
<td>✓ / /</td>
</tr>
<tr>
<td><strong>ALL Roles (Everyone Must Complete)</strong></td>
<td></td>
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<td></td>
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<tr>
<td>Fingerprint Request Form</td>
<td>B-7</td>
<td></td>
<td>✓</td>
<td>✓ / /</td>
</tr>
<tr>
<td>Criminal Conviction Statement</td>
<td>B-9 and B-10</td>
<td></td>
<td>✓</td>
<td>as needed / /</td>
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<tr>
<td>SCR Form</td>
<td>B-11 thru B-17</td>
<td></td>
<td>✓</td>
<td>✓ / /</td>
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<tr>
<td><strong>Director</strong></td>
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<tr>
<td>Information</td>
<td>B-19</td>
<td></td>
<td>✓</td>
<td>✓ / /</td>
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<tr>
<td>Qualifications and References</td>
<td>B-21 thru B-23</td>
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<td>✓</td>
<td>✓ / /</td>
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<tr>
<td>Medical Statement</td>
<td>B-25 and B-26</td>
<td></td>
<td>✓</td>
<td>✓ / /</td>
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<tr>
<td><strong>Site Supervisor (If Applicable)</strong></td>
<td></td>
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<tr>
<td>Information</td>
<td>B-27</td>
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<td>✓ / /</td>
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<tr>
<td>Qualifications and References</td>
<td>B-29 thru B-31</td>
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<td>✓ / /</td>
</tr>
<tr>
<td>Medical Statement (Employee)</td>
<td>B-33 and B-34</td>
<td></td>
<td>✓</td>
<td>✓ / /</td>
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<tr>
<td><strong>Employees</strong></td>
<td></td>
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</tr>
<tr>
<td>Medical Statement (Employee)</td>
<td>B-33 and B-34</td>
<td></td>
<td>✓</td>
<td>✓ / /</td>
</tr>
<tr>
<td><strong>Site Information</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required Inspections/Approvals</td>
<td>C-3</td>
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<td>/ /</td>
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<tr>
<td>Environmental Hazards Inspection</td>
<td>C-9 and C-10</td>
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<td>✓</td>
<td>✓ / /</td>
</tr>
<tr>
<td>Inside Floor Plan</td>
<td>C-13</td>
<td></td>
<td>✓</td>
<td>/ /</td>
</tr>
<tr>
<td>Outside Play Area</td>
<td>C-14</td>
<td></td>
<td>✓</td>
<td>/ /</td>
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<tr>
<td>Emergency Plan</td>
<td>C-17 thru C-20</td>
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<tr>
<td>Emergency Evacuation Diagram</td>
<td>C-23</td>
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</table>
**School-Age Child Care Required Documents (cont.)**

**INSTRUCTIONS**
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- Use this form to keep track of the required documents and when they are submitted.
- Some documents are included in this package, some are obtained from outside sources, others you will need to create.

**Document Listing**
- Regulation requirements
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<th>Document Name</th>
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<th>Available On-Site</th>
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<td><strong>Site Information (continued)</strong></td>
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<tr>
<td>Certificate of Occupancy</td>
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<td>Local Code Officials or State Education Dept.</td>
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</tr>
<tr>
<td>Zoning Approval</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>Local Zoning Board</td>
<td></td>
<td>as needed</td>
<td>as needed</td>
</tr>
<tr>
<td>DOT Inspection</td>
<td></td>
<td></td>
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<tr>
<td>State Dept. of Transportation</td>
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<td></td>
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</tr>
<tr>
<td>Health Inspection</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>State/Local Health Unit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Alarm/Detection Inspection</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Certified Inspector</td>
<td></td>
<td></td>
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<tr>
<td>Fire Protection Equipment Supplier</td>
<td></td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Fire Suppression</td>
<td></td>
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</tr>
<tr>
<td>Heating System</td>
<td></td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>NYS Dept. of Labor</td>
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<td>Heating Contractor</td>
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<td><strong>Program Information</strong></td>
<td>D-1</td>
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<tr>
<td>Behavior Management</td>
<td>D-3</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Developing Your Program</td>
<td>D-5 and D-6</td>
<td>✓</td>
<td>✓</td>
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<td>Program Daily Routine</td>
<td>D-7</td>
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<td>✓</td>
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<tr>
<td>Health Care Plan</td>
<td>D-9 and D-10</td>
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<td>✓</td>
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<td><strong>Additional Requirements List</strong></td>
<td>D-11</td>
<td></td>
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<tr>
<td>Personnel Policy</td>
<td></td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Employee Evaluation Policy</td>
<td></td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Staff Supervision Policy</td>
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<tr>
<td>Child Supervision Policy</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>Child Abuse Policy</td>
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<td>✓</td>
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<td>Training Schedule</td>
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<td><strong>Agreements</strong></td>
<td>E-1</td>
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<tr>
<td>Child Support Obligation Statement</td>
<td>E-3</td>
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<td>✓</td>
</tr>
<tr>
<td>Applicant Compliance Agreement</td>
<td>E-5</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td><strong>Business Documents</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>DBA (Doing Business As)</td>
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<td></td>
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<tr>
<td>Town Clerk</td>
<td>as needed</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Incorporation Papers</td>
<td></td>
<td>as needed</td>
<td>as needed</td>
</tr>
<tr>
<td>Your Attorney</td>
<td>as needed</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Certificate of Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance Agent</td>
<td>as needed</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

**NYS SACC Initial Booklet iii**
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General Information

INSTRUCTIONS

• All applicants must be 18 years of age or older and must complete this page
• The director must complete portions of this application. If you do not have a
director, contact the Regional Office
• If you have a DBA (Doing Business As), submit your DBA certificate with the
application
• Please PRINT clearly

Applicant
Print the following information about yourself

☐ Mr. ☐ Mrs. ☐ Ms. _________________________________________________________________
Name: ___________________________ Date of Birth: / / (mm/dd/yyyy)

Last First MI
Mailing Address: __________________________________________________________________
Apt. Phone: ( ) Ext. Unlisted: ☐ Yes ☐ No
City: ____________________________ State Zip ____________________________ Fax: ( )
County/Borough: ____________________________ E-Mail: ____________________________

Do you speak English? ☐ Yes ☐ No If no, please specify language spoken:

Have you ever operated or been employed in licensed or registered day care in New York State? ☐ Yes ☐ No
If yes, provide prior facility information: Facility Name: ___________________________
Dates: ___/___ - ___/___
Facility Address: ________________________________________________________________

Site

School-Age Program Name (DBA): __________________________________________________

Director Name: ____________________________ Phone: ( ) Ext.
Last First MI
Site Address: __________________________________________________________________
Apt. Unlisted: ☐ Yes ☐ No
City: ____________________________ State Zip ____________________________ Fax: ( )
County: ____________________________ E-Mail: ____________________________

Federal ID # (if applicable): ______________________________________________________

(Continued on reverse side)
INSTRUCTIONS
- Please PRINT clearly

Applicant Name: ____________________________
School-Age Program Name: __________________

Capacity Requested
Specify below the number of children, by age group, that you are requesting. Maximum authorized capacity will be displayed on the registration, based on regulation requirements once you have been approved.

- Number of children: (K – 9 years) ____________
- Number of children: (10 years and older) ______________
- Number of children: (13 years and older) ______________
- Total number of children: ____________________

Hours of Operation
Typical school-age child care operating days and hours are Monday through Friday, two hours before and three hours after school when school is in session.

- Do you plan to operate outside of these typical operating days and hours? .. □ Yes □ No
  If yes, attach a schedule showing hours and days of operation.
- Will you be providing care during school vacations and/or days off? ........... □ Yes □ No
- Will you be providing care during the summer? ........................................□ Yes □ No
- Will you be operating as a summer camp? ................................................□ Yes □ No

Building Information
Is this a multi-use building (such as a community center or school)? ....... □ Yes □ No

Multiple Programs
Does your organization operate other childcare programs? ...................... □ Yes □ No

Directions To Site
Give detailed directions to your facility from the nearest highway, major intersection, bus stop or subway entrance. List all major landmarks. Be specific concerning exit numbers and road names. Feel free to supplement these instructions with a drawing or map.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

NYS SACC Initial Booklet A-4
Business Information

INSTRUCTIONS

• If you have a DBA (Doing Business As), submit your DBA certificate with the application
• Complete Legal information section (Check ONE box only)
• See Appendix for Labor & Tax Responsibilities
• Please PRINT clearly

Applicant Name:  
School-Age Program Name:  

Legal Information (Select only ONE)

Select the item below that represents the legal entity of the program and then complete the corresponding Business Information page.

☐ Corporation/Municipality  To incorporate, Incorporation papers must be filed with NYS Department of State. A filing receipt and a Certificate of Incorporation must be attached. This entire section must be completed. Unless a DBA certificate is submitted specifying a special name for this program, the name of the program printed on the registration/license will be the corporate name.

➔ Go to Business Information – Corporation (A-6)

☐ Limited Liability Company (LLC)  To form an LLC, legal papers must be filed. Unless a DBA certificate is submitted specifying a special name for this program, the name of the program printed on the registration/license will be the LLC name.

➔ Go to Business Information – Limited Liability Company (A-7)

☐ Legal Partnership  This is the legal entity type if you and one or more other individuals have formed a legal partnership. If no Doing Business As (DBA) form is submitted, the name of the program will be the Last Name, First Name. The program can only be designated as something other than the name if a DBA certificate has been obtained from the county clerk.

➔ Go to Business Information – Legal Partnership (A-8)

☐ Sole Proprietor  This is the legal entity if only one person will be solely responsible for the day care program. Unless a Doing Business As (DBA) form is submitted, the name of the program will be the Last Name, First Name of the sole proprietor. The program can only be designated as something other than the name of the sole proprietor if a DBA certificate has been obtained from the county clerk or designated authority.

➔ Go to Business Information – Sole Proprietor (A-9)

☐ Unincorporated Association  This is an entity recognized by the IRS, but it does not require legal papers to define it. The registration/license document will list the name of each member of the Association in the ‘Issued To’ area. If no Doing Business As (DBA) form is submitted, the name of the program will be the Last Name, First Name of each member. The program can only be designated as something other than the name if a DBA certificate has been obtained from the county clerk.

➔ Go to Business Information – Unincorporated Assoc. (A-10)
Business Information – Corporation

INSTRUCTIONS
• If you have a DBA (Doing Business As), submit your DBA certificate with the application
• Complete this page only if the program is incorporated
• A board member or officer is the only person authorized to sign this form
• All corporations require at least 3 Board Members, including educational entities
• See Appendix for Labor & Tax Responsibilities
• Please PRINT clearly

Applicant Name: __________________________ School-Age Program Name: __________________________

Corporate/Municipality Information

Name: __________________________
DBA: __________________________

Federal ID: ______-____-____

Mailing Address: __________________________
Apt. __________________________
Fax: (____) __________________________
E-Mail: __________________________

City: __________________________
State: __________________________
Zip: __________________________
Contact Name: __________________________
Contact Phone: (____) __________________________

County/Borough: __________________________

Board Members
List the name, title, home address and phone number of a Board Member of the corporation

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
<td>MI</td>
</tr>
<tr>
<td>Address:</td>
<td>Street</td>
<td>City</td>
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<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
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<tr>
<td>Last</td>
<td>First</td>
<td>MI</td>
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<tr>
<td>Address:</td>
<td>Street</td>
<td>City</td>
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<td></td>
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</tr>
</tbody>
</table>

Labor & Tax Attestation
I am an employer and I certify that to the best of my knowledge and belief, I am operating my program in compliance with federal and state labor and tax laws.

I am providing those employment benefits (minimum wage, social security, federal and state unemployment insurance, workers’ compensation, and disability benefits) for which I am responsible.

Board Member Signature: __________________________ Date: ____ / ____ / ____
(mm / dd / yyyy)
Business Information – Limited Liability

INSTRUCTIONS
• If you have a DBA (Doing Business As), submit your DBA certificate with the application
• Complete this page only if the program is a Limited Liability Company
• A board member or officer is the only person authorized to sign this form
• See Appendix for Labor & Tax Responsibilities
• Please PRINT clearly

Applicant Name: School-Age Program Name

Limited Liability Company (LLC) Information

LLC Name: _______________________________ DBA: _______________________________

Federal ID: _______________________________ Fax: (____) ____________________________

Mailing Address:

Apt. ____________________________ Floor ____________________________

City: ____________________________ State: ____________________________ Zip: ____________________________

County/Borough: ____________________________ Contact Name: ____________________________

Contact Phone: (____) ____________________________

Board Member
List the name, title, home address and phone number of a Board Member of the company

Name: ____________________________ Title: ____________________________

Last: ____________________________ FRT: ____________________________ Mi: ____________________________

Address: ____________________________ Phone: (____) ____________________________

Street: ____________________________ City: ____________________________ State/Zip: ____________________________

Labor & Tax Attestation
I am an employer and I certify that to the best of my knowledge and belief, I am operating my program in compliance with federal and state labor and tax laws.

