

New York State  
Office of Children and Family Services

# New York State Small Day Care Center



**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.**

**SAMPLE**

# Your Small Day Care Center Application Package

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**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



SAMPLE

Thank you for inquiring about starting a day care center program. We are pleased to send you an application package. Please note that this application booklet expires on . After that date, you must contact the individual noted below to request an updated application booklet.

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## Becoming a Provider



Operating a small day care center 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 listed below and your local child care resource and referral (CCRR) agency for additional technical assistance.

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## Filling out the Application



This package contains the information you will need to begin the application process. The checklist, "Small Day Care Center 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.

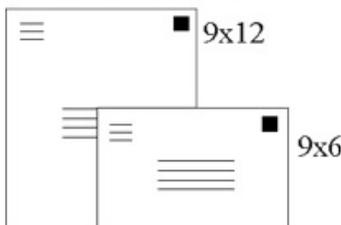
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## Mailing in the Application

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.

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.

### Envelope Sizes



Because you live in , you should send the completed application pages to...

### Fingerprint Card



## Fingerprint Cards

You will need to be fingerprinted as part of your application. A fingerprint card will be sent to you. Once you have been fingerprinted, use the envelope provided to return the card to....

Criminal History Review Unit  
NYS Office of Children and Family Services  
P.O. Box 839  
Rensselaer, NY 12144-9953

**SAMPLE**

# Small Day Care Center Required Documents

## INSTRUCTIONS



Maintain  
On-Site

- 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

				Date Submitted mm/dd/yyyy
Document Name	Page	Maintain On-Site	Submit	
 <b>Identifying Information</b>	A-1			
General Information	A-2 and A-3		✓	/ /
Business Information	A-5		✓	/ /
 <b>Requirements</b>	B-1			
<b>Applicant</b>				
Qualifications	B-3		✓	/ /
References	B-5		✓	/ /
SCR Form	B-9 thru B-11		✓	/ /
Medical Statement	B-13	✓	✓	/ /
Criminal History Review	B-15 and B-16		✓	/ /
<b>Substitute</b>				
Information	B-17	✓	✓	/ /
Criminal History Review	B-19 and B-20		✓	/ /
<b>Volunteer/Other</b>				
Criminal History Review	B-21 and B-22		✓	/ /
<b>Owner</b>				
Criminal History Review	B-23 and B-25		✓	/ /
 <b>Site Information</b>	C-1			
Required Inspections / Approvals	C-3	✓		/ /
Report of Water Supply Testing	C-5	✓	✓	/ /
Environmental Hazard Inspection	C-7	✓	✓	/ /
Inside Floor Plan	C-11		✓	/ /
Outside Play Area	C-12		✓	/ /

# Small Day Care Center Required Documents (cont.)

## INSTRUCTIONS



**Maintain  
On-Site**

- 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

Document Name	Page	 Maintain On-Site	 Submit	Date Submitted mm/dd/yyyy
 <b>Site Information (cont.)</b>				
Emergency Evac. Information	C-15 and C-17	✓	✓	/ /
Emergency Evacuation Diagram	C-19	✓	✓	/ /
Certificate of Occupancy	Local Code Officials/ State Education Dept.		✓	/ /
Zoning Approval	Local Zoning Board		✓	/ /
DOT Inspection	State Dept. of Transportation	✓ as needed		/ /
Health Inspection	State/Local Health Unit		✓	/ /
Fire Suppression	Fire Protection Equipment Supplier		✓	/ /
Heating System	NYS Dept. of Labor Heating Contractor		✓	/ /
 <b>Program Information</b>	D-1			
Program Daily Routine	D-3	✓	✓	/ /
Discipline Policy	D-4	✓		/ /
Health Care Plan & Guidelines	D-5 and D-6	✓	✓	/ /
 <b>Agreements</b>	E-1			
Child Support Obligation Statement	E-3		✓	/ /
Applicant Compliance Agreement	E-5		✓	/ /
 <b>Business Documents</b>				
DBA (Doing Business As)	Town Clerk	✓		/ /
Incorporation Papers	Your Attorney	✓	✓ as needed	/ /
Certificate of Insurance	Insurance Agent	✓		/ /

**SAMPLE**

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# Identifying Information

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General Information..... A-2

Business Information..... A-5

SAMPLE



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# Business Information

## INSTRUCTIONS



Submit

- Complete all areas that apply to your facility
- Complete the legal information only if you are a Corporation, Unincorporated Association, Legal Partnership, or LLC
- If Incorporated, submit copies of the Certificate of Incorporation or Amendment and the filing receipt from the Secretary of State
- Please print clearly

Applicant Name: \_\_\_\_\_

Small Day Care Center Name: \_\_\_\_\_

## Legal Information

This information does not apply

Please check one of the boxes below and complete the following information:

- Corporation                       Limited Liability Company (LLC)                       Legal Partnership  
 Unincorporated Association

Legal Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ Ext. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

\_\_\_\_\_ Apt. \_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_ Floor \_\_\_\_\_ Contact Name: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Contact Phone: (    ) \_\_\_\_\_

County/Boro: \_\_\_\_\_

## Legal Partnerships, Board Members / Managers (if applicable)

List the names, titles, home addresses and phone numbers of all legal partners (including yourself). Attach additional sheets if necessary.

Name: _____			Title: _____
Last	First	MI	
Address: _____			Phone: (    ) _____
Street	City	State/Zip	

Name: _____			Title: _____
Last	First	MI	
Address: _____			Phone: (    ) _____
Street	City	State/Zip	

Name: _____			Title: _____
Last	First	MI	
Address: _____			Phone: (    ) _____
Street	City	State/Zip	

Name: _____			Title: _____
Last	First	MI	
Address: _____			Phone: (    ) _____
Street	City	State/Zip	

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# Requirements

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## **Applicant**

Qualifications.....	B-3
References.....	B-5
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SCR Form.....	B-9
Medical Statement.....	B-13
Criminal History Review.....	B-15

## **Substitute**

Information.....	B-17
Criminal History Review .....	B-19

## **Volunteer/Other**

Criminal History Review.....	B-21
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## **Owner**

Criminal History Review.....	B-23
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SAMPLE



**SAMPLE**

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# Applicant Qualifications

## INSTRUCTIONS



Submit

- Fill in all areas that apply, or attach a resume
- For your assistance, we have added examples
- Please print clearly

Applicant Name:

Small Day Care Center Name:

## Minimum Requirements

- You must be at least 18 years of age
- See Appendix for Minimum Qualifications Requirements

## Levels of Education

<b>EXAMPLES:</b>	Date Completed June, 1981 Dec., 1992	Name of School Jim Parker High School HVCC	Diploma/Degree/Major & Credits Diploma Early Childhood Education / 6 credits
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Date Completed	Name of School	Diploma/Degree/Major & Credits

## Relevant Training

<b>EXAMPLE:</b>	Date Received June, 1990	Description Child Development Workshop	Sponsoring Organization Child Care Council
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Date Received	Description	Sponsoring Organization

## Child Care Experience

<b>EXAMPLE:</b>	Date Range 1982 - Present	Description Parenting	Setting In my home
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Date Range	Description	Setting

## Certificates (if applicable)

<b>EXAMPLE:</b>	Date Completed July, 1987	Type CDA	Authority NAEYC
-----------------	------------------------------	-------------	--------------------

Date Completed	Type	Authority

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**SAMPLE**

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# Applicant References

## INSTRUCTIONS



Submit

- Family members may not be used as references
- Please provide complete information for three people we can contact as references
- If you have been employed, please include your previous employer as one of your references
- Please print clearly

Applicant Name:

Small Day Care Center Name:

## 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:

Tear Here

**SAMPLE**

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# State Central Register (SCR) Information

## Frequently Asked Questions:

### What is the State Central Register (SCR)?

The New York State Office of Children and Family Services (OCFS) operates the State Central Register for Child Abuse and Maltreatment (SCR). The SCR maintains records of all reports of abuse and maltreatment.

### Why is the SCR Form required?

Section 424-a of the Social Services Law requires that the New York State Office of Children and Family Services (OCFS) make inquiries to the SCR on whether any person applying for a child day care license or registration is the subject of an indicated report of child abuse or maltreatment.

### Who must complete the SCR Form?

- Applicants for a license or a registration to provide Family Day Care or Group Family Day Care.
- Applicants for the position of assistant, alternate assistant, alternate provider, substitute, or any other category of caregiver in the Family Day Care or Group Family Day Care home.
- In situations where the home where family or group family day care is provided is different from the applicant's residential address there will be additional forms required. Contact your licensor or registrar for assistance.

### 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.

If the SCR replies that you are the subject of an indicated report of child abuse or maltreatment, this agency must consider that factor, in addition to other background information and references in determining whether to approve your application. You may be asked to provide details of the situation(s) or incident(s) that gave rise to the indicated report. You may also be asked to sign a release allowing this agency to receive a copy of the indicated report. If your application is denied, you will be provided with a written statement by this agency, which explains the reason(s) for our denial of your application.

