



**George E. Pataki**  
Governor

**NEW YORK STATE**  
**OFFICE OF CHILDREN & FAMILY SERVICES**  
52 WASHINGTON STREET  
RENSSELAER, NY 12144

**John A. Johnson**  
Commissioner

## Informational Letter

<b>Transmittal:</b>	06-OCFS-INF-06
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Development and Prevention Services
<b>Date:</b>	July 10, 2006
<b>Subject:</b>	Revised Legally-Exempt Enrollment Forms
<b>Suggested Distribution:</b>	Director of Services, Child Support and Temporary Assistance; Supervisors of Services, Child Support and Temporary Assistance; Child Care Assistance Staff
<b>Contact Person(s):</b>	Ann Haller, (518) 408-0759, or e-mail, Ann.Haller@ocfs.state.ny.us
<b>Attachments:</b>	A: OCFS-LDSS 4699, Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care B: OCFS-LDSS 4700, Enrollment Form for Provider of Legally-Exempt Group Child Care C: OCFS-LDSS 4699.1, Employment of Minors Form D: OCFS-LDSS 4699.1A, Employment of Minors, Information E: OCFS-LDSS 4699.2, Legally-Exempt In-Home Child Care Provider Agreement Form F: G: OCFS-LDSS 4699.2A, Parental Responsibilities When Employing a Legally-Exempt In-Home Child Care Provider H: OCFS-LDSS 4699.3, Legally-Exempt Provider Training Record Form I: OCFS-LDSS 4699.4, Parental Acknowledgment
<b>Attachment Available On – Line:</b>	<input checked="" type="checkbox"/> Yes

### Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
05-OCFS-ADM-03 05-OCFS-ADM-01 01 OCFS-LCM- 11		415.4			

### I. Purpose

The purpose of this Informational Letter (INF) is to notify districts of revisions to the legally-exempt enrollment forms:

- OCFS-LDSS 4699, Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care, and
- OCFS-LDSS 4700, Enrollment Form for Provider of Legally-Exempt Group Child Care.

Additionally, the LDSS-4812 is now obsolete. The forms previously included in the LDSS-4812, which are necessary for enrollment, have been revised, numbered, and are listed below:

- OCFS-LDSS 4699.1, Employment of Minors Form
- OCFS-LDSS 4699.1A, Employment of Minors, Information
- OCFS-LDSS 4699.2, Legally-Exempt In-Home Child Care Provider Agreement Form F:
- OCFS-LDSS 4699.2A, Parental Responsibilities When Employing a Legally-Exempt In-Home Child Care Provider
- OCFS-LDSS 4699.3, Legally-Exempt Provider Training Record Form
- OCFS-LDSS 4699.4, Parental Acknowledgment

They are included as Attachments C through I, respectively, to this INF. These forms must be given to the parent/caretaker with the enrollment form.

The revisions reflect changes to Title 18 of the New York Codes, Rules and Regulations (18 NYCRR) Part 415 that were adopted on, March 29, 2006, and are to be implemented effective July 31, 2006. Districts must provide the revised enrollment forms to all applicants for -and recipients of- child care subsidies funded under the New York State Child Care Block Grant (NYSCCBG) who are interested in using a legally-exempt child care provider.

## **II. Background**

At the request of districts and legally-exempt caregiver enrollment agencies participating in a work group on the new enrollment process in 18 NYCRR Part 415, the legally-exempt enrollment forms have been revised to reflect changes in regulations and to aid in the enrollment process. The revisions include: instructions to return the completed forms to the enrollment agency in the county where the child resides; entry of the schedule of care for each child; and Child and Adult Care Food Program participation information. The forms have also been re-formatted to make them easier to read.

## **III. Program Implications**

Upon the effective date of the final adoption of regulations proposed in 18 NYCRR Part 415, districts must provide the revised legally-exempt enrollment forms to all applicants for- and recipients of- a child care subsidy funded under the NYSCCBG who are interested in using a legally-exempt provider.