I am providing those employment benefits (minimum wage, social security, federal and state unemployment insurance, workers’ compensation, and disability benefits) for which I am responsible.

Board Member Signature: ____________________________ Date: ___________ / ___________ / ______ (mm / dd / yyyy)
Business Information – Legal Partnership

**INSTRUCTIONS**
- If you have a DBA (Doing Business As), submit your DBA certificate with the application.
- Complete this page only if the program is a Partnership.
- A Legal Partner is the only person authorized to sign this form.
- See Appendix for Labor & Tax Responsibilities.
- Please PRINT clearly.

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>School-Age Program Name</th>
</tr>
</thead>
</table>

### Legal Partnership Information

Legal Name: ____________________________  DBA: ____________________________

Mailing Address:  

Fax: (        )  

E-Mail: ____________________________  

City: ____________________________  Contact Name: ____________________________

County/Borough: ____________________________  Contact Phone: (        )

### Partners

List the names, titles, home addresses and phone numbers of all legal partners.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
<tr>
<td>Address:</td>
<td>Street - City - State/Zip OR Federal ID:</td>
</tr>
<tr>
<td>Phone: (        )</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
<tr>
<td>Address:</td>
<td>Street - City - State/Zip OR Federal ID:</td>
</tr>
<tr>
<td>Phone: (        )</td>
<td></td>
</tr>
</tbody>
</table>

### Labor & Tax Attestation

I am an employer and I certify that to the best of my knowledge and belief, I am operating my program in compliance with federal and state labor and tax laws.

I am providing those employment benefits (minimum wage, social security, federal and state unemployment insurance, workers’ compensation, and disability benefits) for which I am responsible.

Legal Partner Signature: ____________________________  Date: ___ / ___ / ______

(nm / dd / yyyy)
Business Information – Sole Proprietor

INSTRUCTIONS

• If you have a DBA (Doing Business As), submit your DBA certificate with the application
• Complete this page only if the program is a Sole Proprietorship
• The owner is the only person authorized to sign this form
• See Appendix for Labor & Tax Responsibilities
• Please PRINT clearly

Applicant Name: ___________________________ School-Age Program Name: ___________________________

Sole Proprietor Information

☐ Sole Proprietor This is the legal entity if only one person will be solely responsible for the school-age program. Unless a Doing Business As (DBA) form is submitted, the name of the day care program will be the Last Name, First Name of the sole proprietor. The program can only be designated as something other than the name of the sole proprietor if a DBA certificate has been obtained from the county clerk or designated authority.

☐ DBA form attached

Program Name: ___________________________

SSN: _________-_______-_________ OR Federal ID: _________-_________-

Labor & Tax Attestation

I am an employer and I certify that to the best of my knowledge and belief, I am operating my program in compliance with federal and state labor and tax laws.

I am providing those employment benefits (minimum wage, social security, federal and state unemployment insurance, workers’ compensation, and disability benefits) for which I am responsible.

Owner Signature: ___________________________________________ Date: _________ / _________ / _________

(mm / dd / yyyy)
## Business Information – Unincorporated Assoc.

### INSTRUCTIONS
- If you have a DBA (Doing Business As), submit your DBA certificate with the application.
- Complete this page only if the program is an Unincorporated Association.
- A board member or officer is the only person authorized to sign this form.
- See Appendix for Labor & Tax Responsibilities.
- Please PRINT clearly.

### Submit

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>School-Age Program Name:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

## Unincorporated Association Information

<table>
<thead>
<tr>
<th>Legal Name:</th>
<th>DBA:</th>
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<tr>
<th>Federal ID:</th>
<th>Fax: (  )</th>
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<thead>
<tr>
<th>Mailing Address:</th>
<th>Apt.</th>
<th>Floor</th>
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<tr>
<th>City:</th>
<th>State</th>
<th>Zip</th>
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<table>
<thead>
<tr>
<th>County/Borough:</th>
<th>Contact Name:</th>
<th>Contact Phone: (  )</th>
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</table>

### Members

List the names, titles, home addresses and phone numbers of all members.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
<th>Phone: (  )</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Address:</th>
<th>Phone: (  )</th>
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</thead>
<tbody>
<tr>
<td>Street:</td>
<td>City: State/Zip</td>
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<tr>
<th>SSN:</th>
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<tr>
<th>Name:</th>
<th>Title:</th>
<th>Phone: (  )</th>
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<th>OR Federal ID:</th>
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</tbody>
</table>

### Labor & Tax Attestation

I am an employer and I certify that to the best of my knowledge and belief, I am operating my program in compliance with federal and state labor and tax laws.

I am providing those employment benefits (minimum wage, social security, federal and state unemployment insurance, workers’ compensation, and disability benefits) for which I am responsible.

<table>
<thead>
<tr>
<th>Member Signature:</th>
<th>Date: (mm / dd / yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Requirements

First Aid & CPR Certification Form ............. B-3
ALL Roles (Everyone Must Complete)
Fingerprint Request Form ......................... B-7
Criminal Conviction Statement .................. B-9
SCR Instructions ..................................... B-10
SCR Form ............................................. B-11
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Information ........................................... B-19
Qualifications ....................................... B-21
References .......................................... B-23
Medical Statement .................................. B-25
Site Supervisor
Information ........................................... B-27
Qualifications ....................................... B-29
References .......................................... B-31
Medical Statement (Employee) .................... B-33
Employee
Medical Statement (Employee) .................... B-33
This page left blank intentionally.
CPR & First Aid Requirement

INSTRUCTIONS
- Review the requirements listed below and complete the lower section with the names of all individuals that are certified in CPR and/or First Aid.
- Attach additional sheets if necessary.
- A copy of each certification must be retained on site at all times and available for review.
- Please PRINT clearly.

Applicant Name: __________________________ Program Name: __________________________

Requirement
- All programs are required to have at least one person on site at all times with a current, OCFS-approved certification in CPR and First Aid.
- The certifications do not have to be held by the same person; one person could be certified in First Aid and another in CPR, but both certifications requirements must be met.
- Care cannot be provided unless the person(s) with these certifications is on site.
- Online certifications are permitted in some circumstances. Please consult with your licensor/registrar prior to training.

Certifications (List everyone with a certification)

<table>
<thead>
<tr>
<th>Name</th>
<th>Certification</th>
<th>Expiration Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CPR</td>
<td></td>
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<td></td>
<td>First Aid</td>
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<tr>
<td></td>
<td>CPR</td>
<td></td>
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<td>First Aid</td>
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<td>CPR</td>
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<td>CPR</td>
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<td>First Aid</td>
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<td>CPR</td>
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<td>First Aid</td>
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<td>CPR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>First Aid</td>
<td></td>
</tr>
</tbody>
</table>

Provider Signature: __________________________ Date: __/__/____ (mm/dd/yyyy)
This page left blank intentionally.
This page was intentionally left blank so that the instructions and the form would be side-by-side.
Guidelines for Fingerprinting

Do NOT Get Fingerprinted Until Your Application Has Been Submitted

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.

Fingerprinting is required for the Owner/Operator, Director, On-Site Provider, Site Supervisor, Household Members over the age of 18, Assistants, Alternate Providers, Alternate Assistants, Substitutes as well as all Employees and Volunteers in accordance with New York State law and OCFS child care regulations.

PLEASE NOTE: Fingerprint cards have been replaced with an automated fingerprint imaging process.

1. Anyone who has been previously fingerprinted by OCFS for the purposes of child day care or foster care or adoption approval, may not need to be fingerprinted again. You may instead be eligible for a waiver. Contact your licensor or registrar before continuing.

2. If anyone has not been fingerprinted by OCFS before, you must go to an authorized digital imaging center in New York State.
   - Complete the Request for NYS Fingerprinting Services form on the next page;
   - Schedule an appointment by calling 1-877-472-6915 or by going to the following website: www.L1enrollment.com.
   - You can select the location for your fingerprinting when you schedule your appointment.

3. 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 day care purposes, please disregard the foster care/adoption fields.
   - 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 number assigned to the program for which you are applying.
   - Each person to be fingerprinted must complete the Applicant section with their own information. For the purposes of this form, “Applicant” means the person to be fingerprinted.
   - Everyone must also select the appropriate role in the Child Day Care/Role of Applicant section.

4. On the day of the fingerprinting appointment:
   - Bring the completed form for each person being fingerprinted. No one will be fingerprinted without this form. There are no blank forms available at the scan location.
   - Each person must bring the appropriate Identification (ID) listed on the back of the form. No one will be fingerprinted without appropriate ID.
   - Your picture may be taken and your identification will be validated.

Additional "Request for NYS Fingerprinting Services" forms (OCFS-4930) are available online at http://www.ocfs.state.ny.us/main/forms/day_care/ or by calling 518-473-0971 (refer to form number OCFS 4930).

If you have additional questions, please contact your licensor or registrar.
NEW YORK STATE
OFFICE OF CHILDREN & FAMILY SERVICES
REQUEST FOR NYS FINGERPRINTING SERVICES
Information Form
(To be completed by Provider or Foster Care/Adoption Agency)

Enrollment Information:
Applicant must have an appointment to be fingerprinted. At appointment, applicant will need to bring this form and acceptable ID as noted on reverse.

Appointments can be obtained by contacting vendor at one of the following:
Website: www.L1Enrollment.com or the Call Center: 877-472-6915

Contributor Agency Section:

Contributor Agency: NYS Office of Children & Family Services

Job or License Type:
- Child Day Care
- Foster Care/Adoption
- Mentor
- OCFS Employee (employee / peace officer – please circle one)

Facility/Agency ID Number: N/A

Applicant Section:

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 Applicant (please check one):

CHILD DAY CARE: _______ Director _______ Provider _______ Employee/Teacher/Volunteer _______ Household Member over 18 yrs

FOSTER CARE: _______ Foster Parent _______ Relative Foster Parent _______ Household Member over 18 yrs

ADOPTION: _______ Adoptive Parent _______ Household Member over 18 yrs

Additional Information: (Foster Care Only)

CONNECTIONS Home Resource ID# N/A

CONNECTIONS Person ID# N/A

NYS SACC Initial Booklet B-7
**Accepted Forms of Identification:**

**NOTE:** Applicant **MUST** present two (2) forms of ID, at least one of which must have a photo (see Column A):

<table>
<thead>
<tr>
<th>Column A - Valid Photo Identification:</th>
<th>Column B - Valid Supplementary Identification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Passport (unexpired or expired)</td>
<td>Voter registration card</td>
</tr>
<tr>
<td>Permanent Resident Card</td>
<td>U.S. Military card or draft record</td>
</tr>
<tr>
<td>Alien Registration Receipt Card</td>
<td>Military dependent’s ID card</td>
</tr>
<tr>
<td>Unexpired Foreign Passport</td>
<td>Coast Guard Merchant Mariner Card</td>
</tr>
<tr>
<td>Driver’s License or Photo ID Card</td>
<td>Native American Tribal Document</td>
</tr>
<tr>
<td>(issued by U.S. State or Territory)</td>
<td>Canadian Driver’s License</td>
</tr>
<tr>
<td>School or College ID Card (with photo)</td>
<td>U.S. Social Security Card</td>
</tr>
<tr>
<td>Unexpired Employment Authorization</td>
<td>Original or certified copy of a Birth Certificate issued by authorized U.S. agency with official seal</td>
</tr>
<tr>
<td>with photo (Form I-766, I-688, I-688A or B)</td>
<td>Certification of Birth Abroad (issued by U.S. Department of State)</td>
</tr>
<tr>
<td>Photo ID Card issued by federal, state, or local govt.</td>
<td>U.S. Citizen ID Card (Form I-7)</td>
</tr>
</tbody>
</table>

**Identification if under 18 and nothing else available:**
- School record or report card
- Clinic, doctor, or hospital record

**Enrollment Website address:** [www.L1Enrollment.com](http://www.L1Enrollment.com)

**Call Center phone number:** 877-472-6915
Criminal Conviction Statement

INSTRUCTIONS

- DUPLICATE BOTH SIDES of this form for each person with a role indicated below. It is also recommended that you retain an extra blank copy of this form.
- This form must be completed and signed, regardless of conviction status.
- This form is in addition to being fingerprinted.
- Attach additional pages as necessary.
- Please PRINT clearly.

Maintain On-Site

Applicant Name:  School-Age Program Name:

Name:  Role:  □ Director (Submit)  □ Employee  □ Owner
       □ Site Supervisor (Submit)  □ Volunteer/Other

Conviction Statement

Have you previously completed a Conviction Statement?

□ NO, this is the first conviction statement I am signing for child day care.

□ YES, I have signed a previous conviction statement for child day care and...
       □ All of the following convictions (if any) were previously reported
        OR
       □ I have added new convictions since the last statement.