### How do I complete the SCR Form?

Follow the instructions listed on the following page to ensure that you complete the form correctly. If you have any questions or need assistance, contact your licensor or registrar.

**NOTE:** It is extremely important that all information provided is complete and can be easily read. Please print clearly.

Continue to next page ►



# SCR Instructions

**Note: This form must be completed by everyone residing at the child care site who is 18 years of age or older who has not previously submitted this form. This includes all persons new to the household and current household members who turned 18 years old during the registration period**

## Clearance Through the State Central Register (SCR)

Section 424-a of the Social Services Law requires that the New York State Office of Children and Family Services inquire of the SCR whether any person who applies for a license or registration to provide child day care is the subject of an indicated report of child abuse or maltreatment on file with the SCR. The persons who must be cleared through the SCR include family day care providers, group family day care providers, assistants to group family day care providers, persons 18 years of age or older who reside in the home where family or group family day care will be provided, and individuals who will operate or who represent agencies that have applied to operate day care centers or school age child care programs.

Because you are such an individual, this agency will make an inquiry to the State Central Register (SCR). 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.

If the SCR replies to our inquiry that you or a person 18 years of age or older living in the home are the subject of an indicated report of child abuse or maltreatment, this agency must consider that factor, in addition to other background information and references in determining whether to approve your application. You may be asked to provide details of the situation(s) or incident(s) that gave rise to the indicated report. You may also be asked to sign a release allowing this agency to receive a copy of the indicated report.

If your application is denied, you will be provided with a written statement by this agency which explains the reason(s) for our denial of your application.

### Front of the SCR Form

#### Section 1

Completed by the Clearing Agency

#### Section 2

Completed by the Applicant

- Skip "SCR Use Only" column
- On the line labeled "Applicant", complete LAST NAME, FIRST NAME, SEX, DOB
- If you have been known by any other name, complete LAST NAME, FIRST NAME, SEX, DOB on the line labeled "Maiden or Alias"
- Complete LAST NAME, FIRST NAME, SEX, DOB on the remaining lines for everyone residing in the applicant's home
- Additional lines can be found in section 5

#### Section 3

Completed by the Applicant

- Fill in current address information on first line
- Fill in previous addresses on the following lines going back to 1973 or from the time you reached the age of 18
- Complete address information is required for everyone residing in the site
- Additional lines can be found in section 6

#### Section 4

Signed and dated by the Applicant and each individual 18 years and older

- Additional signature lines can be found in section 7

### Back of the SCR Form

#### Section 5

Additional lines for household members

#### Section 6

Additional lines for addresses

#### Section 7

Additional lines for signatures



Submit

# STATE CENTRAL REGISTER DATABASE CHECK Agency Use Only

<b>ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE</b>				<b>SCR USE ONLY</b>	
AGENCY CODE:	RESOURCE I.D.:	CATEGORY USE ALPHA CODE:	PHONE NUMBER (Area Code):	REQUEST I.D.:	

**PRINT BELOW THE ADDRESS TO WHICH YOU WANT THE RESPONSE RETURNED:**

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.

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

### APPLICANT/HOUSEHOLD MEMBER AREA \*PLEASE TYPE OR PRINT CLEARLY

SCR USE	Relationship to Applicant	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH		
	<b>APPLICANT</b>						
	<b>MAIDEN/ALIAS</b>						

Please provide your current address and any other addresses at which you have resided since 1973, including street, city and state. For **Adoption, Foster Care and Family Day Care**, also include the same address history for household members 18 and older. If you or a household member achieved age 18 after 1973, provide addresses from that year to the present. Attach additional pages if necessary.

CURRENT STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO

I affirm that all the information provided on this form is true. 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 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 Day Care provider, the information I have provided will be used to inquire of the State Central Register to determine if I am the subject of a indicated report of child abuse or maltreatment.

SIGNATURE	DATE
-----------	------

SIGNATURE	DATE
-----------	------

Tear Here

## AGENCY LIAISON INSTRUCTIONS

Please verify that each form is completed. Incomplete forms will be returned to the sender. For ADOPTION, FOSTER CARE, and 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 DAY CARE, also must sign the form.

### AGENCY CODE

Record your 3 digit agency code. **NOTE:** Day Care, Family Day Care and Camps must provide the agency code of the agency or office, which issues your license or certificate. Verify your Alpha of Alpha/Numeric 3 digit code with your licensing agency.

### RESOURCE I.D.

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 RIDS as of 9/01. Verify your RID with your licensing agency.

### CATEGORIES

Record the appropriate category.

- F - Prospective employee (fee required - see below\*)
- D - Prospective employee (Local DSS district - bill against reimbursement)\*\*
- Y - Prospective Day Care employee
- Y - Provider of goods/services
- Y - Applying to be a group family day care assistant.
- Q - Applying to be group family day care provider.
- Z - Prospective volunteer/consultant.
- X - Applying to be adoptive parents.
- W - Applying to be foster parents or family care home providers.
- R - Applying to be kinship foster parents.
- P - Applying to be family day care provider.
- N - Applying for a license to operate a day care center. (To be submitted by authorized licensing agency only.)
- M - Director of a summer camp, overnight camp, day camp or traveling day camp.
- E - Current employee.

### 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 has been amended to require the collection of fees 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 five dollars, is to accompany the form. The check also is to include the applicant's name and the agency code. N.B. **A separate check must accompany each form.** See "Operating Instructions for LDSS-3370" for more detailed instructions.

\*\*Social Service Law 424-a has been amended to allow local DSS to bill against their reimbursement the charge collected for screening prospective employees.

**MAIL COMPLETED FORMS TO:  
STATE CENTRAL REGISTER  
P.O. BOX 4480  
ALBANY, N.Y. 12204**

### TO ORDER MORE FORMS:

Write to: New York State Family Assistance, Bureau of Forms & Print Management, P.O. Box 1990, Albany, New York 12201.



**SAMPLE**

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# Director Medical Statement

### INSTRUCTIONS

- A Health Care Provider's signature is required in both sections of this form
- Please print clearly



Submit



Maintain  
On-Site

Applicant Name: \_\_\_\_\_

Small Day Care Center Name: \_\_\_\_\_

Director Name: \_\_\_\_\_

Director Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mm / dd / yyyy)

## Tuberculin Test Information

Date of Test: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mm / dd / yyyy)

Mantoux Result:     Positive    Negative    \_\_\_\_\_ mm

If applicant was previously Positive, indicate date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mm / dd / yyyy)

If **Positive**:

Was a Chest X-ray ordered?                     Yes    No

If No, attach health care provider's statement indicating why it was not ordered.

If Yes, is Chest X-ray normal?                 Yes    No

If No, attach health care provider's statement documenting treatment and follow-up.

### TB Test

Health Care Provider
<b>Signature:</b> _____
Name: _____
Title: _____
Phone: (     ) _____
Date: _____ / _____ / _____ (mm / dd / yyyy)

## Medical Condition

On the basis of my findings and on my knowledge of the above named individual, I find that he/she is fit to provide child care and is not currently exhibiting signs or symptoms suggestive of a communicable disease that could be transmitted during child care.     Yes    No

Comments: \_\_\_\_\_  
\_\_\_\_\_

### Medical Condition

Health Care Provider
<b>Signature:</b> _____
Name: _____
Title: _____
Phone: (     ) _____
Date: _____ / _____ / _____ (mm / dd / yyyy)

Tear Here

**SAMPLE**

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# Applicant Criminal History Review

## INSTRUCTIONS



Submit

- All applicants must complete and sign this form
- All applicants must submit completed fingerprinting cards, regardless of conviction record
- A crime is a misdemeanor or felony only. This does not include violations such as traffic infractions and trespassing
- Please print clearly

Applicant Name: \_\_\_\_\_

Small Day Care Center Name: \_\_\_\_\_

## Fingerprinting Information

- Applicants and all employees and volunteers of the day care facility 18 years of age and older, including all prospective employees and volunteers, must be fingerprinted
- all volunteers, assistants, substitutes and alternate providers must be fingerprinted
- Contact 1-800-732-5207 for information on how all of these fingerprints can be taken free of charge
- Your application will not be complete until all fingerprints have been submitted for processing

## Conviction Statement

In accordance with Section 390-b(1)(a) 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 any other jurisdiction. If I have been convicted of a crime, I will provide true and accurate information concerning the crime for which I was convicted, the date of conviction and any other relevant information in the space provided below. In addition, I will provide written justification on the back of this sheet, explaining why I should be allowed to care for children regardless of my conviction. ***I am aware that this will be my only opportunity for this explanation to be considered in the decision to approve or deny my application.***

## Record of All Convictions

EXAMPLE:	Type of Crime	Penal Code Section	Date of Conviction	County or Court of Arraignment
	Disorderly Conduct	240.20	03/17/1976	Albany

Complete the information below and submit with record of conviction or certification of court arraignment.