## **IV. Access to Legally Exempt Enrollment Forms**

We encourage districts to access these forms (OCFS-LDSS-4699 and OCFS-LDSS-4700) from the OCFS internet site:

<http://www.ocfs.state.ny.us/main/forms/>

Or the OCFS intranet site:

<http://ocfs.state.nyenet/admin/Forms>

If you have a problem accessing either site, a limited supply of hard copy forms will be available. The forms may be requested by submitting the OCFS-4627 "Request for Forms and Publications" that is found on either of the following sites:

[http://ocfs.state.nyenet/admin/forms/Management\\_Services/](http://ocfs.state.nyenet/admin/forms/Management_Services/)

<http://www.ocfs.state.ny.us/main/forms>

The completed OCFS-4627 may be returned electronically or mailed to the following address:

Resource Distribution Center  
11, Fourth Avenue  
Rensselaer, New York 12144

Forms may also be ordered by calling OCFS forms hotline at 518-473-0971,

Districts wishing to use a local equivalent of these legally-exempt enrollment forms must obtain approval from the Bureau of Early Childhood Services prior to using the local forms. A request for approval to use a local equivalent should be directed to Ms. Ann Haller, phone (518) 408-0759 or, e-mail [Ann.Haller@ocfs.state.ny.us](mailto:Ann.Haller@ocfs.state.ny.us).

**V. Effective Date**

Districts must utilize these forms effective July 31, 2006.

*/s/ Jane G. Lynch*

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Name: Jane G. Lynch  
Title: Deputy Commissioner  
Division/Office: Division of Development and  
Prevention Services

<b>(For Agency Use)</b> Indicate dates below	DSS Agency Unit/Wkr. _____	Enrollment ID: _____	
	Form Received: _____	Child Welfare Request: _____	CCFS Results: _____
	Form Complete: _____	Child Welfare Received: _____	Sex Offender Registry: _____

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

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

*Instructions: The provider must complete and submit this form to the Enrollment Agency in the county where the child resides. The parent/caretaker receiving child care subsidy must also complete and sign where indicated. Each section contains instructions regarding who must complete it. Questions regarding the enrollment process should be directed to the Enrollment Agency.*

**Section I. PROVIDER AND PARENT INFORMATION**



**A. PROVIDER CONTACT INFORMATION**

The provider must complete the following:

PROVIDER'S INFORMATION				
LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH	SOCIAL SECURITY NUMBER
MAIDEN OR OTHER NAMES KNOWN BY			E-MAIL ADDRESS (OPTIONAL)	
PROVIDER'S ADDRESS			TELEPHONE ( ) - <input type="checkbox"/> UNLISTED <input type="checkbox"/> LISTED	
ADDRESS WHERE CARE IS GIVEN (IF DIFFERENT FROM ABOVE)			SITE PHONE (IF DIFFERENT) ( ) - <input type="checkbox"/> UNLISTED <input type="checkbox"/> LISTED	
PRIMARY LANGUAGE SPOKEN BY PROVIDER:				
DSS INFORMATION				
COUNTY 1	VENDOR NUMBER (IF APPLIES)	COUNTY 2	VENDOR NUMBER (IF APPLIES)	

**B. PARENT INFORMATION FOR FAMILIES RECEIVING CHILD CARE SUBSIDY**

The parent/caretaker must complete the following:

PRIMARY PARENT/CARETAKER			
LAST NAME(S)	FIRST NAME	M.I.	DATE OF BIRTH
PARENTS/CARETAKERS MAILING ADDRESS			TELEPHONE
COUNTY PARENT(S)/CARETAKER(S) RESIDE IN		CASE OR APPLICATION NUMBER	
OTHER PARENT/CARETAKER (IF IN SAME HOME)			
LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH

**Section II. LEGALLY-EXEMPT STATUS OF CHILD CARE PROVIDER**

*The provider must complete all parts of this section.*

**A. TYPE OF LEGALLY-EXEMPT CARE**

1. Are you less than 18 years of age?
  - a) No.
  - b) Yes. *Attach the documents listed below. Check box to show item is attached. You must also complete Section IV,B.*
    - The OCFS-LDSS-4699.1, Employment of Minors Form, (completed).
    - Copy of my working papers.
  