Certification

In accordance with Section 390-b(1)(b) of the Social Services Law, I certify that to the best of my knowledge and belief:

□ I Have  □ I Have Not been convicted of a crime in New York State or other State or Federal court.
(A crime is a misdemeanor or felony only; this does not include violations. You do not need to disclose crimes that the court designated with a “Youthful Offender” status.)

Record of All Convictions

Complete the information below and submit with record of conviction or certification of court arraignment. In addition, you may provide written justification on the back of this sheet, explaining why you should be allowed to care for children regardless of any conviction.

<table>
<thead>
<tr>
<th>Type of Crime</th>
<th>Penal Code Section</th>
<th>Date of Conviction (mm / dd / yyyy)</th>
<th>County or Court of Arraignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMPLE: Petit Larceny</td>
<td>156, 25</td>
<td>12/07/1966</td>
<td>Albany</td>
</tr>
</tbody>
</table>

To the best of my knowledge the information provided above is true and accurate. I understand that my failure to truthfully and accurately state whether I have been convicted of a crime and/or to provide truthful and accurate information concerning the conviction(s) may constitute grounds for dismissal or denial of employment, or suspension, limitation or revocation of the license or registration to provide child care at this site.

Signature: ___________________________  Date: (mm / dd / yyyy)

NYS SACC Initial Booklet B-9
Criminal Conviction Statement (continued)

Applicant Name:  
Your Name: 

Please provide your justification below, explaining why you should be allowed to care for children despite your conviction. You may attach your own sheets if you prefer not to use this page.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

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__________________________________________________________________________________

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__________________________________________________________________________________

__________________________________________________________________________________
Frequently Asked Questions
When Completing the SCR (LDSS-3370) Form

**BEFORE COMPLETING** the SCR form(s), make additional copies for every person in a caregiving role.

**Is a fee required to process a facility’s SCR Clearances?**
Yes, a fee of $25 is required to process the SCR clearance forms. Refer to the “SCR Processing Fee” page in the appendix for more information.

**Who must complete the SCR Form?**
The New York State Office of Children and Family Services (OCFS) is required to make inquiries to the SCR on whether any person applying for a child care license or registration is the subject of an indicated report of child abuse or maltreatment. The SCR form must be completed by the following:
- Individuals who will operate, or be employed by, a day care center or school age child care program
- Individuals who represent agencies that have applied to operate day care centers or school age child care programs

**Will I be notified of the results?**
You will be notified directly by the SCR if the result of this inquiry shows that you are the subject of an indicated report of child abuse or maltreatment. You will be informed at that time of any hearing rights you may have pursuant to Section 424-a of the Social Services Law. The determination from the database check will be sent to either the Director or this Office (depending on the role and application status).

**Where do I start?**
The “APPLICANT/HOUSEHOLD MEMBER AREA” section is where you start to fill out the form. The person applying to work at the day care site fills out this form. Do NOT write in the area above the Applicant/Household Member Area section.

**Who do I list on this form?**
In the Applicant/Household Member Area, place your name that you are known by now on the “APPLICANT” line. If your birth name is different, place that name on the “MAIDEN/ALIAS” line. If you are known by other, additional names place them on the lines below “MAIDEN/ALIAS” and list the “Relationship to Applicant” as “SELF.” If you live alone, write the words “LIVE ALONE” on the first available line.

Next, name all adults and children who currently live in the household (including college students who stay in your home during college breaks). Include in the first column the relationship to you, the applicant. Examples of relationships are: Spouse, Daughter, Son, Friend, Boarder, Grandmother, etc. Also enter the sex and date of birth for each person that you include.

If you need more space than is provided on the first page, use the “Statewide Central Register Database Check Form Additional Page” sheet under the “Other Household Members” heading to record the remainder of the people in your household.

**What if I have never been known by another name?**
If you have never been known by another name, write “NONE” in the Last Name field column in the “MAIDEN/ALIAS” line.

**Is a prior married name an alias?**
Yes. Please be aware that all married name(s) are considered aliases, even if you are no longer known by that name. This includes hyphenated names.

**What if I cannot remember the full address of everywhere I have lived for the last 28 years?**
An address history must be provided for the person listed as the Applicant. Furthermore, the address history cannot have ANY gaps in the dates. The State Central Register will REJECT your form if you fail to enter all prior street addresses for the entire time period.

As best as you can, record the actual house and/or apartment number and street/route address, city, state and zip or country. For each address line, record the time period they lived there in a month/year format. If you need additional space, use the “Statewide Central Register Database Check Form Additional Page” sheet to write the additional addresses.

**Where do I send this form?**
If you are the owner or director, send the SCR form to your licensor/registrar. If this is a new application, send ALL forms to your licensor/registrar. Licensed/Registered programs may submit staff forms directly to the SCR.
Instructions for Completing the Statewide Central Register Database Check Form

LDSS-3370

- ALL information on the form must be easily read so that data entry and results are accurate. Each SCR Database Check 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.

THE PROPER WAY 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.)
- Daycare providers must place their Child Care Facility System (CCFS) Number in the box next to Resource ID (RID), in lieu of Resource ID number. (Contact your licensing agency/Regional Office if you have any questions).
- Clearance Category letter code (see back of Form LDSS-3370) 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, 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 in order 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, indicate NONE on the line below “Maiden/Alias”.
- First column: indicate the relationship to the applicant of each person listed. (Spouse, son, daughter, mother, father, friend, etc.)
- Sex M/F column: fill in either M (Male) or F (Female) for every person listed.
- Date of Birth column: fill in complete date of birth (mm/dd/yy) for everyone listed on the form.

ADDRESS AREA:
The information required varies depending on the particular category:
- For Adoption, Foster Care and Family and Group Family Day Care (see back of form for categories), provide addresses for the applicant and any household member who is 18 and older. We need this information for the last 28 years. Attach supplemental pages if necessary, but do not use another LDSS-3370 form to list this additional information. Be sure to associate address histories with particular individuals (i.e., indicate which addresses are for which household members).
- For all other categories, only the applicant’s address history is required – for the last 28 years.
- Complete addresses are required. Include street name and city/town/village. Also include street number and apartment number. Post Office Box numbers are not acceptable. If the applicant has lived abroad, indicate country and dates of residence. If the applicant has spent time in the military, list base names and locations along with dates. 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 for this additional information.

SIGNATURE AREA:
Signatures required depend upon the particular category:
- For Adoption, Foster Care and Family and Group Family Day Care (see back of form for category), signatures are needed from the applicant and any household member who is 18 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 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/yy). The SCR will not accept a form with a signature date more than 6 months old.

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

SUBMIT YOUR COMPLETED LDSS-3370 FORM TO YOUR LICENSOR OR REGISTRAR
BE SURE TO INCLUDE THE REQUIRED FEE

TO ORDER A SUPPLY OF LDSS-3370 FORMS:
ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE

AGENCY CODE: RESOURCE I.D. (RID) CHILD CARE FACILITY SYSTEM (CCFS) NUMBER CATEGORY USE ALPHA CODE: 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 SECTIONS THAT APPLY. IF NONE, STATE "NONE" List RELATIONSHIP in the fields below (see reverse side for instructions) Attach additional page if necessary.

APPLICANT/HOUSEHOLD MEMBER AREA

RELATIONSHIP TO APPLICANT LAST NAME FIRST NAME SEX M/F DATE OF BIRTH

APPLICANT

MAIDEN/ALIAS

Please provide your current address and any other addresses at which you have resided for the last 28 years, including street, city and state. For Adoption, Foster Care, Family and Group Family Day Care, also include the same address history for household members 18 of age and older.

CURRENT STREET ADDRESS APT # CITY STATE ZIP FROM TO

PREVIOUS STREET ADDRESS APT # CITY STATE ZIP FROM TO

PREVIOUS STREET ADDRESS APT # CITY STATE ZIP FROM TO

PREVIOUS STREET ADDRESS APT # CITY STATE ZIP FROM TO

PREVIOUS STREET ADDRESS APT # CITY STATE ZIP FROM TO

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 APPLICANT’S SIGNATURE DATE

EIGHTEEN YEARS OLD OR OVER:

I understand that as a person eighteen years of age or over in a home of an applicant to become an Adoptive or a Foster Parent or a Family or Group Family Day 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 SIGNATURE DATE

NYS SACC Initial Booklet B-13
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 eighteen years old and over 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 3-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 3 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 Resource ID (RID) number. (Contact your licensing agency/Regional Office if you have any questions).

RESOURCE I.D. (RID)
Record your RESOURCE I.D. (RID) in this field. OCFS, OMH, OMRDD, DOH, OASAS and SED licensed agencies and programs, and Local Departments of Social Services, have RID’S as of 9/01. Verify your RID with your licensing agency. If you need assistance, email: ocfs.sm.conn_app@ocfs.state.ny.us

CLEARANCE CATEGORIES
Record the appropriate category.

<table>
<thead>
<tr>
<th>Letter</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>Prospective/new employee other than day care employees. (fee required - see below)*</td>
</tr>
<tr>
<td>D</td>
<td>Prospective employee (Local DSS district - bill against reimbursement)**</td>
</tr>
<tr>
<td>Y</td>
<td>Prospective Day Care employee (fee required – see below)*</td>
</tr>
<tr>
<td>S</td>
<td>Provider of goods/services</td>
</tr>
<tr>
<td>Y</td>
<td>Applying to be a group family day care assistant. (fee required – see below)*</td>
</tr>
<tr>
<td>Q</td>
<td>Applying to be group family day care provider. (fee required – see below)*</td>
</tr>
<tr>
<td>J</td>
<td>Over 18 Household Member (with no child care role)</td>
</tr>
<tr>
<td>Z</td>
<td>Prospective volunteer/consultant.</td>
</tr>
<tr>
<td>X</td>
<td>Applying to be adoptive parents pursuant to an application pending before the inquiring agency.</td>
</tr>
<tr>
<td>W</td>
<td>Applying to be foster parents or family care home providers.</td>
</tr>
<tr>
<td>R</td>
<td>Applying to be kinship foster parents.</td>
</tr>
<tr>
<td>P</td>
<td>Applying to be family day care provider. (fee required – see below)*</td>
</tr>
<tr>
<td>N</td>
<td>Applying for a license to operate a day care center. (To be submitted by authorized licensing agency only.) (fee required – see below)*</td>
</tr>
<tr>
<td>M</td>
<td>Director of a summer camp, overnight camp, day camp or traveling day camp.</td>
</tr>
<tr>
<td>E</td>
<td>Current employee.</td>
</tr>
<tr>
<td>J</td>
<td>Over 18 Household Member (with no child care role)</td>
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<tr>
<td>M</td>
<td>Director of a summer camp, overnight camp, day camp or traveling day camp.</td>
</tr>
<tr>
<td>E</td>
<td>Current employee.</td>
</tr>
</tbody>
</table>

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

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 NO OTHER HOUSEHOLD MEMBERS, record NONE on line below MAIDEN/ALIAS.

*Social Service Law 424-a requires the collection of a $25 fee for certain categories. 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 also is to include the applicant's name and the agency code.

**Social Service Law 424-a, allows local DSS to bill against their reimbursement the charge collected for screening prospective employees.

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

SUBMIT YOUR COMPLETED LDSS-3370 FORM TO YOUR LICENSOR OR REGISTRAR

BE SURE TO INCLUDE THE REQUIRED $25 FEE

TO ORDER A SUPPLY OF LDSS-3370 FORMS:
Please access the (OCFS-4627) Request for Forms and Publications, from the Intranet: http://ocfs.state.nyenet/admin/forms/SCR/ Internet: http://www.ocfs.state.ny.us/main/forms/cps/ and mail the completed OCFS-4627 Request for Forms and Publications, to:

THE OFFICE OF CHILDREN AND FAMILY SERVICES, RESOURCE DISTRIBUTION CENTER, 11 FOURTH AVE, RENSSELAER, NY 12144. If you have difficulty accessing a form on either site, you can call the automated forms hotline at 518-473-0971.
APPENDIX NAME:

Print clearly, all dates must be consecutive. Be sure to associate address histories with particular individuals.

<table>
<thead>
<tr>
<th>Previous Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>From</th>
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**STATEWIDE CENTRAL REGISTER DATABASE CHECK FORM**

**ADDITIONAL PAGE**

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

**APPLICANT NAME:** ____________________________

**Other Household Members** are (please print clearly):

<table>
<thead>
<tr>
<th>SCR Use Only</th>
<th>Relationship To Applicant</th>
<th>Last Name</th>
<th>First Name</th>
<th>Sex</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>M/F</td>
<td>M  D  Y</td>
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</tbody>
</table>
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Director Information

INSTRUCTIONS

• This form is to be completed by the prospective director
• Please PRINT clearly

Submit

Applicant Name: ____________________________ School-Age Program Name: ____________________________

Identifying Information

☐ Mr. ☐ Mrs. ☐ Ms.