Type of Crime	Penal Code Section	Date of Conviction (mm / dd / yyyy)	County or Court of Arraignment
_____	_____	/ /	_____
_____	_____	/ /	_____
_____	_____	/ /	_____
_____	_____	/ /	_____

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 denial, suspension, limitation or revocation of my registration to provide child care.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mm / dd / yyyy)

Tear Here





# Substitute Information

## INSTRUCTIONS



Submit



Maintain  
On-Site

- All substitutes working in a Small Day Care Center must complete this form
- A substitute may care for children if you must be absent for an occasional short period of time, such as a medical appointment or an emergency
- You must maintain a list of substitutes
- Contact your Registration Office to discuss requirements for replacements for longer periods of time or regular absences
- Duplicate this page as necessary. Please print clearly

Applicant Name:

Small Day Care Center Name:

Substitute Name:

## Identifying Information

Mr. Mrs. Ms.

Name:

Last

First

MI

Mailing Address:

Apt:

Floor:

City/Borough:

State:

Zip:

Home Phone: (     )

E-Mail:

SSN / ID:

Date of Birth:

Tear Here

SAMPLE

**SAMPLE**

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# Substitute Criminal History Review

## INSTRUCTIONS



Submit

- All substitutes and anyone working with children in your center, whether paid or volunteer, must complete and submit this form and fingerprinting cards, regardless of conviction record
- A crime is a misdemeanor or felony only. This does not include violations such as traffic infractions and trespassing
- Duplicate this page as necessary. Please print clearly

Applicant Name: \_\_\_\_\_

Small Day Care Center Name: \_\_\_\_\_

Substitute Name: \_\_\_\_\_

## Fingerprinting Information

- Applicants, caregivers, volunteers, substitutes and alternate providers must be fingerprinted
- Contact 1-800-732-5207 for information on how all of these fingerprints can be taken free of charge
- Your application will not be complete until all fingerprints have been submitted for processing

## Conviction Statement

In accordance with Section 390-b(1)(a) 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 any other jurisdiction. If I have been convicted of a crime, I will provide true and accurate information concerning the crime for which I was convicted, the date of conviction and any other relevant information in the space provided below. In addition, I will provide written justification on the back of this sheet, explaining why I should be allowed to care for children regardless of my conviction. ***I am aware that this will be my only opportunity for this explanation to be considered in the decision to approve or deny my ability to have involvement with children.***

## Record of All Convictions

EXAMPLE:	Type of Crime	Penal Code Section	Date of Conviction	County or Court of Arraignment
	Disorderly Conduct	240.20	03/17/1976	Albany

Complete the information below and submit with record of conviction or certification of court arraignment.

Type of Crime	Penal Code Section	Date of Conviction (mm / dd / yyyy)	County or Court of Arraignment
_____	_____	____ / ____ / ____	_____
_____	_____	____ / ____ / ____	_____
_____	_____	____ / ____ / ____	_____
_____	_____	____ / ____ / ____	_____

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 involvement with children at this site, or suspension, limitation or revocation of the registration to provide child care at this site.

Substitute Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(mm / dd / yyyy)

Tear Here





# Volunteer/Other Criminal History Review

## INSTRUCTIONS



Submit

- All volunteers, consultants and others, including board members and corporate personnel who will have contact with children, must complete and sign this form and submit completed fingerprinting cards
- A crime is a misdemeanor or felony only. This does not include violations such as traffic infractions and trespassing
- Duplicate this page. Please print clearly

Applicant Name: \_\_\_\_\_

Small Day Care Center Name: \_\_\_\_\_

Volunteer/Other Name: \_\_\_\_\_

## Fingerprinting Information

- The owner/operator, director, substitutes, and all employees and volunteers of the day care facility 18 years of age and older, including all prospective employees and volunteers, must be fingerprinted
- Contact 1-800-732-5207 for information on how all of these fingerprints can be taken free of charge
- Your application will not be complete until all fingerprints have been submitted for processing

## Conviction Statement

In accordance with Section 390-b(1)(a) 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 any other jurisdiction. If I have been convicted of a crime, I will provide true and accurate information concerning the crime for which I was convicted, the date of conviction and any other relevant information in the space provided below. In addition, I will provide written justification on the back of this sheet, explaining why I should be allowed to have contact with children regardless of my conviction. ***I am aware that this will be my only opportunity for this explanation to be considered in the decision to approve or deny my ability to have involvement with children.***

## Record of All Convictions

EXAMPLE:	Type of Crime	Penal Code Section	Date of Conviction	County or Court of Arraignment
	Disorderly Conduct	240.20	03/17/1976	Albany

Complete the information below and submit with record of conviction or certification of court arraignment.

Type of Crime	Penal Code Section	Date of Conviction (mm / dd / yyyy)	County or Court of Arraignment
_____	_____	/ /	_____
_____	_____	/ /	_____
_____	_____	/ /	_____
_____	_____	/ /	_____

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 involvement with children at this site, or suspension, limitation or revocation of the license to provide child care at this site.

Volunteer/Other Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(mm / dd / yyyy)

Tear Here





# Owner Criminal History Review

## INSTRUCTIONS



Submit

- All owners who are sole proprietors must complete and sign this form and must submit completed fingerprinting cards, regardless of conviction record
- A crime is a misdemeanor or felony only. This does not include violations such as traffic infractions and trespassing
- Please print clearly

Applicant Name: \_\_\_\_\_

Small Day Care Center Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

## Fingerprinting Information

- The owner/operator, director, substitutes, and all employees and volunteers of the day care facility 18 years of age and older, including all prospective employees and volunteers, must be fingerprinted
- Contact 1-800-732-5207 for information on how all of these fingerprints can be taken free of charge
- Your application will not be complete until all fingerprints have been submitted for processing

## Conviction Statement

In accordance with Section 390-b(1)(a) 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 any other jurisdiction. If I have been convicted of a crime, I will provide true and accurate information concerning the crime for which I was convicted, the date of conviction and any other relevant information in the space provided below. In addition, I will provide written justification on the back of this sheet, explaining why I should be allowed to care for children regardless of my conviction. ***I am aware that this will be my only opportunity for this explanation to be considered in the decision to approve or deny this application.***

## Record of All Convictions

EXAMPLE:	Type of Crime	Penal Code Section	Date of Conviction	County or Court of Arraignment
	Disorderly Conduct	240.20	03/17/1976	Albany

Complete the information below and submit with record of conviction or certification of court arraignment.

Type of Crime	Penal Code Section	Date of Conviction (mm / dd / yyyy)	County or Court of Arraignment
		/   /	
		/   /	
		/   /	
		/   /	

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 denial, suspension, limitation or revocation of the license to provide child care at this site.

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(mm / dd / yyyy)

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## Site Information

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### **Inspections**

Required Inspections / Approvals.....	C-3
Report of Water Supply Testing .....	C-5
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 Evacuation Information Guide.....	C-14
Emergency Evacuation Information.....	C-15
Emergency Evacuation Diagram Guide.....	C-18
Emergency Evacuation Diagram.....	C-19

SAMPLE



**SAMPLE**

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# Required Inspections/Approvals

## INSTRUCTIONS



Maintain  
On-Site

- 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

Type	Regulation	Purpose	Suggested Agencies to Contact	Inspection Form Enclosed
Water Supply	418-2.2 (a) (5)	To verify that the water supply is safe for human consumption and household use	Agency approved by NYS Health Department	✓
Environmental Hazards	418-2.2 (a) (6)	To ensure that there are no hazards of an environmental nature to children or staff	State/Local Health Unit Department of Environment Conservation (EnCon) Environmental Protection Agency (EPA) Nuclear Regulatory Commission	✓
DOT Inspection	418-2.2 (a) (1)	If transportation is provided, inspection and approval of the vehicle(s) used is required by NYS DOT	Local office of the NYS Department of Transportation	
Certificate of Occupancy	418-2.2 (a) (2)	To verify that the building is in compliance with the NYS Uniform Fire Prevention and Building Code	Local Code Enforcement Officials <input checked="" type="checkbox"/> State Education Department (when located in a public or private school building )	
<b><input checked="" type="checkbox"/> The remaining inspections are required if you do not have a Certificate of Occupancy from the State Education Department.</b>				
Zoning Approval	418-2.2 (a) (3)	To ensure that the building usage is approved by the Municipal Authority	Local Zoning Board	
Health Inspection	418-2.2 (a) (4)	If food is prepared in the center, this inspector will ensure that there are no hazards to children; if this site is newly constructed the local Department of Health will need to inspect	State/Local Health Unit	
Fire Alarm & Detection Inspection	418-2.2 (a) (7)	To verify that the fire alarm system works effectively	Agency certified and licensed by the Department of State	
Fire Suppression	418-2.2 (a) (8)	To ensure the system meets the requirements of the Uniform Code and fire safety equipment will function properly	Fire protection equipment suppliers	
(a) Sprinkler standpipe system				
(b) Hood suppression system		To ensure the system meets the requirements of the Uniform Code and fire safety equipment will function properly	Fire protection equipment suppliers	
Heating System	418-2.2 (a) (9)	To ensure that the heating system is safe and will function effectively	Heating Contractor Boilers only – NYS Department of Labor Large Insurance Companies	

**SAMPLE**

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# Report of Water Supply Testing