2. Have you ever been enrolled as a legally-exempt provider?
  - a) Yes. *(Check all that apply)*
    - I am currently enrolled. My Enrollment ID number is: \_\_\_\_\_.
    - I was enrolled previously in the county of \_\_\_\_\_.
  - b) No. *(Provide additional information below).*
    - I have never applied to be a legally-exempt provider before.
    - I have applied for enrollment but was denied. *Give county and date:* \_\_\_\_\_
    - Other, explain: \_\_\_\_\_
  
3. Type of **legally-exempt** care provided. *Provider, check all statements and answers that apply:*
  - a) **In-Home Child Care**-I provide care **in the child's home** and I only care for children who live in the home. *(Provider and parent/caretaker, please complete and attach the OCFS-LDSS-4699.2, Agreement For Legally-Exempt In-Home Child Care form.)*
  - b) **Family Child Care**- I provide care in my own home or another person's home, other than the child's home. (Also check box 1, 2, or 3, below, whichever applies.)
    - (1) **Relative Care**- I am either the grandparent, great-grandparent, great-great-grandparent, aunt/uncle, great aunt/great uncle, brother/sister or first cousin of ALL the children in care; OR
    - (2) I care for no more than 2 children (not counting my own children or any children older than 13 years); OR
    - (3) I care for 3 or more children. However, I never have more than 2 children in care at the same time for more than three hours a day.
  - c) **Other**- I provide care other than choices a) or b) above. *(Attach an explanation).*
  
4. Is the amount you are charging the parent/caretaker signing this form THE SAME AMOUNT OR LESS THAN THE AMOUNT you are charging for other children of the same age and similar care?
  - a) Yes.
  - b) No.
  
5. How many families/households do you provide care for? \_\_\_\_\_

**B. CHILD SPECIFIC INFORMATION FOR ALL FAMILIES THE PROVIDER CARES FOR**

The parent and provider complete this section together. **Complete one chart for each and every family you provide care for. Children that are not receiving child care subsidy **MUST** be listed.**

1. FAMILY ONE: List all children in this family/household that the provider cares for. Attach more sheets if necessary.

CHILD INFORMATION AND CHILD CARE SCHEDULES										
PARENT NAME										
CHILD NAME			CHILD NAME			CHILD NAME				
DATE OF BIRTH			DATE OF BIRTH			DATE OF BIRTH				
PROVIDER'S RELATIONSHIP TO CHILD			PROVIDER'S RELATIONSHIP TO CHILD			PROVIDER'S RELATIONSHIP TO CHILD				
CARE START DATE:			CARE START DATE:			CARE START DATE:				
SCHEDULE OF CHILD CARE			SCHEDULE OF CHILD CARE			SCHEDULE OF CHILD CARE				
DROP OFF	PICK UP	HOURS / DAY	DROP OFF	PICK UP	HOURS / DAY	DROP OFF	PICK UP	HOURS / DAY		
MONDAY	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM		
TUESDAY	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM		
WEDNESDAY	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM		
THURSDAY	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM		
FRIDAY	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM		
SATURDAY	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM		
SUNDAY	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM		
TOTAL HOURS/WEEK			TOTAL HOURS/WEEK			TOTAL HOURS/WEEK				
PROVIDER CHARGE PER HOUR/DAY/WEEK			PROVIDER CHARGE PER HOUR/DAY/WEEK			PROVIDER CHARGE PER HOUR/DAY/WEEK				

Circle One

2. FAMILY TWO: List all children in this family/household that the provider cares for. Attach more sheets if necessary.

CHILD INFORMATION AND CHILD CARE SCHEDULES										
PARENT NAME										
CHILD NAME			CHILD NAME			CHILD NAME				
DATE OF BIRTH			DATE OF BIRTH			DATE OF BIRTH				
PROVIDER'S RELATIONSHIP TO CHILD			PROVIDER'S RELATIONSHIP TO CHILD			PROVIDER'S RELATIONSHIP TO CHILD				
CARE START DATE:			CARE START DATE:			CARE START DATE:				
SCHEDULE OF CHILD CARE			SCHEDULE OF CHILD CARE			SCHEDULE OF CHILD CARE				
DROP OFF	PICK UP	HOURS / DAY	DROP OFF	PICK UP	HOURS / DAY	DROP OFF	PICK UP	HOURS / DAY		
MONDAY	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM		
TUESDAY	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM		
WEDNESDAY	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM		
THURSDAY	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM		
FRIDAY	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM		
SATURDAY	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM		
SUNDAY	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM		
TOTAL HOURS/WEEK			TOTAL HOURS/WEEK			TOTAL HOURS/WEEK				
PROVIDER CHARGE PER HOUR/DAY/WEEK			PROVIDER CHARGE PER HOUR/DAY/WEEK			PROVIDER CHARGE PER HOUR/DAY/WEEK				

Circle One

**Section III. ADDITIONAL PROVIDER INFORMATION**

1. Are you receiving food stamps, temporary assistance or medical assistance?
  - a) Yes. My case number(s) is: \_\_\_\_\_
  - b) No.
  