Name: __________________________________________

Last  First  MI

Mailing Address:____________________________________

Apt: __________________________________________

Floor: __________________________________________

City: __________________________ State: __________________________ Zip: __________________________

Home Phone: (____) _______ E-Mail: __________________________

Date of Birth: ___/___/______ (mm/dd/yyyy)

Have you ever operated or been employed in licensed or registered day care in New York State?  ☐ Yes  ☐ No

If yes, provide information for prior facilities (attach additional sheet if necessary):

Facility Name: __________________________________________ Dates: ___/___ - ___/___

Facility Address: __________________________________________

Facility Name: __________________________________________ Dates: ___/___ - ___/___

Facility Address: __________________________________________

☐ I certify that I am 18 years of age or older.

☐ I have read and understand the New York State Office of Children and Family Services regulations for the operation of School-Age Child Care program. I will be in compliance with these regulations.

☐ I understand that I must report to the State Central Register (1-800-635-1522) any incidents of suspected child abuse or maltreatment concerning any child in my care.

☐ I understand that I must be approved by the Office of Children and Family Services before I can assume the role of a director.

☐ To the best of my knowledge, the statements that I have provided in this application are true and accurate.

Director Signature: ____________________________ Date: ___/___/______ (mm / dd / yyyy)
This page left blank intentionally.
Director Qualifications

INSTRUCTIONS

- This form should be completed by the prospective director
- Fill in all areas that apply, or attach a resume
- For your assistance, we have added examples
- Consult section 414.13(g) for the minimum qualifications
- Attach copies of ALL transcripts or diplomas
- Please PRINT clearly

Applicant Name: 

School-Age Program Name: 

Director Name: 

### Levels of Education

<table>
<thead>
<tr>
<th>Date Completed</th>
<th>Name of Institution</th>
<th>Diploma/Degree/Major &amp; Credits</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

### Child Care Experience

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Description</th>
<th>Location</th>
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</tbody>
</table>

### Relevant Training

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Description</th>
<th>Hours</th>
<th>Sponsoring Organization</th>
</tr>
</thead>
<tbody>
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</table>

### Supervisory Experience

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Type</th>
<th>Location</th>
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<tbody>
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</tbody>
</table>

EXAMPLE:

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Hours</th>
<th>Sponsoring Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2001 – April 2006</td>
<td>Site Supervisor</td>
<td></td>
<td>ABC After School Program</td>
</tr>
</tbody>
</table>

EXAMPLE:

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Diploma/Degree/Major &amp; Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUNY Albany</td>
<td>Secondary Education / 126 credits</td>
</tr>
<tr>
<td>HVCC</td>
<td>B. A.</td>
</tr>
</tbody>
</table>
This page left blank intentionally.
## Director References

### INSTRUCTIONS
- Please submit 3 letters of reference OR provide complete information for 3 people we can contact as references.
- One of the references must be from an employer.
- Family members or relatives may not be used as references.
- Please PRINT clearly.

<table>
<thead>
<tr>
<th>Reference #1</th>
<th>Reference #2</th>
<th>Reference #3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Please check appropriate reference type:</strong></td>
<td><strong>Please check appropriate reference type:</strong></td>
<td><strong>Please check appropriate reference type:</strong></td>
</tr>
<tr>
<td>☐ Personal</td>
<td>☐ Personal</td>
<td>☐ Personal</td>
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<tr>
<td>☐ Employment</td>
<td>☐ Employment</td>
<td>☐ Employment</td>
</tr>
<tr>
<td>Mr. ☐ Mrs. ☐ Ms. Name: Last First MI</td>
<td>Mr. ☐ Mrs. ☐ Ms. Name: Last First MI</td>
<td>Mr. ☐ Mrs. ☐ Ms. Name: Last First MI</td>
</tr>
<tr>
<td>Business Name:</td>
<td>Business Name:</td>
<td>Business Name:</td>
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<tr>
<td>Address:</td>
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<tr>
<td>Apt:</td>
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<td>Floor:</td>
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<tr>
<td>City:</td>
<td>City:</td>
<td>City:</td>
</tr>
<tr>
<td>State: Zip: Daytime Phone: ( )</td>
<td>State: Zip: Daytime Phone: ( )</td>
<td>State: Zip: Daytime Phone: ( )</td>
</tr>
<tr>
<td>Does reference speak English? ☐ Yes ☐ No If no, please specify language spoken:</td>
<td>Does reference speak English? ☐ Yes ☐ No If no, please specify language spoken:</td>
<td>Does reference speak English? ☐ Yes ☐ No If no, please specify language spoken:</td>
</tr>
</tbody>
</table>

Applicant Name: 
School-Age Program Name: 
Director Name: 

NYS SACC Initial Booklet B-23
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Director Medical Statement

INSTRUCTIONS
• A signature is required on BOTH PAGES of this form
• Only a health care provider (physician, physician’s assistant, nurse practitioner) may complete and sign the Medical Condition section
• A registered nurse is NOT authorized to sign the Medical Condition section
• A health care provider may use an equivalent form as long as the information on this form is included
• Please PRINT clearly

Applicant Name: 

School-Age Program Name: 

Director Name: 

Director Date of Birth: / / 

Typical Duties of Day Care Staff
• Lifting and carrying children
• Close contact with children
• Direct supervision of children
• Desk work
• Driver of vehicle
• Food preparation
• Facility maintenance
• Evacuation of children in an emergency

Following to be completed by Health Professional ONLY

Medical Condition Date of Exam / / 

On the basis of my findings and on my knowledge of the above-named individual, I find that:
• He/she is currently not exhibiting signs or symptoms of a communicable disease that could be transmitted during day care. 
  □ YES (symptom free) □ NO (NOT symptom free)
• He/she is currently not exhibiting signs or symptoms suggestive of an emotional or psychological disorder that would hinder his/her ability to care for children.
  □ YES (symptom free) □ NO (NOT symptom free)
• He/she is physically fit to provide child day care and perform the duties listed above.
  □ YES □ NO

For any “No” responses, indicate restrictions: 


Signature (physician, physician’s assistant, nurse practitioner)

Name (Please PRINT clearly or use office stamp) 

Title 

( ) - / / 

Phone 

Date 

(Continued on reverse side)
Director Medical Statement (continued)

INSTRUCTIONS

- A health care provider (physician, physician’s assistant, nurse practitioner) or a registered nurse (as part of their duties at a health care facility) may enter the Mantoux results in the TB section and sign this page
- Please PRINT clearly

Applicant Name: ____________________________  School-Age Program Name: ____________________________

Director Name: ____________________________  Director Date of Birth: ________ / ______ / ______

Following to be completed by Health Professional ONLY

Tuberculin Test Information

Test Completed

Test Read on: ____________________________

(mm / dd / yyyy)

If test result was previously Positive, indicate date: ____________________________

(mm / dd / yyyy)

Mantoux Result:  □ Positive  □ Negative  ______ mm

If Positive, does this person’s contact with children enrolled in child care pose a risk to the children’s health and safety?  □ Yes  □ No

Test Not Completed

□ Not Tested. Provide reason: ____________________________

Medical Exemption or Contraindication

If test result was previously Positive, indicate date: ____________________________

(mm / dd / yyyy)

Signature (physician, physician's assistant, nurse practitioner OR a registered nurse)

Name (Please PRINT clearly or use office stamp) ____________________________  Title ____________________________

(____) - ________ / ______ / ______  Phone ____________________________  /  /  ________

Date
INSTRUCTIONS

- A site supervisor is **ONLY** required if the director oversees multiple sites
- Please PRINT clearly

Submit

Applicant Name: 
School-Age Program Name: 

Identifying Information

☐ Mr. ☐ Mrs. ☐ Ms.

Name: 
Last First MI

Mailing Address: Apt:

City: State: Zip:

Home Phone: ( ) E-Mail:

Date of Birth: / / 
(mm/dd/yyyy)

Have you ever operated or been employed in licensed or registered day care in New York State? ☐ Yes ☐ No
If yes, provide information for prior facilities (attach additional sheet if necessary):

Facility Name: ___________________________ Dates: ___/___ - ___/___
Facility Address: _____________________________

Facility Name: ___________________________ Dates: ___/___ - ___/___
Facility Address: _____________________________

☐ I certify that I am 18 years of age or older.

☐ I have read and understand the New York State Office of Children and Family Services regulations for the operation of School-Age Child Care program. I will be in compliance with these regulations.

☐ I understand that I must report to the State Central Register (1-800-635-1522) any incidents of suspected child abuse or maltreatment concerning any child in my care.

☐ I understand that I must be approved by the Office of Children and Family Services before I can assume the role of a director.

☐ To the best of my knowledge, the statements that I have provided in this application are true and accurate.

Site Supervisor Signature: ___________________________ Date: / / 
(mm/dd/yyyy)
This page left blank intentionally.
### Site Supervisor Qualifications

**INSTRUCTIONS**
- This form should be completed by the prospective Site Supervisor.
- Fill in all areas that apply, or attach a resume.
- For your assistance, we have added examples.
- Consult section 414.13(g) for the minimum qualifications.
- Attach copies of ALL transcripts or diplomas.
- Please PRINT clearly.

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>School-Age Program Name:</th>
<th>Site Supervisor Name:</th>
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</table>

#### Levels of Education

<table>
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<tr>
<th>Date Completed</th>
<th>Name of Institution</th>
<th>Diploma/Degree/Major &amp; Credits</th>
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**EXAMPLES:**
- **June 1991**  
  SUNY Albany  
  **B. A.**  
- **Dec. 1992**  
  HVCC  
  **Secondary Education / 126 credits**

#### Child Care Experience

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<th>Date Range</th>
<th>Description</th>
<th>Location</th>
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**EXAMPLE:**
- **2006-Present**  
  Assistant Director/Lead Teacher  
  ABC After School Program

#### Relevant Training

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Description</th>
<th>Hours</th>
<th>Sponsoring Organization</th>
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**EXAMPLE:**
- **June 2009**  
  Child Development Workshop  
  4  
  Child Care Council

#### Supervisory Experience

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<th>Date(s)</th>
<th>Type</th>
<th>Location</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

**EXAMPLE:**
- **May 2001 – April 2006**  
  Site Supervisor  
  ABC After School Program
This page left blank intentionally.
## Site Supervisor References

**INSTRUCTIONS**
- Please submit 3 letters of reference OR provide complete information for 3 people we can contact as references.
- One of the references must be from an employer.
- Family members or relatives may not be used as references.
- Please PRINT clearly.

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>School-Age Program Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### Reference #1

Please check appropriate reference type: □ Personal □ Employment
- □ Mr. □ Mrs. □ Ms. Name: ____________
  - Last: ____________ First: ____________ MI: ____________
- Business Name: ____________
- Address: ____________ Apt: ____________ Floor: ____________
- City: ____________ State: ____________ Zip: ____________ Daytime Phone: (________) ____________
- Does reference speak English? □ Yes □ No  If no, please specify language spoken: ____________

### Reference #2

Please check appropriate reference type: □ Personal □ Employment
- □ Mr. □ Mrs. □ Ms. Name: ____________
  - Last: ____________ First: ____________ MI: ____________
- Business Name: ____________
- Address: ____________ Apt: ____________ Floor: ____________
- City: ____________ State: ____________ Zip: ____________ Daytime Phone: (________) ____________
- Does reference speak English? □ Yes □ No  If no, please specify language spoken: ____________

### Reference #3

Please check appropriate reference type: □ Personal □ Employment
- □ Mr. □ Mrs. □ Ms. Name: ____________
  - Last: ____________ First: ____________ MI: ____________
- Business Name: ____________
- Address: ____________ Apt: ____________ Floor: ____________
- City: ____________ State: ____________ Zip: ____________ Daytime Phone: (________) ____________
- Does reference speak English? □ Yes □ No  If no, please specify language spoken: ____________
This page left blank intentionally.
**Employee Medical Statement**

**INSTRUCTIONS**
- **DUPLICATE** this form and use for all employees
- A signature is required on **BOTH PAGES** of this form
- Only a health care provider (physician, physician’s assistant, nurse practitioner) may complete and sign the Medical Condition section
- **A registered nurse is NOT authorized to sign the Medical Condition section**
- A health care provider may use an equivalent form as long as the information on this form is included
- Please **PRINT** clearly

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>School-Age Program Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Name:</td>
<td>Employee Date of Birth:</td>
</tr>
</tbody>
</table>

**Typical Duties of Day Care Staff**
- Lifting and carrying children
- Close contact with children
- Direct supervision of children
- Desk work
- Driver of vehicle
- Food preparation
- Facility maintenance
- Evacuation of children in an emergency

---

**Following to be completed by Health Professional ONLY**

**Medical Condition**

<table>
<thead>
<tr>
<th>Date of Exam <strong><strong>/</strong></strong>/______</th>
</tr>
</thead>
</table>

On the basis of my findings and on my knowledge of the above-named individual, I find that:

- He/she is currently not exhibiting signs or symptoms of a communicable disease that could be transmitted during day care.  
  - YES (symptom free)  
  - NO (NOT symptom free)