## INSTRUCTIONS



Submit



Maintain  
On-Site

- 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

Applicant 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 or attach the report of inspection and approval.)** Contact one of the water testing authorities listed below to submit a water sample for testing.
- County Health Units (see Appendix)
  - Local Water District or Department
  - Cooperative Extension
  - Private Medical or Testing Laboratories

**Water Testing Authority Section – An approved water testing authority must complete the section below.**

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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(mm/dd/yyyy)

Explanation: \_\_\_\_\_

Signature of Inspector: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_

Address: \_\_\_\_\_

Agency or Company: \_\_\_\_\_

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

- Contact the County Health Unit for instructions (see Appendix for Listing)
- Explain their instructions and your plan for implementing them to provide safe drinking water at your site
- Attach any written correspondence from a County Health Unit or other testing source

Tear Here

**SAMPLE**

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# Environmental Hazards Inspection

## INSTRUCTIONS



Submit



Maintain  
On-Site

- All applicants must complete this form regardless of inspection requirements
- Sites must be inspected where hazardous activity or conditions have been identified
- If you have multiple environmental hazards requiring inspection, duplicate this form and properly complete one for each inspection
- If you need further information, please contact the fire safety representative at the regional office

Applicant Name: \_\_\_\_\_

Site Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Environmental Hazards

Sites located on or near hazardous areas would require an inspection. Such areas include:

- Dry Cleaners
- Combustible or flammable liquid including gas stations, gas refueling/ transfer/ pump stations
- Chemicals and other hazardous substances emitted into the atmosphere or seeping into the ground

## Environmental Hazards Statement

**Not Hazardous** I have verified that this building and all its grounds and premises are not now used, nor have been used in the past, for any purpose involving a hazardous substance. No potentially hazardous conditions/activities were seen during my visual inspection of all surrounding buildings and properties.

**(No testing is required. Do not fill out the remainder of this form.)**

**Hazardous** I have identified the following potentially hazardous conditions either historically or currently in this building, grounds, or premises, or on property adjacent to or in the surrounding area.

**(Record the appropriate results below and complete the remainder of this form)**

## Inspection Information

### Sources

Contact one of the appropriate authorities listed below if any potentially hazardous environment is identified:

- County Health Unit (see Appendix)
- Nuclear Regulatory Commission
- Dept. of Environmental Conservation (EnCon)
- Environmental Protection Agency (EPA)

### To Be Completed By Environmental Testing Authority

<input type="checkbox"/> <b>Air Testing</b>	<input type="checkbox"/> <b>Soil Testing</b>	<input type="checkbox"/> <b>Water Testing</b>
<input type="checkbox"/> Does pose health hazard	<input type="checkbox"/> Does pose health hazard	<input type="checkbox"/> Does pose health hazard
<input type="checkbox"/> Does not pose health hazard	<input type="checkbox"/> Does not pose health hazard	<input type="checkbox"/> Does not pose health hazard

Hazard Inspected: \_\_\_\_\_

Inspection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(mm/dd/yyyy)

Recommendation for Correction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Tester: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency or Company: \_\_\_\_\_

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**SAMPLE**

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SAMPLE

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# Inside Floor Plan Guide

## INSTRUCTIONS

- Please follow the guidelines below when drawing your diagram on the next page or submit a copy of your blueprints

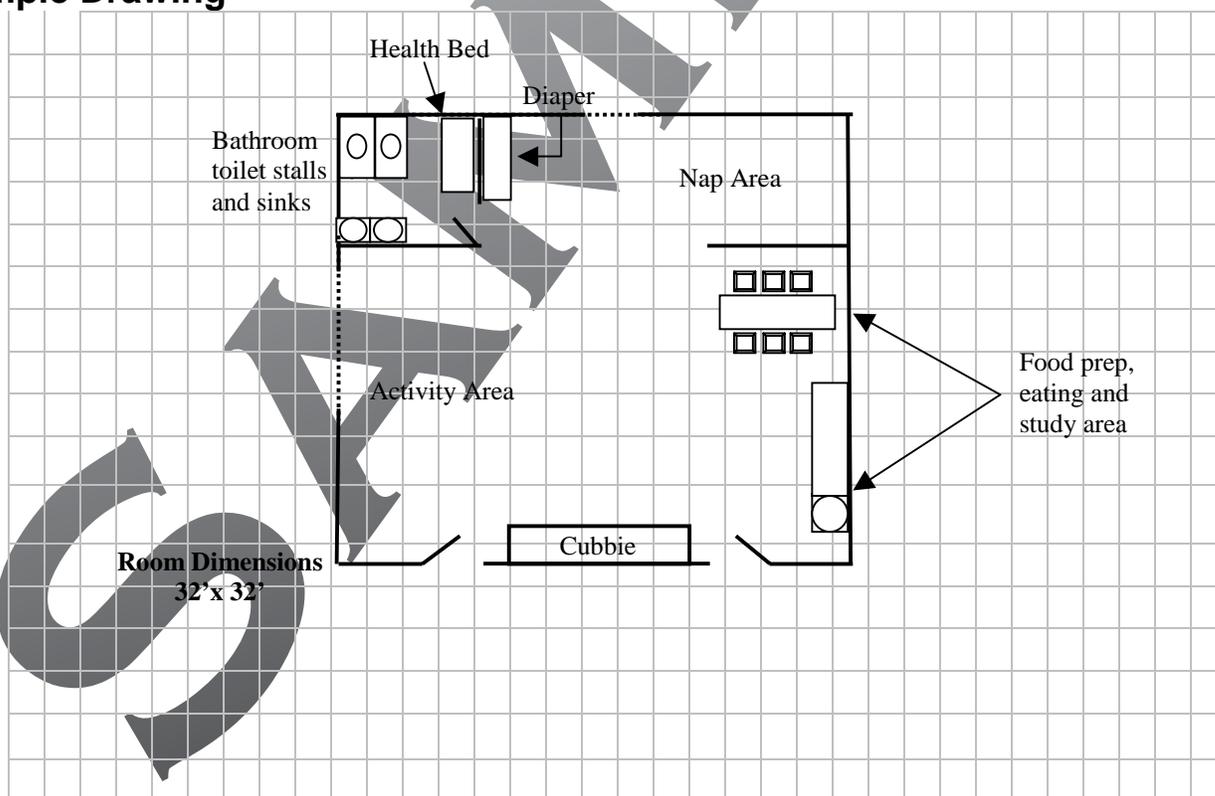
## Inside Floor Plan

- On the following page, draw an outline of your facility as if you were looking down through the ceiling.
- Show the location of all doors, windows and walls. Label all entrances/exits, including stairways and fire escapes.
- Label all bathrooms used by children, sinks used for handwashing and food preparation areas. Show for nap area and diaper changing area. Include all room dimensions.

## Checklist for Items to Include

- Entrances / Exits and Stairways
- Food Prep Area / Sinks
- Bathroom / Handwashing Sinks
- Diaper Changing Area
- Nap Area
- Doorways
- Room Dimensions

## Sample Drawing





# Inside Floor Plan

## INSTRUCTIONS



Submit

- *Submit blueprints*
- *If blueprints are not available, submit this form*
- *The guidelines on the previous page can assist you with your drawing*

Applicant Name:

Small Day Care Center Name:

Floor:

<h1>SAMPLE</h1>																																																											

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SAMPLE

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# Emergency Evacuation Information Guide

## INSTRUCTIONS



Maintain  
On-Site

- *The following pages comprise the Emergency Evacuation Plan*
- *Use the information in this guide to assist you in answering the questions on the Emergency Evacuation Information sheet*

## Regulations

Regulations require that a written plan for the emergency evacuation of children be developed and filed in a readily accessible place. It is highly recommended that the plan also be posted in a conspicuous place. The Emergency Evacuation Plan must place primary emphasis on the immediate evacuation of the children.

## Scope

The Emergency Evacuation 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 Evacuation Plan establishes a consistent procedure, so that everyone knows what to do in an emergency, and fire officials will know what to expect when they arrive at the scene.

## Wearing of Shoes

A consistent policy needs to be established regarding whether children will be wearing or not wearing shoes during naptime. If the children are allowed to take their shoes off, then instructions are needed in the Evacuation Plan as to how the children's feet will be protected.

## Emergency Bag

Provide an emergency bag containing slippers for children with missing shoes, extra diapers, bottles, blankets, a first aid kit, portable telephone, snacks, etc. Use a bag with a shoulder strap so that you can keep your hands free. Do not use a box or basket. The bag should have its own designated location near the primary exit door, and be hung on its own hook. Both the bag and the hook should be labeled "Evacuation Bag" or "Fire Bag".

## Evacuation Methods

Determine an optimum method by which to safely evacuate each of the four age groups (infants, toddlers, preschool and school age) from the facility during an emergency. Take into consideration that infants will require special handling, and that toddlers will require individual guidance and more assistance than preschool and school age children to safely evacuate to the designated assembly area.

## Meeting / Assembly Place

Determine a place for everyone to meet for taking attendance. The meeting place should be:

- Out of fire truck traffic
- Far away from the building
- Accessible to the street and safe from street traffic
- 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 rain and snow, such as a nearby building or under a roof covering.