2. Have you completed 10 hours of training, in the past 12 months, aimed at improving the quality of the care you provide?
  - a) Yes. You may be eligible to receive an enhanced rate. *Please complete and attach the OCFS-LDSS-4699.3, Legally-Exempt Child Care Provider Training Record Form and copies of your training certificates.*
  - b) No.
  
3. Meals and snacks may be supplied either by the parent/caretaker or by the provider. Who will supply meals and snacks? *Check the box that states what you have agreed to.*
  - a) The provider will supply snacks and meals.
  - b) The parent/caretaker will supply snacks and meals.
  - c) Other, explain: \_\_\_\_\_
  
4. The Child and Adult Care Food Program (CACFP) helps child care programs with money to help pay for meals and snacks. Are you currently participating in CACFP?
  - a) No. If you want information about CACFP call: 1(800) 942-3858.
  - b) Yes.
  
5. Complete this section if you are participating in CACFP.
  - a) CACFP Sponsor Agency Name: \_\_\_\_\_
  - b) CACFP Provider Number: \_\_\_\_\_
  - c) CACFP Agreement Number: \_\_\_\_\_
  
6. You must attach proof if you are participating in CACFP. Your proof must be dated within the past 12 months. *Show which document you are attaching by placing a check  in a box below.*
  - a) CACFP Continuous Application and Agreement (DOH-3705), dated: \_\_\_\_\_
  - b) CACFP Claim Reimbursement Stub, dated: \_\_\_\_\_
  - c) CACFP Monitoring Checklist (DOH-4118), dated: \_\_\_\_\_

**Section IV. HOME SAFETY CHECKLIST AND CERTIFICATION**

**A. HOME SAFETY CHECKLIST AND CERTIFICATIONS**

*Provider and parent/caretaker complete this section together. Check  an answer for each item.*

**YES NO The provider meets the following basic health and safety requirements before caring for children:**

- The provider and all children have two separate & remote ways to leave the building in an emergency.
- Rooms for children are well-heated, well-lighted and well-ventilated.
- The home is free of unsafe areas (such as swimming pools, open drainage ditches, wells, holes, wood or coal burning stoves, fireplaces, and gas space heaters). If there are unsafe areas, sturdy barriers are in place around the unsafe areas that keep children from getting to them.
- If child care is provided above the first floor, there are barriers or locks on the windows so children can not fall out.
- The water supply is safe. There are working toilets. There is hot and cold running water all the time.