- He/she is currently not exhibiting signs or symptoms suggestive of an emotional or psychological disorder that would hinder his/her ability to care for children.
  - YES (symptom free)
  - NO (NOT symptom free)

- He/she is physically fit to provide child day care and perform the duties listed above.
  - YES
  - NO

For any “No” responses, indicate restrictions: __________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

**Signature** (physician, physician’s assistant, nurse practitioner)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>(     ) - / /</td>
<td>(     ) - / /</td>
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</tbody>
</table>

**Phone**  

**Date**

(Continued on reverse side)
Employee Medical Statement (continued)

INSTRUCTIONS
- A health care provider (physician, physician’s assistant, nurse practitioner) or a registered nurse (as part of their duties at a health care facility) may enter the Mantoux results in the TB section and sign this page
- Please PRINT clearly

Maintain On-Site

Applicant Name:                           School-Age Program Name:

Employee Name:                            Employee Date of Birth: / /

Following to be completed by Health Professional ONLY

Tuberculin Test Information

Test Completed
Test Read on: __________________________
(mmm/dd/yyyy)

If test result was previously Positive, indicate date: ______________________
(mmm/dd/yyyy)

Mantoux Result: □ Positive □ Negative __________ mm

If Positive, does this person’s contact with children enrolled in child care pose a risk to the children’s health and safety? □Yes □No

Test Not Completed
□ Not Tested. Provide reason: __________________________________________

Medical Exemption or Contraindication

If test result was previously Positive, indicate date: ______________________
(mmm/dd/yyyy)

Signature (physician, physician’s assistant, nurse practitioner OR a registered nurse)

Name (Please PRINT clearly or use office stamp)  Title

(____) -  / /

Phone  Date

NYS SACC Initial Booklet
Site Information

Inspections
- Required Inspections / Approvals .................. C-3
- Environmental Hazards Inspection .................. C-7

Use of Space
- Inside Floor Plan Guide ................................ C-10
- Inside Floor Plan ........................................... C-11
- Outside Play Area ......................................... C-12

Emergency Plan
- Emergency Plan Guide .................................. C-14
- Emergency Plan ............................................. C-15
- Emergency Evacuation Diagram Guide .......... C-18
- Emergency Evacuation Diagram .................... C-19
This page left blank intentionally.
Required Inspections/Approvals

**INSTRUCTIONS**
- Use this document as a reference for obtaining the required inspection reports and local approvals.
- All local inspection requirements must be met. These requirements can vary among localities. Check with your local authorities.

### Inspections/Approvals

<table>
<thead>
<tr>
<th>Type</th>
<th>Regulation</th>
<th>Purpose</th>
<th>Suggested Agencies to Contact</th>
<th>Inspection Form Enclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Water Supply</td>
<td>414.2(a)(5)</td>
<td>To verify that the water supply is safe for human consumption</td>
<td>Agency approved by NYS Health Department</td>
<td>✓</td>
</tr>
<tr>
<td>Environmental Hazards</td>
<td>414.2(a)(6)</td>
<td>To ensure that there are no hazards of an environmental nature to children or staff</td>
<td>State/Local Health Unit, EnCon - Department of Environmental Conservation, EPA - Environmental Protection Agency, Nuclear Regulatory Commission</td>
<td>✓</td>
</tr>
<tr>
<td>DOT Inspection</td>
<td>414.2(a)(1)</td>
<td>If transportation is provided, inspection and approval of the vehicle(s) used is required by NYS DOT</td>
<td>Local office of the NYS Department of Transportation</td>
<td></td>
</tr>
<tr>
<td>Certificate of Occupancy</td>
<td>414.2(a)(2)</td>
<td>To verify that the building is in compliance with the NYS Uniform Fire Prevention and Building Code</td>
<td>Local Code Enforcement Officials, State Education Department (when located in the building of an operating public school)</td>
<td></td>
</tr>
<tr>
<td>Zoning Approval</td>
<td>414.2(a)(3)</td>
<td>To ensure that the building usage is approved by the Municipal Authority</td>
<td>Local Zoning Board</td>
<td></td>
</tr>
<tr>
<td>Health Inspection</td>
<td>414.2(a)(4)</td>
<td>The local Department of Health must complete a Sanitary Code Inspection before a license can be issued. If food is prepared in the center, health inspector will ensure that there are no hazards to children.</td>
<td>State/Local Health Unit</td>
<td></td>
</tr>
<tr>
<td>Fire Alarm &amp; Detection Inspection</td>
<td>414.2(a)(7)</td>
<td>To verify that the fire alarm system functions properly</td>
<td>Agency licensed by the Department of State</td>
<td></td>
</tr>
<tr>
<td>Fire Suppression</td>
<td>414.2(a)(8)</td>
<td>To ensure that the system meets the requirements of Uniform Code and all fire safety equipment functions properly</td>
<td>Fire protection equipment suppliers</td>
<td></td>
</tr>
<tr>
<td>Heating System</td>
<td>414.2(a)(9)</td>
<td>To ensure that the heating system is safe and will function properly</td>
<td>Furnace Heating Contractor, For boilers only: NYS Department of Labor, Insurance Company Inspectors</td>
<td></td>
</tr>
</tbody>
</table>
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Report of Water Supply Testing

INSTRUCTIONS

- All applicants must complete this form regardless of testing requirement
- Sites that use a private water supply, well, or spring must have had bacterial, chemical, and physical contamination tests performed within the last 12 months
- You must provide evidence of an adequate and safe water supply that complies with state and local laws
- Please PRINT clearly

Applicant Name: 

School-Age Program Name: 

Site Address: 

Applicant Section — The applicant must ☑ check the appropriate box and follow the instructions provided.

Water Supply Statement

☑ No  The child care site does not use a private water supply system.
   (Water testing is NOT required. Do not complete the remainder of this form.)

☐ Yes  The child care site does use a private water supply system.
   (Water testing is required by an Approved Water Testing Authority/Inspector.)

Note to Applicant: If the UNSATISFACTORY box is checked below, follow the instructions as listed:

- Contact the County Health Department for instructions (consult your local directory)
- Explain their instructions and your plan for implementing them to provide safe drinking water at your site
- Attach any written correspondence from your County Health Department or other testing source

Water Testing Authority Section — An approved water testing authority must complete the section below or attach the test results.

Contact one of the following to submit a water sample for testing.

- County Health Department
- Cooperative Extension
- Local Water District or Department
- Private Testing Laboratories

Please read the following statement and ☑ check the appropriate box.

The water supply has been tested in accordance with health standards and is found to be:

☐ SATISFACTORY  ☐ UNSATISFACTORY

Type of Supply Inspected:  

Inspection Date:  / / 

(signature of inspector)

Examination:

Telephone:  ( )

Name:  (Please Print)

Address:

Agency or Company:

NYS SACC Initial Booklet

C-5
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This page was intentionally left blank so that the instructions and the form would be side-by-side.
Environmental Hazards Guide

PLEASE READ this guide prior to completing the Environmental Hazards form that follows the guide.

Hazards Summary

All day care applicants and providers are responsible for providing a site which is free from any health risk posed by an environmental/health hazard. Children in care need to be in the safest place possible. For additional information, please consult the following websites.

<table>
<thead>
<tr>
<th>Hazard Information</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead information:</td>
<td><a href="http://www.health.state.ny.us/environmental/lead/">www.health.state.ny.us/environmental/lead/</a></td>
</tr>
<tr>
<td>Pesticides information:</td>
<td><a href="http://www.ocfs.state.ny.us/main/childcare/pest/">www.ocfs.state.ny.us/main/childcare/pest/</a></td>
</tr>
<tr>
<td>Radon Information:</td>
<td><a href="http://www.ocfs.state.ny.us/main/childcare/radon/">www.ocfs.state.ny.us/main/childcare/radon/</a></td>
</tr>
</tbody>
</table>

What is an Environmental Hazard?

Environmental hazards are conditions that expose persons to dangerous substances, which can cause them increased risk of illness or injury.

Path and Route of Exposure

Harmful substances can affect you even if they are miles from the premises. They can and do travel. The way/method a harmful substance moves to a surrounding area is known as the "path of exposure." The “route of exposure” refers to how people come into contact with the substances.

Lead-based Paint

Old peeling or chipping lead-based paint, lead dust and soil with lead in it can cause a risk of serious health problems, especially to small children.

Radon

Radon is a natural gas sometimes found in indoor air. You need to determine if the site is in a Zone 1 radon area; for facilities located in a town or village you will need to see if the town or village is listed as a Zone 1 radon area. If you do not have internet access, you may also contact the New York State Department of Health at (800) 458-1158, extension 27556. A test will be required if one has not already been done.

Gas Stations

While gas stations are not generally an environmental hazard, they are if they have had a recent oil or gasoline spill.

Other Hazard Sources

Other sources of hazards, such as dry cleaners or nail salons, are listed on the Environmental Hazards Guidance Sheet pages 3-4, at: www.ocfs.state.ny.us/main/childcare/childcare_forms.asp.
Environmental Hazards Inspection

INSTRUCTIONS
- All applicants must complete this form
- Applicants must read all attached guidelines before completing this form
- Applicants should only sign EITHER section 1 OR section 2
- Only ONE potential hazard may be reported on this form
- If you have more than one to report, please make additional copies before completing

Submit Maintain On-Site

Applicant Name:  
Site Address:  
School-Age Program Name:  
Street Address:  
City, State and Zip:  
Town/Village of Site Location:  

Section 1: NO Environmental Hazards

To the best of my knowledge, NO potential environmental hazards exist on either the day care site or surrounding areas.

Applicant Signature: __________________________ Date: ____________

STOP You have completed this form.

Section 2: Environmental Hazard(s) Exist:

Hazard Location: __________________________ Distance from Property: __________________________
Length of Time Hazard Present: __________________________ Path/Route of Exposure: __________________________

A potential environmental hazard exists on either the day care site or surrounding areas.

Applicant Signature: __________________________ Date: ____________

You are required to provide supporting information on the Environmental Hazard Information Form (on the reverse side). You must submit all relevant information with your application. An OCFS representative will review the information and determine whether more information or additional evaluation is necessary.
INSTRUCTIONS

- Do NOT complete this side of the form if you signed the "NO Environmental Hazards" box on the reverse side of this form
- Check the box or boxes next to the agency or agencies you contacted
- Print or type the name of the person you contacted, their phone number or email address and the date
- Complete the Recommendation for an Environmental Assessment section

Hazard Information

Name the environmental hazard you are reporting: __________________________________________________________

Hazard Type: □ Natural  □ Business: ____________________________ (Specify Business Name)

Agencies Contacted

☐ Regional Office of the Department of Environmental Conservation (DEC)  Date: ________________
  Contact Name: ____________________________  Email Address or Phone Number: ____________________________

☐ Health Department
  State: ____________________________  County: ____________________________  City: ____________________________  Other: ____________________________  Date: ________________
  Contact Name: ____________________________  Email Address or Phone Number: ____________________________

☐ Fire Department  Location: ____________________________  Date: ________________
  Contact Name: ____________________________  Email Address or Phone Number: ____________________________

☐ Local Municipal Building (or Codes) Department  Date: ________________
  Contact Name: ____________________________  Email Address or Phone Number: ____________________________

Recommendation for an Environmental Assessment

Did any of the above agencies recommend that an environmental professional conduct an environmental hazard assessment?

☐ NO  Reason Given: __________________________________________________________

☐ YES  Reason Given: __________________________________________________________

  Type of assessment recommended: __________________________________________________________
This page was intentionally left blank so that the instructions and the form would be side-by-side.
Inside Floor Plan Guide

INSTRUCTIONS

- Submit blueprints for each floor on which child care is being provided and every adjacent area
- If blueprints are not available, please follow the guidelines below

Inside Floor Plan

- On the following page, draw an outline of your facility as if you were looking down through the ceiling. If you provide child care on more than one floor, copy the following page and draw a diagram of each floor used for child care.
- Show the location of all doors, windows and walls. Label all entrances/exits, including stairways and fire escapes.
- Label all bathrooms used by children and sinks used for hand washing.
- Show all activity areas used by children in care. Include all room dimensions, and identify the age groups, group sizes and number of staff in each room. When rooms such as gymnasiums are used, identify the space each group will use.
- In order to better illustrate the details of a floor plan, the sample drawing below is of a single room of the floor plan as an enlargement of a section of the entire floor plan.

Checklist for Items to Include

- Activity Area
- Age Groups / Group Sizes / No. of Staff
- Bathroom / Hand Washing Sinks / Toilets
- Carbon Monoxide Detector (CO)
- Doorways
- Entrances / Exits & Stairways
- Food Prep Area / Sinks
- Homework/Study Area
- Room Dimensions
- Smoke Detector (SD)

Sample Drawing

[Diagram of a floor plan with labeled areas such as classrooms, bathrooms, stairways, and activity areas.]