## Relocation Site

You should arrange for a place to take the children in the event that you are not permitted to return to the day care facility within a reasonable period of time. Locate a place that can temporarily shelter the children safely and comfortably. The site should allow you to contact parents by telephone. Obtain an agreement with neighbors or the management of a nearby business, public building, school, or church to temporarily use their building in emergencies. The site should be within a safe walking distance, and open during the customary days and hours that you provide care.



# Emergency Evacuation Information

## INSTRUCTIONS



Submit



Maintain  
On-Site

- Use the guide on the previous page to assist you in answering the following questions
- When completed, post this sheet next to the evacuation diagram by the exits
- Take this with you during an emergency evacuation

Applicant Name: \_\_\_\_\_

Small Day Care Center Name: \_\_\_\_\_

## Key Points

- Remain calm
- Count children before leaving the building
- Take emergency evacuation information sheet
- Leave the building
- Close doors
- Count the children after leaving the building

## Before an Emergency

### Emergency Bag

Where will you keep your Emergency Bag? \_\_\_\_\_

\_\_\_\_\_

How will you restock the Emergency Bag? \_\_\_\_\_

\_\_\_\_\_

### Shoe Policy

How will you ensure that the children will have shoes or another type of protection on their feet when they evacuate the building? \_\_\_\_\_

\_\_\_\_\_

## During an Emergency

### Alarms

How will you ensure that the children and staff will be familiar with the alarm sound prior to an emergency? \_\_\_\_\_

\_\_\_\_\_

### Method of Evacuation

How will you evacuate the children, so that no one is left alone at any time? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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# Emergency Evacuation Information (cont.)

Applicant Name:

## Notifications

List the fire and police emergency phone numbers.

	Phone #	Location of Pullbox or External Phone to Be Used to Place Call
Fire Notification		
Police Notification		

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

## Evacuation Exits Assembly Areas

<b>EXAMPLES:</b>	Primary Exit Center Door Front Door	Primary Assembly Area Next Door Lobby Neighbor's Porch	2nd Exit Fire Escape Back Door	2nd Assembly Area Corner Park Swing Set
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List the primary and secondary exits for emergency evacuation from the Small Day Care Center and identify the assembly areas for these exits.

Primary Exit	
Primary Assembly Area	
Secondary Exit	
Secondary Assembly Area	

## Relocation Site

If it appears that you will not be able to return to your Small Day Care Center, identify the relocation site where you will take the children until their parents can pick them up. You will want to obtain permission from the person in charge of that location.

Relocation Site 1	
Relocation Site 2	

SAMPLE

This page was intentionally left blank so that the instruction guide and the worksheet would be side-by-side.





# Emergency Evacuation Diagram Guide

## INSTRUCTIONS

- Follow the guidelines below when drawing your evacuation diagram



Maintain  
On-Site

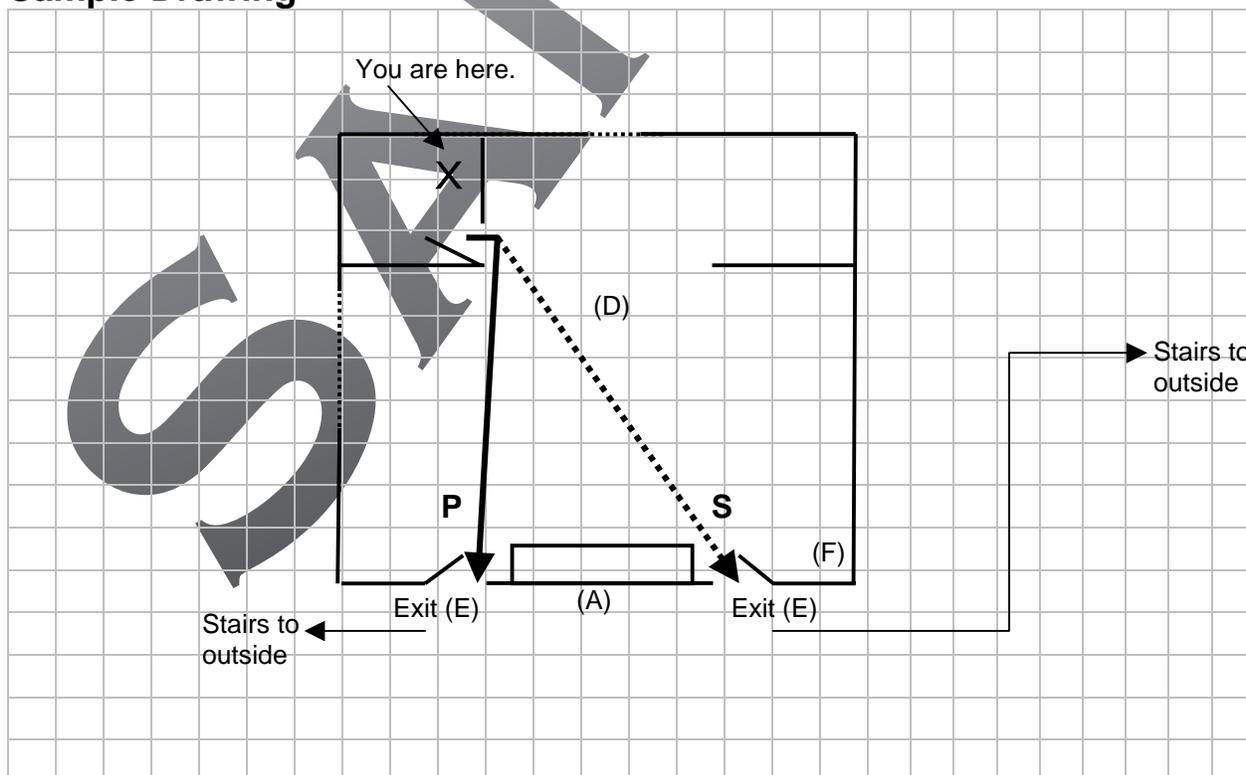
## Evacuation Diagram

- On the next page, redraw your inside floor plan diagram. Show the location of all doors and walls for each room.
- Label all exits (E), fire alarms (A), fire extinguishers (F), smoke detectors (D), also include stairs and fire escapes (FE) where applicable. Do not label rooms, sinks, or other amenities.
- Make enough copies of the floor plan so that one can be posted in each room. Each room copy of the diagram 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

Item	Symbol
<input type="checkbox"/> Exit	(E)
<input type="checkbox"/> Fire Alarm	(A)
<input type="checkbox"/> Fire Extinguishers	(F)
<input type="checkbox"/> Smoke Detectors	(D)
<input type="checkbox"/> Primary Evacuation	P →
<input type="checkbox"/> Secondary Evacuation	S - - →
<input type="checkbox"/> Fire Escapes	(FE)
<input type="checkbox"/> Stairs	