**YES   NO   The provider meets the following basic health and safety requirements before caring for children:**

- The provider, all volunteers who are likely to have regular contact with the children and all employees are physically, emotionally and mentally able to provide child care.
- The provider, all volunteers who are likely to have regular contact with the children and all employees are free of any communicable disease, unless the person's health care provider has indicated that the presence of a communicable disease does not pose a risk to the health and safety of the children in care. *You must attach the doctor's statement, if the provider, any volunteer who is likely to have regular contact with the children and any employee has a communicable disease.*
- Do not answer if you are providing care in the child's home.** All persons living in the home are free of any communicable diseases, unless the person's health care provider has indicated that the presence of a communicable disease does not pose a risk to the health and safety of the children in care. *You must attach the doctor's statement if care is provided in a home other than the child's and any person living in the home has a communicable disease.*
- The home is free of any dangerous or unsafe conditions that could hurt a child. This includes:
  - Knives and other sharp objects are out of the reach of children.
  - Small rugs, runners, and electrical cords are held in place so a child won't trip. Electrical cords do not run under furniture or rugs and are out of the reach of small children.
  - Extension cords are not overloaded.
  - Any guns and other firearms are unloaded and stored in a locked drawer or cabinet and the key is kept in a safe place.
  - Cords to window blinds and shades are out of the reach of children.
  - Hot liquids are out of the reach of children.
  - Small items that a child could choke on are out of the children's reach.
- All matches, lighters, medicines/drugs, cleaning materials, detergents, aerosol spray cans and other poisonous or toxic materials are stored in their original containers. Care is taken so that they do not come in contact with children, where food is prepared, or otherwise be a danger to the children. All of these materials are stored safely away from the children.
- Each child will receive meals and snacks according to what the parent/caretaker and the provider have agreed.
- The provider will refrigerate milk, formula and any food that goes bad if left out.
- The provider will not heat formula, breast milk, and other food items for infants, in a microwave oven.
- The provider will always allow the custodial parent/caretaker or caretaker to have access to his/her child in care, to the home while the child is in care, and to any written records concerning the child.
- The provider will hold evacuation drills at least once a month with the children so they will know what to do in an emergency.
- The provider has a working telephone OR can get to one very quickly in an emergency. Emergency telephone numbers for the fire department, local police or sheriff's department, poison control center and ambulance service are posted near the phone and are easy to see.
- If a child in care is under 5 years old, protective caps, covers or permanently installed safety devices are used on all electrical outlets that the child could reach.
- Paint and plaster are in good repair so that there is no danger of children putting paint or plaster chips in their mouths or of it getting into food.
- There is at least one operating smoke detector on each floor of the home. The provider will check regularly to make sure all detectors work.
- The home has a portable first aid kit that is easy to get to in an emergency and is kept in a clean container away from children. It is stocked to treat common childhood injuries and problems. The provider will always replace things in the first aid kit as soon as possible after something has been used or is too old to be used.
- The parent/caretaker has given the provider signed proof from a doctor or other health care provider that: the child has received all of the immunizations appropriate for the child's age; OR that one or more of the immunizations would harm the child's health; OR the child's parent/caretaker provides a statement saying that the child has not been immunized due to the parent/caretaker's religious beliefs.
- Stairs, railings, porches and balconies are in good repair.

**The parent and provider agree to these conditions:**

The provider WILL NEVER use corporal punishment or let others use corporal punishment while children are in care. Corporal punishment means doing things directly to a child's body to punish them such as: spanking; biting; shaking; slapping; twisting or squeezing; making the child do physical exercises beyond what is normal; forcing the child to stay still for long periods of time; making the child stay in positions that hurt the child or are bizarre; bathing the child in unusually hot or cold water; and forcing the child to eat or have in the child's mouth soap, foods, hot spices or foreign substances.

The provider WILL NEVER use or be under the influence of alcohol or drugs while children are in care and will make sure that children being cared for do not have contact with people using drugs or alcohol.

The provider WILL NOT smoke or allow smoking in indoor areas or other enclosed areas, such as cars or other vehicles, when children are present.

**The provider must be present when children are in the care of employees, volunteers, and, if care is provided in a home other than the child's home, household members. The provider WILL NEVER leave children alone.**

**By signing this form, the parent/caretaker and provider agree that:**

- **The provider will continue to meet all the basic health and safety requirements listed on the checklist,**
- **We have inspected the home and completed the Home Safety Checklist together,**
- **All statements on the checklist are true and accurate,**
- **We will notify and provide documentation to the Enrollment Agency when any item on the checklist has been corrected or changed, and**
- **We understand that payment cannot be made until items marked "No" on the Home Safety Checklist have been corrected.**

PROVIDER SIGNATURE <b>X</b>	DATE
PARENT/CARETAKER SIGNATURE <b>X</b>	DATE

**B. ADDITIONAL CERTIFICATION WHEN THE CHILD CARE PROVIDER IS A MINOR**

*Complete this section if the provider is a minor.*

1. Where is the child care provided?

- a) In the child's home. *Proceed to next section.*
- b) In a home that is not the child's home.
  - (1) Care is given in the minor provider's home. *The parent/caretaker of the minor provider must sign below.*
  - (2) Care is given in a home other than the minor provider's home. *The adult in charge of the residence must sign below.*

**By signing below, I state that:**

- **My home meets all the basic health and safety requirements in the checklist, and**
- **I understand and agree to continue to meet all the basic health and safety requirements in the checklist and conditions stated above.**

SIGNATURE OF ADULT IN CHARGE OF THE HOME <b>X</b>	DATE
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**Section V. HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS**

The provider must complete and sign all parts of this section.