NYS SACC Initial Booklet C-12
Inside Floor Plan

INSTRUCTIONS
- Submit blueprints for each floor on which child care is being provided
- If blueprints are not available, duplicate this page and submit this form for each floor on which child care is being provided
- The guidelines on the previous page can assist you with your drawing(s)

Applicant Name:  
School-Age Program Name:  
Floor:  

NYS SACC Initial Booklet C-13
Outside Play Area

INSTRUCTIONS
- Indicate where the play area is located in relationship to the child care building
- Draw a picture or submit blueprints of the outside play area that will be used by the children
- Include entrance, exits, fencing, play equipment, pools, streets and location in regard to the child care facility
- Include on the diagram the method used to get to the play area from your child care facility, noting nearby creeks, ponds, wells and ditches

Applicant Name: ________________________  School-Age Program Name: ________________________

Location
Location of play area: □ On-site  □ Park  □ Other ________________________
Indicate the method used in getting to the play area: ________________________
This page was intentionally left blank so that the instructions and the form would be side-by-side.
Emergency Planning Guide

INSTRUCTIONS

Maintain On-Site

- The following pages comprise the Emergency Plan
- Use the information in this guide to assist you in answering the questions on the Emergency Plan sheet
- You must share this information with parents
- Depending upon your location, you may want to develop additional plans for special circumstances (weather, power plants, hazardous spills, etc)
- Additional information on Radiological (Nuclear) Emergency Planning Zones is included in the appendix

Regulations

Regulations require that a written plan for the emergency evacuation of children be developed. This plan must be posted or filed in a readily accessible place. The Emergency Plan must place primary emphasis on the immediate evacuation of the children.

Scope

The Emergency Plan form provides the information you need to develop clear and comprehensive procedures for the safe, quick, and orderly evacuation of children and staff.

A written Emergency Plan establishes a consistent procedure, so that everyone knows what to do in an emergency.

Evacuation Drills

At least once per month, during every shift of care, your program is required to conduct an evacuation drill. A written record of these drills must be maintained on site. This record must include total egress time from the time the alarm sounds until everyone reaches the meeting place. The record must also list the number of children in care and adults present at the time, the exit that was used, and any comments.

An evacuation drill is an opportunity to practice and evaluate your evacuation plan and to improve upon prior performance.

Evacuation Methods

Determine the best way to safely evacuate each room of the building in case of an emergency. Take into consideration that children with special needs may require individual guidance and/or more assistance. As part of the Emergency Plan, it is important to consider how you will transport children’s records, family contact information, and necessary supplies. It is recommended that a portable emergency kit containing these items be kept in a location easily accessible to the exit.

NOTE: Take attendance before and after evacuating the building. A person should be designated to make sure that everyone has left the building and is accounted for.

Meeting Place

Determine a place for everyone to meet after evacuating the building. The meeting place should be:
- Out of the path of emergency vehicles
- A safe distance from the building
- Clear of snow, ice, water, and mud

The meeting place should have enough space for all adults and children to assemble. It is preferable to have an area that is shaded and protected from the elements (for example, a nearby building or an area with a roof).

Relocation Site(s)

Primary Relocation Site:

You should arrange for a place to take the children in the event that you are not permitted to return to the building within a reasonable period of time. The site should be within a safe walking distance, and open during the customary days and hours that you provide care. This site should be suitable to shelter the children safely and comfortably for a few hours. Relocation sites should allow you to contact parents by telephone. It is very important to establish an agreement with the owners of your relocation site to temporarily use their building in an emergency. This includes neighbors, nearby businesses, public buildings, schools, or faith-based institutions.

Secondary Relocation Site:

In certain circumstances it may be necessary to relocate to a site other than your primary relocation site. Consider identifying additional locations within walking distance of your building that are suitable to your program needs.

Other Relocation Sites:

In case of emergency situations requiring evacuation from your building and neighborhood follow instructions of local officials.

Shelter in Place

In some situations it may be necessary to remain on-site while taking special precautions to ensure the safety of the children. This may include keeping children in care beyond normal program hours, or the short-term restriction of movement in or out of the program.
Emergency Plan

INSTRUCTIONS

- Use the guide on the previous page to assist you in answering the following questions.
- This plan must be available in a readily accessible place; consider posting next to the evacuation diagram by the exits.
- This plan should be reviewed with all caretakers before an emergency.
- The safe evacuation of children is the FIRST priority. Children must never be left without supervision.

Applicant Name: ____________________________
School-Age Program Name: ____________________________

Evacuation Drills

Drills should be conducted in exactly the same manner as an actual emergency (except for notifying emergency personnel). You are required to keep a written record of monthly evacuation drills.

How will you begin the drill? ________________________________________________________________
What will you take with you? ________________________________________________________________

In an Emergency

How will you notify the children and adults of an emergency (such as an alarm sounding)? ____________________________

Key Points

- Remain calm and account for all the children and staff
- Take the attendance record, parent contact information & emergency supplies with you
- Close ALL doors
- Exit the building
- Count the children before and after leaving the building

Evacuation and Accountability

Describe how all the children will be evacuated from the building: ________________________________________________________________

Describe how each group will take attendance and identify the person designated to make sure that everyone has left the building and is accounted for: ________________________________________________________________

(Continued on reverse side)
Emergency Plan (continued)

Applicant Name: 
School-Age Program Name: 

Notifications

These numbers **MUST** be posted on or next to your phone.

<table>
<thead>
<tr>
<th>Emergency Numbers</th>
<th>Backup Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>911</td>
<td></td>
</tr>
<tr>
<td>Fire</td>
<td>Ambulance</td>
</tr>
<tr>
<td>Police</td>
<td>Poison Control</td>
</tr>
</tbody>
</table>

How will you ensure that the children's parents are notified of an emergency evacuation?

Evacuation Assembly Areas

On the lines below, list each room or area in the facility, and write the corresponding primary and secondary evacuation exits from that room or area. Additionally, list the assembly area (where you will take attendance) for each exit.

<table>
<thead>
<tr>
<th>Room / Area</th>
<th>Primary Exit</th>
<th>Primary Assembly Area</th>
<th>2nd Exit</th>
<th>2nd Assembly Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

(Continued on next page)
**Emergency Plan** (continued)

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>School-Age Program Name:</th>
</tr>
</thead>
</table>

**Relocation Site(s)**

If it appears that you will not be able to return to your school-age program, identify the relocation site(s) where you will take the children until their parents can pick them up. You must obtain permission from the person in charge of each location. Please enter the address and phone number of the relocation site (if applicable). This information must be shared with the parents.

**Primary relocation site:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Street Address</th>
<th>City</th>
<th>Phone No.</th>
</tr>
</thead>
</table>

Special transportation requirements (walk, car, bus, etc.):

**Secondary relocation site:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Street Address</th>
<th>City</th>
<th>Phone No.</th>
</tr>
</thead>
</table>

Special transportation requirements (walk, car, bus, etc.):

**Other relocation site:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Street Address</th>
<th>City</th>
<th>Phone No.</th>
</tr>
</thead>
</table>

Special transportation requirements (walk, car, bus, etc.):

**Additional relocation site:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Street Address</th>
<th>City</th>
<th>Phone No.</th>
</tr>
</thead>
</table>

Special transportation requirements (walk, car, bus, etc.):

(Continued on reverse side)
Emergency Plan (continued)

Applicant Name:  
School-Age Program Name:

Shelter in Place

In some situations it may be necessary to remain on-site while taking special precautions to ensure the safety of the children. This may include keeping children in care beyond normal program hours, or the short-term restriction of movement in or out of the program.

How will you notify parents if one of these situations occur?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How will you feed the children?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What activities will you use to help keep the children calm?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
This page was intentionally left blank so that the instructions and the form would be side-by-side.
Evacuation Diagram

- On the next page, redraw your inside floor plan diagram. Show the location of all doors and walls of each room.
- Label all exits (E), fire extinguishers (F), smoke detectors (SD) and carbon monoxide detectors (CO). Include stairs and fire escapes (FE), if applicable, but do not label rooms, sinks, or other amenities.
- Make enough copies of the floor plan so that one can be posted in each room. The diagram for each room should indicate that room with a large "X" and "you are here."
- On each copy, indicate the primary exit by drawing a solid arrow, marked with a large "P", leading from the room to the exit. Indicate the secondary exit by drawing a dotted arrow, marked with a large "S".

Checklist for Items to Include

<table>
<thead>
<tr>
<th>Item</th>
<th>Symbol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exit</td>
<td>(E)</td>
</tr>
<tr>
<td>Fire Alarm</td>
<td>(A)</td>
</tr>
<tr>
<td>Fire Extinguishers</td>
<td>(F)</td>
</tr>
<tr>
<td>Carbon Monoxide Detectors</td>
<td>(CO)</td>
</tr>
<tr>
<td>Smoke Detectors</td>
<td>(SD)</td>
</tr>
<tr>
<td>Primary Evacuation</td>
<td>P</td>
</tr>
<tr>
<td>Secondary Evacuation</td>
<td>S</td>
</tr>
<tr>
<td>Fire Escapes</td>
<td>(FE)</td>
</tr>
<tr>
<td>Stairs</td>
<td></td>
</tr>
</tbody>
</table>

Sample Drawing
Emergency Evacuation Diagram

INSTRUCTIONS

- Use the instructions on the previous sheet to assist you with your diagram
- Use a separate page for each room or space in your facility
- Post your drawing in each room next to a copy of the Emergency Plan, or make it available to parents and volunteers
- Arrange the paper so that the facility diagram is oriented as it would be as you leave the room

Applicant Name: 

School-Age Program Name: 

Room: 

NYS SACC Initial Booklet  C-23
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Program Information

Behavior Management Guide .........................D-2
Behavior Management .................................D-3
Developing Your Program ...............................D-5
Program Daily Schedule ...............................D-7
Health Care Plan Guidelines .........................D-9
Additional Requirements Not Included .............D-11
Available Resources

Valuable information is available from your local child care council and other resources. This information will help you create an appropriate environment, provide guidance and use best practices to engage children. It will also help resolve conflict and handle issues such as child biting and tantrums. The following are a few suggested web sites:

Division of Child Care Services: www.ocfs.state.ny.us/main/childcare
NYS Early Care and Learning Council: www.earlycareandlearning.org
National Child Care Information and Technical Assistance Center: www.nccic.org
AfterSchool Works! New York: www.afterschoolworksny.org
New York State Afterschool Network: www.nysan.org

Guidelines for Developing Your Plan

ACCEPTABLE METHODS

1. Redirect. In a conflict, give an alternate toy or task to one of the children competing for the toy.
2. Focus on “Do” rather than “Don’t.” For example, “We walk inside” instead of “Stop running inside.”
3. Offer choices: “You can either sit on the rug or at the table for story time.”
4. Encourage children to use friendly words rather than physical acts. For example, suggest using the phrase, “I was playing with that toy first.”
5. Praise positive behavior: “Thank you for using your words!”
6. Model desired behaviors; children learn by example. Use “Please” and “Thank you.”
7. Arrange the program space to positively impact children’s behavior, lessening the need for discipline. For example, avoid large open spaces that might encourage children to run indoors.
8. Apply all rules consistently, appropriate to the age and developmental level of the children. For example, all children must wash their hands before eating. Some may require help washing their hands while others should be able to do this independently.
9. Listen to the children and respond to their needs before trouble starts; work with the children to achieve their goals. Keeping the children engaged with activities helps prevent conflict.
10. It may be appropriate to involve the children in the development of the classroom rules and consequences.

PROHIBITED

1. Corporal punishment is prohibited. Corporal punishment is punishment inflicted directly on the body including, but not limited to, the following:
   a. Shaking, slapping, twisting or squeezing
   b. Demanding excessive physical exercise, excessive rest or strenuous or bizarre postures
   c. Compelling a child to eat or have in his/her mouth soap, food, spices or foreign substances.
2. The use of room isolation is prohibited. No child can be isolated in an adjacent room, hallway, closet, darkened area, play area or any other area where a child cannot be seen or supervised.
3. Food cannot be used or withheld as a punishment or reward.
4. Any abuse or maltreatment of a child, either as an incident of discipline or otherwise, is absolutely prohibited. Any child care program must not tolerate or in any manner condone an act of abuse or neglect of a child by an employee, volunteer, any person under the program’s control.
Behavior Management for Child Care

INSTRUCTIONS

- DUPLICATE this form for each group you provide care for
- Programs are required to have written discipline guidelines to share with parents and staff. Make copies of your guidelines available
- Consider the age and developmental level of the children in developing your guidelines
- Only approved staff may discipline children
- Please PRINT clearly

Applicant Name: ___________________________ School-Age Program Name: ___________________________

Age Group:  
☐ K – 9 Years  ☐ 10 – 12 Years  ☐ 12+ Years

1. How will you encourage children to get along with others?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

2. How will you respond to difficult behaviors? Provide examples of some difficult behaviors and how you would respond.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

3. How will you help children solve their own problems? Provide an example, including a description of how you will ensure those solutions are carried out.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

4. How are the rooms set up to encourage acceptable behavior?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

5. How will you vary your discipline techniques so that they are effective with children of different developmental levels and abilities?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
This page left blank intentionally.
Developing Your Program

INSTRUCTIONS
- DUPLICATE this form for each age group
- School Age Programs must develop a program for the children in their care;
  These pages are a guide to help you develop your program
- You will need to notify your licensor of any changes to the age groups for which you provide care and provide new program documentation

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>School-Age Program Name:</th>
</tr>
</thead>
</table>

When completing this form, consider that the regulations require that children be provided with a program of activities that include teacher/staff-initiated, self-initiated and group-initiated activities. Both individual and group activities should be included in your program.