## Sample Drawing





# Emergency Evacuation Diagram

## INSTRUCTIONS



Submit



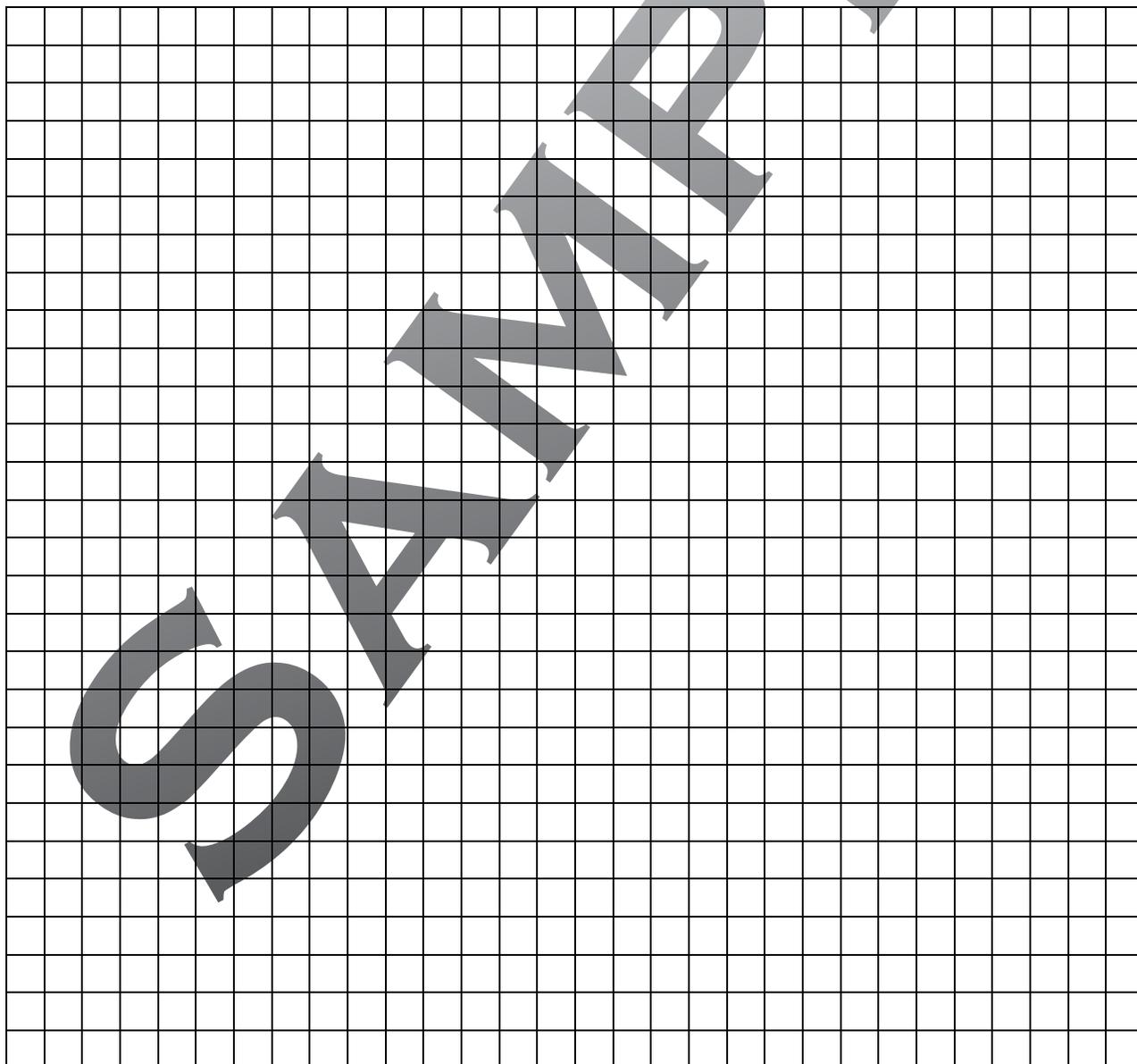
Maintain  
On-Site

- Use the instructions on the previous sheet to assist you with your diagram
- Post the diagram with the Emergency Evacuation Information Sheet by the exits
- Arrange the paper so that the diagram is oriented as it would be as you leave the room

Applicant Name:

Small Day Care Center Name:

Floor:



Tear Here

**SAMPLE**

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# Program Information

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Program Routine and Discipline Guidelines..... D-2  
Program Daily Routine..... D-3  
Discipline Policy for Child Care..... D-4  
Health Care Plan and Guidelines..... D-5

SAMPLE





# Program Routine and Discipline Guidelines

## INSTRUCTIONS



Maintain  
On-Site

- *Small Day Care Providers must develop a program of daily routines and discipline policies for the children in their care*
- *Additional information can be found in the **Program** and **Discipline** sections of the regulations*
- *All caregivers and parents must be informed of these guidelines*

## Program Routine

**Developmental Areas:** Your daily routine should include activities which foster development in the following areas

- Cognitive
- Educational
- Emotional
- Safety / Health
- Social Skills / Interaction
- Language
- Recreational
- Physical Development
- Cultural Awareness

**Related Activities:** Describe related activities that your program will use to foster development in these areas

**EXAMPLE:** Developmental Area: Promote physical development of children.  
Related Activity: Allow children to climb playground equipment and ride tricycles in the yard.

## Discipline Guidelines

It is understood that during the course of a shift of care, it is important to keep reasonable order and discipline. This is achieved best by providing supervision and redirecting children. However, there may be instances where a child's behavior could be a danger to individuals or to the group and other techniques must be used. It is important to note that regulations allow only the provider, substitute or other caregiver to administer discipline.

### Prohibited Disciplinary Actions

Your expectations for children's behavior and your plan to guide them in reaching these expectations must take into consideration the ages of the children in your care. It is inappropriate to discipline infants. In addition, there are some methods of dealing with children's behavior that are prohibited by regulation. These include:

- The use of corporal punishment. This is punishment inflicted directly on the body, such as slapping or hitting, demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures;
- Isolating a child in a room, hallway, closet, darkened area, or any area where the child cannot be seen and supervised
- The use of food as a punishment or a reward
- The use of demeaning or humiliating methods of toilet training
- The abuse or maltreatment of children by anyone having contact with the children regardless of whether they are caregivers, volunteers or visitors

**EXAMPLE:** Disciplinary Policy: If children argue over toys, redirect one of them to another activity. If a child's tantrum is disruptive to the group the provider will take the child aside, remaining with the child until the child has calmed down.





# Discipline Policy for Child Care

## INSTRUCTIONS



Maintain  
On-Site

- *Small Day Care Providers must develop discipline policies for the children in their care*
- *Applicants are aware that it is inappropriate to discipline infants*
- *Additional information can be found in the **Discipline** section of the regulations*
- *Applicants may substitute their own form to maintain on-site*
- *All providers, substitutes and parents must be informed of these guidelines*

Applicant Name:

Small Day Care Center Name:

## Age Group : Toddler (18 months – 36 months)

Discipline Policy:

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## Age Group : Preschool (3 years – K)

Discipline Policy:

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## Age Group : School-Age (K – 12 years)

Discipline Policy:

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# Health Care Plan and Guidelines

## INSTRUCTIONS



Submit



Maintain  
On-Site

- The following guide is to be used in developing your health care plan
- Small Day Care Providers must develop, submit, and maintain on-site a health care plan
- Use the following Plan or an equivalent form. Add pages as necessary
- Additional information can be found in the **Health and Infection Control** section of the regulations
- Your program's health care plan must address the needs of each category of children you plan to accommodate

Applicant Name:

Small Day Care Center Name:

## Health Care Plan Objective

A Small Day Care Center provider 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.

You are allowed to decide whether you will care only for children who are well, or for children who have any mild illness. Children who are contagious should not remain in your care; you, your own family and the other children in your care might be at risk of coming down with the same illness. However, children who have a mild illness can remain in your care provided you take some simple precautions. Mildly ill children are those who have the symptoms of a minor childhood illness which does not represent a serious risk to other children. These minor illnesses include such things as colds, ear infections, or low-grade fevers (a rectal temperature of no more than 101 degrees). Mildly ill children are able to participate in the routines of your day care program with only minor accommodations, such as giving them special foods to eat or more time for naps or quiet play. The Appendix at the end of this application package includes a more extensive description of the symptoms of illness, which would disqualify a child from remaining in the small day care center.

Please indicate the categories of children you will accept in your small day care center:

Well Children

Mildly Ill Children

List the criteria you will use to define when a child is too ill to remain in care. These are called "Exclusion Criteria". Parents should be notified of the exclusion criteria at the time of their children's enrollment so they can begin to think about the symptoms that will make their children too sick to be in care. You might also discuss with the parents the need for back-up care for those times their children are too sick to attend your small day care center. For assistance, refer to **Exclusion Criteria** in the **Appendix**.

## When to Exclude Children from Care

Describe the exclusion criteria that will apply to each category of children.

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## Child Health Policies

Describe how you will protect the health of the children in your center. This description must include the following:

- Immunization policies and your procedure for making sure that children remain current with immunizations
- Procedures for caring for a child who develops symptoms of illness while in care
- Method of informing parents of the level of illness for which care will be provided
- Policies and procedures for administering medication to children, if applicable

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# Health Care Plan (cont.)

Applicant Name:

## Infection Control Procedure

Describe how you will control the spread of infections. This description must include the following. Review the **Infection Control Procedures** in the **Appendix** for additional information about these topics:

- Hand washing procedures
- Diapering procedures
- Universal blood precautions
- Proper gloving procedures
- Procedures and schedules for the sanitation of equipment, toys and objects

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## Conducting Daily Health Checks

Describe how you will conduct a daily health check of each child for symptoms of illness, communicable disease, or child abuse and maltreatment.

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## Emergency Procedures

Describe procedures for obtaining emergency health care for children who require such care. This description must include how children will be transported to the emergency health care provider and who will supervise the children remaining in your center.

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## First Aid Kit

*Note: It is recommended that you keep an extra first aid kit in the emergency bag for emergency evacuations.* Specify the contents of your first aid kit. Describe how you will ensure that it is adequately stocked.

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# Agreements

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Child Support Obligation Statement..... E-3  
Applicant Compliance Agreement..... E-5

SAMPLE



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# Child Support Obligation Statement

## INSTRUCTIONS



Submit

- Owner must complete this form unless the business is incorporated
- This form must be signed in the presence of a notary public
- Please print clearly
- See **Appendix** for **Child Support Obligation** (Section 3-503 General Obligations Law)

Applicant Name: \_\_\_\_\_

Small Day Care Center Name: \_\_\_\_\_

## Statements

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

- No, I do not.
- 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.

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: \_\_\_\_\_ Sign in the presence of a notary  
Print Name: \_\_\_\_\_

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



Submit

- All applicants must complete and sign this form
- Before signing the statement below, read and familiarize yourself with Part 418-2 of the regulations
- See **Appendix for Labor & Tax Responsibilities**
- Please print clearly

Applicant Name: \_\_\_\_\_

Small Day Care Center Name: \_\_\_\_\_

## Program Qualifications Statements

- I certify that I am 18 years of age or older.
- I have received and read, and I understand Part 418-2 of the New York State Office of Children and Family Services regulations for the operation of a Small Day Care Center. 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.