**A. PROVIDER'S HISTORY OF TERMINATION OF PARENTAL RIGHTS UNDER FAMILY COURT ARTICLE 6**

- 1. I certify and attest that (Choose one):
  - a) I **have never** had my parental rights terminated. (sign below and go to Part B of this section)
  - b) I **have had** my parental rights terminated under Family Court Act (FCA) Article 6 or equivalent legal authority.
- 2. My parental rights were terminated based on: (Check reason below):
  - a) Abandonment
  - b) Permanent neglect
  - c) Mental retardation
  - d) Mental illness
  - e) Severe or repeated abuse
  - f) Other, \_\_\_\_\_
- 3.  I have attached a true and accurate description of what led to the termination of parental rights and the underlying reasons for the termination of parental rights. I have shared this with the parent/caretaker. **Both the parent/caretaker and I have signed the attachment.**
- 4. I understand that I am not eligible to provide child care or receive payment if I have had my parental rights terminated, unless extenuating circumstances relating to the termination exist.
- 5. I understand that I may request that the Enrollment Agency review any extenuating circumstances to determine if an exception could be made to allow me to provide child care. If I request an exception, I will provide all documents or references required by the Enrollment Agency.

**By signing this, I agree that I have provided true and accurate information regarding any history of a termination of my parental rights.**

PROVIDER SIGNATURE <b>X</b>	DATE
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**B. PROVIDER'S HISTORY OF COURT-ORDERED ARTICLE 10 REMOVAL OF A CHILD**

- 1. I certify that (choose one):
  - a) I **have never had** a child removed from my care by court order in a proceeding under Article 10 (child protective) of the Family Court Act. (sign below and then go to Part C of this Section)
  - b) I **have had** a child removed from my care by court order in a proceeding under Article 10 (child protective) of the Family Court Act.
- 2. Date(s) removal(s) occurred: \_\_\_\_\_
- 3. As a result of the FCA Article 10 hearing, was there a judicial finding of abuse or neglect?
  - a) Yes, there was a judicial finding of abuse or neglect. (Indicate type of finding below.)
    - Neglect     Abuse, severe or repeated     Abuse
  - b) No, there was no judicial finding of abuse or neglect. (Indicate reason below.)
    - Petition was withdrawn     Article 10 petition was not filed with the court
    - Case was dismissed     Petition was adjourned in contemplation of dismissal (ACOD)
    - Other, explain: \_\_\_\_\_
- 4. Length of time that the child(ren) were removed from the home (Choose one):
  - a) 3 days or less
  - b) Between 3 days and 60 days
  - c) More than 60 days but less than 15 months
  - d) 15 months or longer
- 5.  I **have attached** a true and accurate description of what led to the removal and the underlying reasons for the removal. I have shared this with the parent/caretaker. **Both the parent/caretaker and I have signed the attachment.**
- 6. I understand that I am not eligible to provide child care or receive payment if I have had a child removed by court order under FCA Article 10, unless extenuating circumstances relating to the removal exist.
- 7. I understand that I may request that the Enrollment Agency review any extenuating circumstances to determine if an exception could be made to allow me to provide child care. If I request an exception, I will provide all documents or references required by the Enrollment Agency.

**By signing this, I agree that I have provided true and accurate information regarding any history of an Article 10 removal of a child in my care.**

PROVIDER SIGNATURE <b>X</b>	DATE
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**C. PROVIDER'S HISTORY OF SUSPENSION, REVOCATION OR DENIAL OF A LICENSE OR REGISTRATION TO OPERATE A CHILD DAY CARE PROGRAM**

(A child day care program includes licensed or registered day care centers, family day care homes, group family day care homes, small day care centers and/or school age child care programs.)