Age Group: □ K – 9 Years □ 10 – 12 Years □ 12+ Years

Provide examples of activities, materials and equipment that encourage development in the following areas:

- Cognitive
- Emotional
- Language
- Physical
- Social

How will your program demonstrate that each child’s family, language and culture are valued in order to promote positive self identity and the ability to appreciate differences?

Describe some activities that you will use to encourage independence and self-confidence.

How will your program accommodate children who choose to do homework and those who prefer other activities?

Describe the elements of your program that will promote an active lifestyle (both indoor and outdoor activities).

(Continued on reverse side)
Describe how your program will accommodate the variety of children’s educational and developmental needs.

If your program will run full days during school vacations, what changes will you make to your program to provide a variety of age-appropriate activities?

How will snack/meal time fit into your program (e.g., using snack contents for a lesson on nutrition)?

How will your program reduce conflict and prevent bullying?

If your program will use electronic media (computers, video, etc.), how will it be integrated into your program?

How will you maintain supervision of children who need to use the bathroom?

How will you involve children in program development and activity selection?

What will your program’s policy on cell phone use (calls and texting) during program hours?

How will rooms with multiple uses be transitioned to accommodate school-age programming?

How will the group be supervised when it is divided into and moved between small group activities?
Program Daily Routine

INSTRUCTIONS
- DUPLICATE this form as needed
- If you operate both before and after school, submit a separate routine for each session. If your program will operate during school vacations, a separate routine will need to be submitted
- Include generic activities such as: Snacks, Reading Time, and Outdoor Play
- List the activities for each age group in sequential order as they occur during the shift of care
- Be flexible enough with the schedule to accommodate the needs of all children
- Please PRINT clearly

Applicant Name: ____________________________ School-Age Program Name: ____________________________

Age Group:  
☐ K – 9 Years  ☐ 10 – 12 Years  ☐ 12+ Years

Daily Schedule of Activities

| Program Start Time: ____:____ AM / PM |

| Program End Time: ____:____ AM / PM |

NYS SACC Initial Booklet D-7
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Health Care Plan Guidelines

INSTRUCTIONS

- School-Age Programs must develop, submit, and maintain on-site a copy of the Health Care Plan
- This side of the form is to help you select the health category of children for which you will care
- Health Care Plan forms specific to the category of children to be served will need to be completed as part of the required Health Care Plan
- Health Care Plan forms will be provided based on the selections indicated on this form and are available on the official OCFS website

Weigh: Maintain
Submit On-Site

Applicant Name: 
School-Age Program Name: 

HEALTH CATEGORY DEFINITIONS

A School-Age Program must establish practices that will limit the spread of germs and illness. The Health Care Plan is the way these practices are communicated to all caregivers and to parents. Each program is allowed to decide whether it will care only for children who are well, or for children who have any mild or moderate illness. Children who are contagious should not remain in care; this places the children and staff at risk of becoming infected with the same illness. However, children who have a mild illness can remain in your care provided you take some simple precautions.

NOTE: The definitions below do not include children who are protected under the Americans with Disabilities Act (ADA). Programs must consider each child’s case individually and comply with the requirements of the ADA.

WELL CHILDREN: Children who do not show any symptoms of mild or moderate illness as defined below.

MILDLY ILL CHILDREN: A child who meets any of the following criteria is defined as “mildly ill”:
- The child has symptoms of a minor childhood illness which does not represent a significant risk of serious infection to other children. Examples: colds, ear infections, or low-grade fevers (a temperature of no more than 101 degrees)
- The child is able to participate in the routines of your day care program with only minor accommodations, such as giving them special foods to eat, more time for naps or quiet play.
- The care of the mildly ill child does not interfere with the care or supervision of the other children.

MODERATELY ILL CHILDREN: A child who meets any of the following criteria is defined as “moderately ill”:
- The child’s health status requires a level of care and attention that cannot be accommodated in a child day care setting without the specialized services of a health professional.
- The care of the child interferes with the care of the other children and the child must be removed from the normal routine of the child care program and put in a separate designated area in the program, but has been evaluated and approved for inclusion by a health care provider to participate in the program.

SPECIAL HEALTH CARE NEEDS:
- A child with special health care needs is defined as: “a child who has a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and who requires health and related services of a type or amount beyond that required by children generally.”
- Any child identified as a child with special health care needs will have an individual plan which will provide all information needed to safely care for the child. This plan will be developed with the child’s parent and health care provider.

HEALTH CATEGORY YOU INTEND TO SERVE:

Indicate the categories of children you will accept in the day care program:
- [ ] Well Children
- [ ] Mildly Ill Children
- [ ] Moderately Ill Children
- [ ] Children with Special Health Care Needs

PLEASE COMPLETE BOTH SIDES OF THIS FORM
(Continued on reverse side)
Health Care Plan Guidelines (continued)

INSTRUCTIONS

• School-Age Programs must develop, submit, and maintain on-site a health care plan
• This side of the form is to help you select the medications, if any, that you intend your program to administer
• Health Care Plan forms will be provided based on the selections indicated on this form

Submit Maintain On-Site

Applicant Name: School-Age Program Name:

OPTIONS FOR ADMINISTERING MEDICATIONS

TOPICAL OVER-THE-COUNTER PRODUCTS: A program may choose to administer over-the-counter topical ointments, sunscreen and topically applied insect repellant and not administer any other product or medication. While written parental permission is required, Medical Administration Training (MAT) is not required to apply these products.

MEDICATIONS: A program may choose to administer prescription and non-prescription medication including pain relievers, cough syrups and oral analgesics. This includes medications given by the following routes: oral, topical, eye, ear, and inhaled medications, medicated patches and epinephrine via an auto-injector device. In order to be approved to administer medication, other than over-the-counter topical ointments, sunscreen and topically applied insect repellant, providers must have a valid:
- MAT certificate OR exemption from the training requirements as per regulation
- CPR certificate which covers all ages of children the program is approved to care for as listed on the program’s license or registration,
- First aid certificate which covers all ages of children the program is approved to care for as listed on the program's license or registration.

Initial and ongoing consultation with a Health Care Consultant is required as part of the decision to administer medications. Additional information is provided in the plan itself.

WAIVER REGARDING SPECIFIC EMERGENCY MEDICATIONS: Providers may submit to the office a written request for a waiver on forms provided by the office. For non-MAT certified individuals, there are only two conditions for which this waiver may be approved: severe allergic reactions (anaphylactic shock) and asthma. An approved waiver allows a caregiver to administer an epinephrine auto injector, nebulizer and/or inhaler according to the terms of the waiver.

YOUR SELECTIONS

Please indicate which categories of medications you will administer to the children in your care. Check all boxes that apply.

☐ Topical Over-the-counter Products
☐ Medications: this will require Medication Administration Training (MAT) and approval by the Office
☐ Request Waiver for Emergency Medications: additional requirements may apply
☐ None
Additional Requirements List

The following is a list of some additional documentation that is required to complete your application. Using the guidelines below, develop the required policies using your preferred format. You are required to submit copies of each of these policies. A copy of the policies must also be kept on file.

Personnel Policy

Provide a description in your own words of the policy that you will have for managing personnel working in your program. The policy should address all staff, regardless of their duties. Example items to include in your policy statement are:

- Job description, responsibilities and schedules
- Privacy and confidentiality
- Health practices
- Termination policy

Employee Evaluation Policy

Describe how you will evaluate employees. The policy should address all staff and volunteers, regardless of their duties, and should address how you will ensure that each staff member initially meets, and continues to meet on an ongoing basis, the qualification requirements for the role that they perform for your program. Specific items to include in your policy statement are:

- How the completion of training will be confirmed and encouraged on an ongoing basis
- Methods of verifying that staff members have the experience and qualifications necessary for their position
- How reference checks will be conducted
- Verification of mental and physical health of all staff
- Performance of background checks, including fingerprinting of all staff and volunteers

For further information, please refer to section 414.13 of the regulations.

Staff Supervision Policy

Provide a description of the procedures that will be followed to ensure that all staff will be properly supervised during the hours that child care is provided by your program.

Child Supervision Policy

Detail the policies and practices that will ensure direct, competent supervision of children in care. Areas to address in this policy include:

- Staff to child ratios and maximum group sizes (these vary by age group)
- Ensuring that each classroom is properly staffed, especially during transition times such as arrival and departure, meals and nap times.
- How you will make sure that only staff that have been cleared by OCFS are allowed to be alone with children

For further information, please refer to section 414.8 of the regulations.

Child Abuse Policy

Describe the specific procedures and policies your program will utilize to assure the safety of all children in care. This includes both the prevention of the abuse or maltreatment of children in care as well as the monitoring for and reporting of suspected child abuse. Specific items to include in your policy statement should be:

- Prevention of child abuse of children in your care (discipline guidelines)
- Screening requirements for prospective staff
- Grounds for, and the mandatory reporting of, suspected child abuse
- Procedures for ensuring the safety of children who are involved in a report of abuse or maltreatment.

For further information, please refer to section 414.10 of the regulations.

Training Schedule

Provide a detailed description of the schedule for training that will be followed by all staff responsible for supervising the children in care. For further information, please refer to section 414.14.
Agreements

Child Support Obligation Statement……………… E-3
Applicant Compliance Agreement………………… E-5
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**Child Support Obligation Statement**

**INSTRUCTIONS**
- Owner must complete this form unless the business is incorporated
- If you are four or more months behind in your child support obligations, General Obligations Law requires that we issue you a registration for no longer than a period of six months
- For more information, see **Appendix** for Child Support Obligation Statement
- Please PRINT clearly

---

**Statements**

As of the date of this application, do you have an obligation to pay child support?

- [ ] No, I do not.
- [x] Yes, I am under an obligation to pay child support.

If you answered “Yes”, please check any of the following conditions that apply to you.

- [ ] I am not four months or more in arrears in the payment of child support.
- [ ] I am making payments by income execution, by court agreed payment or repayment plan, or by a plan agreed to by the parties to the support proceeding.
- [ ] My child support obligation is the subject of a pending court proceeding.
- [ ] I am currently in receipt of public assistance or supplemental security income (SSI).
- [ ] None of the above apply.

---

**Notarized Signed Certification**

ALL APPLICANTS MUST SIGN THIS FORM IN THE PRESENCE OF A NOTARY PUBLIC

I hereby solemnly swear that the information provided by me in this certification is true and accurate to the best of my knowledge. I acknowledge that this statement is given under oath.

Owner Signature: _____________________________  Print Name: _____________________________

Sign in the presence of a notary

Sworn to before me this ______________________________ Day

day of ___________________________  ___________________________

Month  Year

Notary Public – State of New York (affix stamp)
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Applicant Compliance Agreement

INSTRUCTIONS

• All applicants must complete and sign this form
• Before signing the statement below, read and familiarize yourself with Part 414 of the regulations
• Please PRINT clearly

Submit

Applicant Name: ____________________________________________ School-Age Program Name: _______________________________________

Program Qualifications Statements

• I certify that I am 18 years of age or older.

• I have read and understand Part 414 of the New York State Office of Children and Family Services regulations for the operation of a School-Age program. I will operate the facility in compliance with these regulations.

• I understand that I must report to the State Central Register (1-800-635-1522) any incidents of suspected child abuse or maltreatment concerning any child in my care.

Statement of Accuracy and Authenticity

To the best of my knowledge the statements in this application are true and accurate.

The submission of forged or altered application documents may be a felony or misdemeanor. In addition to being subject to criminal prosecution, anyone found to have submitted such documents may be subject to fines by the NYS Office of Children and Family Services, and/or denial of this application to provide child day care.

I attest that I have not forged or altered any documents submitted as part of this application, and have not submitted documents forged or altered by another.

Applicant Signature: ________________________________________ Date: __/__/____ (mm/dd/yyyy)

Check here (✓) □ if any of the forms in this application package were completed by someone other than the applicant.

The following people completed one or more pages in this application: ______________________________________

__________________________________________________________

NYS SACC Initial Booklet

E-5
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Appendix

SCR Processing Fee........................................... App-3
Nuclear Emergency Planning Zones ............ App-4
Labor and Tax Responsibilities ..................... App-5
Other Legal Considerations ......................... App-6
List of Regional Offices ............................... App-7
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SCR Processing Fee

Why is There a Fee?
Effective 4/1/11, there is a cost of $25 for SCR clearances. Please read the following for specific requirements as they apply to your program.