## Labor & Tax Statements

- I am not an employer,
- or-
- As an employer, 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.  Yes  No

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

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(mm / dd / yyyy)

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# Appendix

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Minimum Qualification Requirements.....	App-3
County Health Units.....	App-4
Exclusion Criteria.....	App-5
Infection Control Procedures.....	App-7
Child Support Obligation.....	App-9
Labor and Tax Responsibilities.....	App-10

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# Minimum Qualification Requirements

## Family Day Care Provider

Two years of experience\* caring for children under six years of age

-or-

One year of experience\* caring for children under six years of age and six hours of training\*\* or education in early childhood development

## Group Family Day Care Provider / Assistant

Two years of experience\* caring for children under six years of age

-or-

One year of experience\* caring for children under six years of age and six hours of training\*\* or education in early childhood development

## Day Care Center Director

(Outside of NYC only; NYC qualifications are set forth in Article 47 and are under the regulation of NYC Department of Health)

**BS/BA** with at least 12 credits in Early Childhood, Child Development or related field

**-plus –**

One year of full-time teaching experience in a day care center, family or group family day care home or other early childhood program

**-and-**

One year of experience in supervising staff

**-or-**

**Associate's Degree** in Early Childhood, or related field with a plan of study leading to a bachelor's degree

**-plus –**

Two years of full-time teaching experience in a day care center, family or group family day care home or other early childhood program

**-and-**

Two years of experience in supervising staff

## Registered Day Care Center Staff

At least two years of experience in caring for children under six years of age

-or-

One year of experience in caring for children under six years of age and six hours of training or education in Early Childhood Development

## School Age Child Care Program Director

**Associate's Degree** in Child Development, Elementary/Physical Education, Recreation, or a related field

**-plus –**

At least two years of direct experience working with children, under the age of 13 years, including at least one year in a supervisory capacity.

**-or-**

Two years of college with a minimum of 18 credits in the previously listed areas of concentration

**-plus –**

At least two years of direct experience working with children, under the age of 13 years, including at least one year in a supervisory capacity.

\* Experience can mean child-rearing as well as paid and unpaid experience in caring for children.

\*\* Training can mean educational workshops and courses in caring for preschool children.



# County Department of Health Directory

Albany	(518) 447-4573	Onondaga	(315) 435-3252
Allegany	(716) 268-9250	Ontario	(716) 396-4343
Broome	(607) 778-2802	Orange	(845) 291-2332
Cattaraugus	(716) 373-8050	Orleans	(716) 589-3278
Cayuga	(315) 253-1451	Oswego	(315) 349-3539
Chautauqua	(716) 753-4314	Otsego	(607) 547-6458
Chemung	(607) 737-2028	Putnam	(845) 278-6130
Chenango	(607) 337-1660	Rensselaer	(518) 270-2626
Clinton	(518) 565-4840	Rockland	(845) 364-2512
Columbia	(518) 828-3358	St. Lawrence	(315) 265-3768
Cortland	(607) 753-5036	Saratoga	(518) 584-7460
Delaware	(607) 746-3166	Schenectady	(518) 386-2810
Dutchess	(845) 486-3400	Schoharie	(518) 295-8365
Erie	(716) 858-7660	Schuyler	(607) 535-8140
Essex	(518) 873-3500	Seneca	(315) 539-1920
Franklin	(518) 481-1710	Steuben	(607) 776-9631
Fulton	(518) 736-5720	Suffolk	(631) 853-3005
Genesee	(716) 344-8506	Sullivan	(845) 292-0100
Greene	(518) 943-6591	Tioga	(607) 687-8600
Hamilton	(518) 648-6141	Tompkins	(607) 274-6674
Herkimer	(315) 867-1176	Ulster	(845) 340-3150
Jefferson	(315) 786-3710	Warren	(518) 761-6415
Lewis	(315) 376-5453	Washington	(518) 746-2400
Livingston	(716) 243-7270	Wayne	(315) 946-5749
Madison	(315) 366-2361	Westchester	(914) 813-5000
Monroe	(716) 274-6068	Wyoming	(716) 786-8890
Montgomery	(518) 853-3531	Yates	(315) 536-5160
Nassau	(516) 571-2260	<b>New York City Department of Health</b>	
Niagara	(716) 439-7435		(212) 788-5261
Oneida	(315) 798-6400		



# Exclusion Criteria

As part of your Health Care Plan, you must establish the specific symptoms of illness that would exclude a child from your program. These symptoms are called “Exclusion Criteria”. The following list, provided by the NYS Department of Health, specifies and explains these criteria (symptoms).

A mildly ill child has symptoms of a minor childhood illness, which does not represent a significant risk of serious infection to other children. A minor childhood illness is one that is not designated as a communicable disease requiring exclusion by the New York State Department of Health. A mildly ill child can participate in the regular program activities with some minor modifications, such as more rest time.

## Programs Serving Only Well Children

*When a child care program has decided to exclude all ill children, parents should be contacted and the child excluded when the following symptoms are present. Children with these symptoms are considered to be mildly ill and may not be in a child care program that is only for well children.*

- The illness, or child's reaction to it, requires more care than staff can provide or compromises the health and safety of others
- Significant fever, as defined below:
  - Infants six months and younger should be excluded and referred to a health professional when:
    - Rectal temperature above 101 degrees Fahrenheit; or
    - Axillary (armpit) temperature above 100 degrees Fahrenheit
  - Children over the age of six months should be excluded and referred to a health professional whenever fever is accompanied by a behavior change, stiff neck, a rash, unusual irritability, poor feeding, vomiting or excessive crying. Fever means:
    - Oral temperature above 101 degrees Fahrenheit
    - Rectal temperature above 102 degrees Fahrenheit; or
    - Axillary (armpit) temperature above 100 degrees Fahrenheit
- Persistent diarrhea, defined as three or more stools in a 24-hour period, when that pattern represents:
  - An increased number of stools compared to the child's normal pattern
  - Increased stool water
  - Diarrhea accompanied with symptoms of dehydration, such as sunken eyes, dry skin, concentrated urine or small amounts of urine, fewer than six wet diapers in a 24-hour period, or no urine in four hours; or
  - Diarrhea accompanied with blood in the stool
- Undiagnosed rash, except diaper rash
- Vomiting two or more times in previous 24-hour period, or any vomiting accompanied by symptoms of dehydration or other signs of illness
- Until a medical evaluation allows inclusion, signs and symptoms of possible illness such as lethargy, uncontrolled coughing, persistent abdominal pain, discolored urine, refusal to eat or drink, irritability, persistent crying, difficult breathing, wheezing or other unusual signs

## Programs Serving Mildly Ill Children

*When a child care program has decided to exclude moderately ill children, parents should be contacted and the child excluded when the following symptoms are present. Children with these symptoms are considered to be moderately ill and may not be in a child care program that is only for well and mildly ill children.*

- The illness, or child's reaction to it, requires more care than staff can provide or compromises the health and safety of other children
- Signs and symptoms of possible illness such as unusual lethargy, uncontrolled coughing, persistent abdominal pain, irritability, persistent crying, difficult breathing, wheezing or other unusual signs until a medical evaluation allows inclusion
- Persistent diarrhea, defined as three or more stools in a 24 hour period, when that pattern represents:
  - An increased number of stools compared to the child's normal pattern
  - Increased stool water
  - Diarrhea accompanied with symptoms of dehydration, such as sunken eyes, dry skin, concentrated urine or small amounts of urine, fewer than six wet diapers in a 24 hour period, or no urine in four hours; or
  - Diarrhea accompanied with blood in the stool