1. I certify and attest that (choose one):
  - a) I have previously been a licensed or registered day care provider. (Give information on program below)  
 License/Registration No: \_\_\_\_\_  
 Program Name: \_\_\_\_\_  
 Location: \_\_\_\_\_
  - b) I have not previously been a licensed or registered day care provider.
2. I certify and attest (Choose all that apply):
  - a) I **have never applied for** a license or registration to operate a child day care program.
  - b) I have applied for an initial or renewed license or registration to operate a child day care program and I withdrew my application.
  - c) I had a license or registration in the past, and I voluntarily returned or did not renew it.
  - d) I **have applied for and been denied** an initial license or registration to operate a child day care program.
  - e) I **have applied for and been denied** a renewal of a license or registration to operate a child day care program.
3. I certify and attest that (Choose one):
  - a) I **have never had** a license or registration to operate a child day care program revoked or suspended.
  - b) I **have had** a license or registration to operate a child day care program revoked or suspended.
4. Answer this question ONLY if you have ever applied for and been denied a license or registration to operate a child day care program, OR you have had a license or registration to operate a child day care program revoked or suspended.
  - a) The name and location of the child day care program(s) for which this action occurred is: \_\_\_\_\_
  - b) I **have attached** a true and accurate description of what led to the denial, revocation or suspension of the license or registration to operate a child day care program, and the reasons this occurred. I have shared this with the parent/caretaker. **Both the parent/caretaker and I have signed the attachment.**
5. I understand that I may not be eligible to provide child care or receive payment if I have had a license or registration to operate a child day care program denied, revoked or suspended, unless extenuating circumstances relating to the decision exist.
6. I understand that I may request that the Enrollment Agency review any extenuating circumstances to determine if an exception could be made to allow me to provide child care. If I request an exception, I will provide all documents or references required by the Enrollment Agency.

**By signing this, I agree that I have provided true and accurate information regarding my history of denial, revocation, or suspension of a license or registration to operate a child day care program.**

PROVIDER SIGNATURE <b>X</b>	DATE
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**Section VI. HEALTH AND SAFETY REQUIREMENTS FOR PROVIDER, EMPLOYEES, VOLUNTEERS AND HOUSEHOLD MEMBERS**

*The provider must complete this section.*

**A. PROVIDER'S HOUSEHOLD MEMBERS AND PEOPLE WHO MAY BE HELPING TO CARE FOR CHILDREN**

**Please note: The provider must be present when children are in the care of employees, volunteers, and, when care is given outside of the child's home, household members.**

1. List ALL individuals who may help to care for children, including: each volunteer who is likely to have regular contact with children in care, and each employee.
2. If care is given in a home other than the child's home, list each person living in the home that is age 18 years or over. Record the name, date of birth, NYS drivers license number and then use a check mark  to show if the person is an employee, a volunteer or a household member. Please attach additional sheet if necessary.

Last name (List maiden and other names)	First name	Date of Birth**	NYS Drivers** License Number	Employee	Volunteer	Household member, older than 18

\*\* The date of birth OR the NYS Drivers License Number is required for each individual. This information will be used in database searches to verify information provided and to check the sex offender Registry.

**B. PROVIDER’S, EMPLOYEE’S, HOUSEHOLD MEMBERS (AGE 18 OR OLDER) AND VOLUNTEER’S INDICATED REPORTS OF CHILD ABUSE OR MALTREATMENT**

**1. PROVIDER ATTESTATION**

*The provider must read and sign this attestation.*

I have listed ALL individuals who may be helping to care for children previously, in Part A of this section. If I provide care in a home other than the child’s home, I have also listed all household members 18 years of age or older previously, in Part A of this section.

I have asked each of these individuals if they have been the subject of an indicated report of child abuse or maltreatment.

I have informed the parent/caretaker whether I or any of the individuals listed in Part A of this section have been the subject of any indicated reports of child abuse or maltreatment.

When an indication of child abuse or maltreatment exists, I have given the parent/caretaker, in writing, true and accurate information, including:

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

**By signing this, I agree that all statements regarding indicated reports of child abuse and maltreatment are true and accurate.**

PROVIDER SIGNATURE <b>X</b>	DATE
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**2. PARENT/CARETAKER ATTESTATION**

*The parent/caretaker must read and sign this attestation.*

I have specifically asked the provider if the provider, volunteers who are likely to have regular contact with children in care, employees, and if care is provided in the provider’s home, persons living in the home age 18 years or over, have been the subject of an indicated report of child abuse or maltreatment. The provider has informed me whether any indicated report of child abuse or maltreatment exists.

When an indication of child abuse or maltreatment exists, the provider has given me written information regarding such indication of child abuse or maltreatment.

I understand I have the right to select another provider.