A 2011 amendment to Section 424-a(1)(f) of the Social Services Law set forth requirements for fees for conducting database checks through the Statewide Central Register of Child Abuse and Maltreatment (SCR). Prospective day care providers and applicants for employment in day care programs must pay a $25 fee for any database checks conducted through the SCR.

Who Must Pay the Fee?
Anyone who is either a day care provider or an applicant for employment must pay the fee. The following is a list of the roles for which a fee is required:

- Director
- Site Supervisor
- Employee

Please note that the fee requirements do NOT apply to the following roles:
- Volunteers
- Providers of goods and services to day care programs
- Consultants to day care programs, including Health Consultants and Medication Administrants
- Current employees who have previously been screened through the SCR if the program elects to re-screen current employees.

Acceptable Payment Methods
There are four methods of acceptable payment of the fee. These are:
1. Certified check;
2. Postal or bank money order;
3. Teller’s check; or
4. Cashier’s check

The check or money order above must be payable to: “NYS OFFICE OF CHILDREN AND FAMILY SERVICES.”

The application will not be processed without the required payment of the fee.

The payment must include the name(s) of the applicant(s) so that it may be properly processed.

School-Age Child Care
**Directors** – Submit the fee of $25 with your application materials to the regional office of OCFS for the required database check.

**All other employment applicants** – For school-age child care programs using the Online Clearance System (OCS), when the director, director’s designee or applicant enters information into the OCS, they will be required to enter into OCS the identification number of the check or money order that will be used to pay the $25 fee. The program will be required to write on the check or money order: (1) the request identification number for the OCS database check; and (2) the name of the applicant. Once the database check request has been submitted through the OCS, the program must promptly send the payment of the fee to OCFS at:

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES
CAPITAL VIEW OFFICE PARK
52 WASHINGTON STREET, SOUTH BUILDING ROOM 204
BUREAU OF FINANCIAL OPERATIONS/ACCOUNTING AND REVENUE COLLECTION
RENSSELAER, NY 12144

For school-age child care programs not using the OCS, the database check form (DSS 3370) must be accompanied by a payment of the $25 fee when it is submitted to the SCR.
There are three (3) nuclear power plant sites in New York State. Some child care programs may be located within the 10 mile Emergency Planning Zone surrounding these nuclear facilities. It is recommended that you contact your local police, fire or emergency planning office for more details on preparations and notifications. The nuclear power facilities and the counties they impact are listed below, along with contact information for each county.

<table>
<thead>
<tr>
<th>Nuclear Facility</th>
<th>County &amp; Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indian Point Energy Center</strong></td>
<td><strong>Orange County Department of Emergency Services</strong></td>
</tr>
<tr>
<td>(located in Buchanan, NY)</td>
<td>22 Wells Farm Road</td>
</tr>
<tr>
<td></td>
<td>Goshen, NY 10924</td>
</tr>
<tr>
<td></td>
<td>(845) 615-0479</td>
</tr>
<tr>
<td><strong>Putnam County Office of Emergency Services</strong></td>
<td>112 Old Route Six</td>
</tr>
<tr>
<td></td>
<td>Carmel, NY 10512</td>
</tr>
<tr>
<td></td>
<td>(845) 808-4000</td>
</tr>
<tr>
<td><strong>Rockland County Office of Fire &amp; Emergency Services</strong></td>
<td>35 Fireman's Memorial Drive</td>
</tr>
<tr>
<td></td>
<td>Pomona, NY 10907</td>
</tr>
<tr>
<td></td>
<td>(845) 364-8900</td>
</tr>
<tr>
<td><strong>Westchester County Office of Emergency Management</strong></td>
<td>HVTMC – 200 Bradhurst Ave</td>
</tr>
<tr>
<td></td>
<td>Hawthorne, NY 10532</td>
</tr>
<tr>
<td></td>
<td>(914) 864-5450</td>
</tr>
<tr>
<td><strong>Nine Mile Point Nuclear Station/James A. Fitzpatrick</strong></td>
<td>Oswego County Office Of Emergency Management</td>
</tr>
<tr>
<td>(located in Scriba, NY)</td>
<td>200 North Second Street</td>
</tr>
<tr>
<td></td>
<td>Fulton, NY 13069</td>
</tr>
<tr>
<td></td>
<td>(315) 591-9150</td>
</tr>
<tr>
<td><strong>R.E. Ginna Nuclear Power Plant</strong></td>
<td>Monroe County Emergency Management Office</td>
</tr>
<tr>
<td>(located in Ontario, NY)</td>
<td>1190 Scottsville Road, Suite 200</td>
</tr>
<tr>
<td></td>
<td>Rochester, NY 14624</td>
</tr>
<tr>
<td></td>
<td>(585) 473-0710</td>
</tr>
<tr>
<td><strong>Wayne County Emergency Management Office</strong></td>
<td>7336 Route 31</td>
</tr>
<tr>
<td></td>
<td>Lyons, NY 14489</td>
</tr>
<tr>
<td></td>
<td>(315) 946-5664</td>
</tr>
</tbody>
</table>

For assistance in determining whether your program is located within a 10 mile radius of any of the above nuclear power stations, each nuclear facility provides information on their emergency planning zones on their websites. The URLs to each Emergency Planning Zone is as follows:

- **Indian Point Energy Center**:  
  www.safesecurevital.org/emergency-preparedness/2008-emergency-planning.html

- **Nine Mile Point Nuclear Station**:  
  www.constellation.com/vcmfiles/Constellation/Files/Emergency-Planning-Zones-NMP.pdf

- **James A. Fitzpatrick**:  
  www.wayneweibel.net/projects/entergy/callcenter_website/site_specific_info/ja_fitzpatrick/ssi_ja_fitzpatrick.htm

- **Ginna Nuclear Power Plant**:  
  www.constellation.com/vcmfiles/Constellation/Files/Emergency-Planning-Zones-GNA.pdf

These sites include (links to) additional information regarding emergency planning and evacuation routes that you might also find helpful.
Labor and Tax Responsibilities

Disability Benefits
Disability Benefits are temporary cash benefits payable to an eligible wage earner who is disabled by an injury or illness that is not related to the person's employment. Supplementing the workers' compensation system, the Disability Benefits Law ensures protection for wage earners by providing for weekly cash benefits to replace, in part, wages lost because of injuries or illnesses that do not occur in the course of employment. Disability Benefits insurance is paid for either jointly by the employer and employee or entirely by the employer. Employers may voluntarily provide Disability Benefits for their employees when they are not required to do so.

Disability Benefits insurance may be purchased from any insurance company authorized to write such Benefits insurance in New York State, or from the State Insurance Fund, a State agency headquartered at 199 Church Street, New York, N.Y. 10007. For help determining whether you are required to provide Disability Benefits insurance or more information about Disability Benefits rates, forms and procedures, contact the nearest district office of the Workers' Compensation Board at the number listed in your telephone directory.

Workers' Compensation
Workers' compensation is insurance, paid for by the employer. This insurance provides cash benefits and medical care for workers who become disabled because of an injury or sickness related to their job. If death results, benefits are payable to the surviving spouse and dependents. Workers' compensation insurance may be purchased from any private company licensed to write such coverage in New York State or from the State Insurance Fund, a State agency headquartered at 199 Church Street, New York, N.Y. 10007. For more information about Workers' compensation rates, forms and procedures, contact the nearest district office of the Workers' Compensation Board at the number listed in your telephone directory.

Minimum Wage Requirement
Under the Federal Labor Standards Act, employees must be paid no less than the federal minimum wage unless they are classified as exempt. When this is the case, the minimum wage requirements may be different in New York State. Both federal and state minimum wage and exemption levels are subject to change. For assistance, contact the nearest Wage and Hour Division of the United States Department of Labor at the number listed in your telephone directory.

Unemployment Taxes
The state and federal unemployment tax systems pay unemployment compensation to workers who have lost their jobs. Most employers pay both a state and federal unemployment tax. However, even if you are exempt from the state tax, you must still pay the federal unemployment tax (FUTA). You must pay FUTA as the employer. It cannot be collected or deducted from your employee's wages. For help determining whether you are required to pay the FUTA tax or more information on the FUTA rate, forms, filing procedures or general assistance, you may contact the nearest offices of the Internal Revenue Service (IRS) at the number listed in your telephone directory.

Social Security Taxes (FICA)
The Federal Insurance Contributions Act (FICA) provides for a federal system of old age, survivors, disability, and hospital insurance. This system is financed through social security taxes, also known as FICA taxes. The FICA requirement applies whenever you pay someone with whom you have an employer / employee relationship. As an employer, you must withhold FICA from your employees' earnings and must pay an equal amount from your own funds based on a percentage rate of the employee's current salary. For help determining whether the FICA requirement applies to you or for more information and general assistance, you may contact the nearest office of the Internal Revenue Service (IRS) at the number listed in your telephone directory.
Other Legal Considerations

Child Support Obligation (Section 3-503 General Obligation Law)

The requirements of the General Obligations Law may affect your license/registration to provide child care if you have an obligation to pay child support and you are not doing so. Persons who are four months or more behind in their child support payments may be subject to suspension of their business, professional and/or driver’s licenses. The license/registration for which you are applying is considered a business license.

This means that if you are four or more months behind in your child support obligations at the time of your application to provide child care, General Obligations Law requires that we issue you a license/registration for no longer than a period of six months. We can only extend that period beyond six months if you submit certification that you have come into compliance with the terms of your obligation. We will be happy to send you the necessary form for this purpose should you require it. Please note that any false statement on that certification would be a Class E Felony under Section 175.35 of the Penal Law.

If, during the term of your license/registration, you are found by a court to be four or more months behind in your child support payments, the court could order the New York State Office of Children and Family Services or the New York City Department of Health to take action to suspend your license/registration. You may not care for children with a suspended license/registration.

Social Security & Tax Identification Numbers

The purposes for which state and local governments may collect social security numbers are established by Federal Law Title 42, The Public Health and Welfare Chapter 7, Social Security Act [42 USCS §405 (2005)]. This statute allows state and local governments to collect social security number for official state business. Section 5 of the State Tax Law requires every state agency, as part of the procedure for granting, renewing, amending, supplementing or restating the license or registration of any person, partnership, corporation or other organization, to obtain an applicant’s social security number or, if applicable, a federal employer identification number. This information is collected as part of the administration of the taxation system and is one of the permissible reasons for collection of social security numbers established by federal law.

A federal identification number is also referred to as a federal tax identification number and/or an employer’s identification number (EIN). A federal tax identification number is issued for tax purposes much like a social security number is given to an individual. As such, a sole proprietor, legal partnership or other business entity that is applying for a license or registration may submit a federal tax identification number or EIN in place of a social security number.

Both social security number and federal identification number are confidential and are only accessible by parties for whom it is necessary in order to conduct official state business.
List of Regional Offices

ALBANY REGIONAL OFFICE
NYS Office of Children and Family Services
Albany Regional Office
52 Washington St. Rm 309S
Rensselaer, NY 12144
(518) 402-3038

BUFFALO REGIONAL OFFICE
NYS Office of Children and Family Services
Buffalo Regional Office
Room 545, 5th Floor
Ellicott Square Building
295 Main Street
Buffalo, NY 14203
(716) 847-3828
Serving the counties of: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming

LONG ISLAND REGIONAL OFFICE
NYS Office of Children and Family Services
Long Island Regional Office
Courthouse Corporate Center
320 Carleton Avenue, Suite 4000
Central Islip, NY 11722
(631) 342-7100
Serving the counties of: Nassau and Suffolk

ROCHESTER REGIONAL OFFICE
NYS Office of Children and Family Services
Rochester Regional Office
259 Monroe Avenue, 3rd Fl. Monroe Square
Rochester, NY 14607
(585) 238-8531
Serving the counties of: Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates

SPRING VALLEY REGIONAL OFFICE
NYS Office of Children and Family Services
Spring Valley Regional Office
11 Perlman Drive
Spring Valley, NY 10977
(845) 708-2400
Serving the counties of: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester

SYRACUSE REGIONAL OFFICE
NYS Office of Children and Family Services
Syracuse Regional Office
The Atrium Building, 3rd Floor
100 S. Salina Street
Syracuse, NY 13202
(315) 423-1202
Serving the counties of: Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins

FOR CHILD CARE PROGRAMS IN THE 5 BOROUGHS OF NYC

NEW YORK CITY REGIONAL OFFICE
NYS Office of Children and Family Services
New York City Regional Office
80 Maiden Lane, 23rd Floor
New York, NY 10038
(212) 383-1415

DIVISION OF CHILD CARE SERVICES
HOME OFFICE
NYS Office of Children and Family Services
Division of Child Care Services
52 Washington St. Rm 309S
Rensselaer, NY 12144
(518) 474-9454