## Exclusion Criteria (cont.)

### Exclusion Criteria for Programs Serving Mildly Ill Children (cont.)

- Significant fever as defined below, until evaluated and approved for inclusion by a health professional
  - Infants six months and younger should be excluded and referred to a health professional when they have:
    - Rectal temperature above 101 degrees Fahrenheit; or
    - Axillary (armpit) temperature above 100 degrees Fahrenheit
  - Children over six months of age should be excluded and referred to a health professional whenever fever is accompanied by a behavior change, stiff neck, a rash, unusual irritability, poor feeding, vomiting or excessive crying, Fever means:
    - Oral temperature above 101 degrees Fahrenheit;
    - Rectal temperature above 102 degrees Fahrenheit; or
    - Axillary (armpit) temperature above 100 degrees Fahrenheit
- Undiagnosed rash, with the exceptions of diaper rash and rash that is present in only a small area and is not accompanied by any other signs of illness, particularly in the diapered area of a child
- Conjunctivitis (pink eye) until symptoms have resolved, or until 24-hours after medications have been administered, or approved for inclusion by a health professional, or grouped in a room only with other children with conjunctivitis
- Untreated infestations, such as scabies or lice
- Vomiting three or more times in a previous 24-hour period, or any vomiting accompanied by symptoms of dehydration or other signs of illness
- Contagious stages of chicken pox, until six days after the onset of rash or until all sores have dried and crusted, unless children are grouped in a room only with other children with chicken pox
- Any of the following illnesses until approved for inclusion by a health professional:
  - Mouth sores with drooling, or Herpetic gingivostomatitis, an infection caused by the Herpes simplex virus
  - Diarrhea due to Shigella, Salmonella, Campylobacter, Giardia, E.coli type 0157:H7, Versinia, Cryptosporidium, until there is one negative stool test obtained at least 48 hours after treatment (if prescribed) is completed; or unless a plan for grouping children has been approved by the local or State Health Department
  - Active tuberculosis, until treatment has been initiated and readmission has been approved by the local health unit
  - Impetigo, until 24 hours after medical treatment has been initiated unless there is only a small patch of impetigo that can be cleaned and covered so no other children can come into contact with the sore
  - Strep throat, or other streptococcal infections elsewhere in the body until 24 hours after the initial antibiotic treatment
  - Mumps, until nine days after onset of gland swelling
  - Rubella (German measles) and measles, until five days after onset of the rash
  - Hepatitis A viral infection (infectious hepatitis), until one week after onset of illness, and until immunoglobulin has been administered to appropriate children and staff, or as directed by the local health unit
  - Shingles, if sores cannot be covered by clothing or a dressing or until sores become crusted
  - Pertussis (whooping cough), until five days of a total course of 14 days of antibiotic treatment has been completed
  - Diphtheria, until readmission has been approved by the local health unit
  - Hepatitis B, until readmission has been approved by the local health unit
  - Meningitis or meningococcal disease, until readmission has been approved by the local health unit
- Other illness or symptoms of illness as determined by the program



# Infection Control Procedures

## Proper Handwashing Techniques

Wash your hands properly and frequently:

- Use soap and warm running water
- Rub your hands vigorously for 10 seconds
- Wash all surfaces, including
  - Backs of hands
  - Wrists
  - Between the fingers
  - Under the fingernails
- Rinse well
- Dry hands with a clean, unused paper towel or individual cloth towel that is laundered daily
- Turn off the water using a paper towel, not your clean hands

Staff and children must wash their hands at the following times and whenever hands are contaminated with any body waste or fluids, or are visibly dirty:

*Before:*

- child care begins
- food preparation, handling or serving
- setting the table

*Before and After:*

- eating meals or snacks
- feeding a child
- giving medication

*After:*

- handling pets or other animals
- coming inside from outdoors
- toileting, diapering, assisting with toilet use
- cleaning up
- removing gloves used for any purpose

## Proper Gloving Techniques

Using gloves at the proper times requires being prepared in advance. You may want to make gloves available on the playground, in the first aid kit, at the diaper-changing table, in the car on field trips, with the cleaning materials, and in your pocket.

- Put on a clean, unused pair of gloves
- Provide the appropriate care
- Remove each glove carefully; grab the first glove at the palm and strip the glove off; touch dirty surfaces only to dirty surfaces
- Ball up the dirty glove in the palm of the other gloved hand
- With the clean hand, strip the glove off from underneath the wrist, turning the glove inside out
- Touch clean surface to clean surfaces

## Proper Gloving Techniques (cont.)

- Discard the dirty gloves immediately into a step trash can; failure to discard gloves promptly allows the spread of infection
- Staff must wash their hands after removing and disposing of gloves; wearing gloves does not eliminate the need for handwashing; wash your hands using proper handwashing techniques

## Universal Precautions

The intent of Universal Precautions is to limit the spread of all illnesses by treating everyone as a potentially infected person. Universal Precautions are guidelines to follow whenever you come in contact with blood or other body fluids that carry germs and bacteria.

By the time a child or staff has the signs or symptoms of illness, the germs have been spreading for days or weeks. Illnesses like colds, diarrhea, and skin and eye infections are often contagious 3-10 days before anyone might notice symptoms. Hepatitis and HIV/AIDS are contagious for months before symptoms are evident.

To prevent the spread of illness and communicable diseases, the same infection control procedures should be practiced at all times with every child:

- Practice good handwashing techniques; staff should wash their own hands and assist children in washing theirs whenever skin has come into contact with blood or other body fluids, such as wiping or blowing noses, before and after diapering and toileting, before and after food preparation, and after removing disposable gloves.
- Use gloves for extra protection whenever coming into contact with blood and other body fluids; a child who is bleeding should never be denied care if disposable gloves are not immediately available; use a cloth, towel, or article of clothing as a temporary barrier in an emergency
- Clean surfaces that have come into contact with blood or body fluids, then spray or wipe the surfaces with a germicidal solution and allow them to air dry; an effective and inexpensive germicidal solution is:  $\frac{3}{4}$  cup liquid bleach with 1 gallon water
- Place children's clothing contaminated with blood into securely tied plastic bags that are given to parents at the end of the day; this clothing must not be laundered or rinsed before being placed in the bag
- Items belonging to the program, such as towels or throw rugs, may be laundered at the site in a separate load from noncontaminated items



# Infection Control Procedures (cont.)

## Proper Diaper Techniques

- Ensure all the necessary supplies are available in designated changing areas
- Place the child on the changing surface and remove the soiled diaper; fold the soiled surface inward and set aside; if safety pins are used, close and place pins out of the child's reach; never put the pins in your mouth
- Clean and dry child's skin with a disposable wipe
- Use a facial tissue to apply ointments or creams
- Put a fresh diaper on the child
- Wash the child's hands, return the child to a supervised area
- Formed stool can be flushed down the toilet; do not rinse the diaper
- Dispose of the cloth or disposable diaper and if used, the disposable paper covering
- Spray a sanitizing solution onto the changing surface; leave for 30 seconds
- Put away all diapering supplies
- Wash your hands using proper handwashing techniques
- Dry the changing surface with a single-use towel; dispose of the cloth or paper towel
- Wash your hands thoroughly
- Record child's skin condition and bowel movements as necessary

## Proper Toileting Procedures

- It is best to use child-sized toilets or adult toilets adapted for use by children by adding a seat cover or steps as needed
- If more than one child is being potty trained, potty chairs, if used, must be emptied after each use and sanitized with a germicidal solution at a sink that is never used for food preparation
- If only one child is being trained, the potty chair must be emptied and rinsed after each use and sanitized daily at a sink that is never used for food preparation
- Children may need prompting to use toilet paper, wipe and flush afterward
- Staff and children must wash their hands after toileting or assisting a child with toilet use

## Sanitation

Sanitizing Solutions: Public health experts widely recommend bleach as a sanitizing and disinfecting solution. Bleach kills a broader range of bacteria and viruses, and kills germs faster than many nonbleach disinfectants. Antibacterial soaps kill bacteria on the skin, but are not formulated for killing germs on hard surfaces. Just because a surface looks clean doesn't mean it is clean from a health standpoint.

## Sanitation (cont.)

- Basic Disinfecting Solution:  $\frac{1}{4}$  cup liquid bleach with 1 gallon water; apply to surface; keep surface wet for 2 minutes; rinse with water; let dry
- Disinfecting Solution for Hard, Nonporous Surfaces (counters): 1 tablespoon liquid bleach with 1 gallon water; apply to surface; keep surface wet for 2 minutes; allow to air dry; do not rinse
- Disinfecting Solution for Porous Surface (cutting boards): 3 tablespoons liquid bleach with 1 gallon water; apply to surface; keep surface wet for 2 minutes; rinse with water; let dry.

## Sanitizing Food Preparation Areas

- Most contaminated surfaces are moist environments that are frequently touched; the five worst offenders in the kitchen are:
  - Sponges and dishcloths
  - Sink drain areas
  - Sink faucet handles
  - Cutting boards
  - Refrigerator handles
- Tips for disinfecting and sanitizing food areas
  - Disinfect sinks and sanitize sponges and dishcloths daily; you can complete both these tasks at once by filling the kitchen sink with the basic disinfecting solution, soaking the items for 5 minutes, and letting the water run down the drain
  - Spot clean and disinfect faucet and refrigerator handles two or three times a week
  - Disinfect cutting boards after every use

## Sanitizing Equipment, Toys, and Objects

- All rooms, outdoor play areas, equipment, supplies and furnishings must be kept clean and sanitary at all times
- Contamination of hands, equipment, toys and other objects in the room play a role in the transmission of diseases in child care settings
- Toys and items that are placed in children's mouths or are otherwise contaminated by body secretions or excretions including saliva shall be set aside to be cleaned with water and detergent, disinfected and rinsed before handling by another child; having enough toys to rotate through the cleaning makes this method possible
- Clean and disinfect cribs, changing tables, diaper pails and high chairs with the basic disinfecting solution



# Child Support Obligation Statement

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## **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.

**SAMPLE**



# 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.

## Worker's Compensation

Worker's 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. Worker's 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 Worker's compensation rates, forms and procedures, contact the nearest district office of the Worker's 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. For help in determining whether you are required to pay New York State Unemployment Insurance, for more information on the filing procedures, or for general assistance, contact the nearest office of the Liability and Determination Section of the NYS Department of Labor, Division of Unemployment Insurance. The number is 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.