**By signing this, I agree that the provider has told me about any indicated reports for the provider and/or people listed in Section VI, A. I agree I have carefully considered the information on child abuse and maltreatment indications that I have been given and I am selecting this provider.**

PARENT/CARETAKER SIGNATURE <b>X</b>	DATE
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**C. PROVIDER'S, EMPLOYEE'S AND VOLUNTEER'S CRIMINAL HISTORY**

*The provider must complete and sign this section.*

1. I have listed ALL people 18 years of age or older who may be helping to care for children previously, in Part A of this section. If I provide care in a home other than the child's home, I also have previously listed all household members in Part A of this section.
2. I certify that I have asked:
  - Each person living in the home (other than the child's own home) who is age 18 or over,
  - Each volunteer who is likely to have regular contact with children in care, and
  - Each employee,
 If he or she has been convicted of a crime.
3. I certify to the best of my knowledge and belief that I (*Choose one*):
  - a) **Have been convicted** of a crime in New York State or any other place.
  - b) **Have not been convicted** of a crime in New York State or any other place.
4. I certify to the best of my knowledge and belief that any person helping me to care for children: (*Choose one*):
  - a) **Has been convicted** of a crime in New York State or any other place.  
 Give name(s): \_\_\_\_\_
  - b) **Has not been convicted** of a crime in New York State or any other place.
5. I certify to the best of my knowledge and belief, if care is provided in a home other than the child's own home, that any person living in the home who is 18 years of age or older (*Choose one*):
  - a) **Has been convicted** of a crime in New York State or any other place.  
 Give name(s): \_\_\_\_\_
  - b) **Has not been convicted** of a crime in New York State or any other place.
  - c) **Does not apply to me.** Care is provided in the child's home.
6. *This question only applies if you or any other person helping to care for children or any household member age 18 years or older **has been convicted of a crime**. You or that other person **must submit true and accurate information in writing to the parent/caretaker(s) of the children you will be caring for and to the Enrollment Agency.***
  - a) **I have attached true and accurate information about the nature of the crime(s), the date(s) of such convictions, the penalties imposed as a result of the conviction and any other relevant information.**
  - b) I have shared this information with the parent/caretaker.
  - c) **Both the parent/caretaker and I have signed the attachment.**
7. I understand that I am not eligible to provide child care or receive payment if I, or any other person listed above, has been convicted of a felony or misdemeanor against children.
8. I understand that I am not eligible to provide child care or receive payment if I, or any such other person listed in Part A of this section, has been convicted of a violent or other serious crime, unless extenuating circumstances relating to the conviction(s) exist.
9. I understand that I may request that the Enrollment Agency review any extenuating circumstances to determine if an exception could be made to allow me to provide child care. If I request an exception, I will provide all documents or references required by the Enrollment Agency.

**By signing this, I agree that all statements regarding criminal history are true and accurate.**

PROVIDER SIGNATURE <b>X</b>	DATE
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**Section VII. ADMINISTRATION OF MEDICATION TO CHILDREN**

NYS Law restricts the right to administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to specific medical professionals who are authorized by NYS to administer medication. Some individuals are exempt from this requirement based on their relationship to the child, family or household, and are permitted to administer medications, including:

- The child’s parent/caretaker, step-parent, legal custodian, legal guardian, or member of the child’s household,
- A child care provider employed by the parent/caretaker to provide child care in the child’s home,
- Family members who are related within the 3<sup>rd</sup> degree of consanguinity to the child’s parent or step-parent. This includes the child’s grandparent, great-grandparent, great-great-grandparent, aunt/uncle (and spouse), great aunt/great uncle (and spouse), first cousin (and spouse), and brother/sister.
- Child care providers who are trained and authorized by the Office of Children and Family Services (OCFS), under a Health Care Plan for Administration of Medication, approved by a qualified health care consultant, and who are:
  - Operating in compliance with the NYS regulation which includes receiving training on medication administration.
  - Authorized by the child’s parent/caretaker, step-parent, legal guardian, or legal custodian to administer medication, and
  - Administering medication to subsidized children in care.

To receive OCFS authorization to administer medication, a child care provider must be at least 18 years of age and literate in the language in which the parental permissions and health care provider’s instructions will be given.

Any person who is not authorized by NYS Law, or not exempt from this legal requirement, may only administer over-the-counter topical ointments, sunscreen and topical insect repellent. Examples of medicine they MAY NOT ADMINISTER include, but are not limited to: Tylenol®; Ritalin®; insulin; antibiotics; and ear, eye or nose drops.

**A. QUALIFICATIONS FOR ADMINISTRATION OF MEDICATION**

*The provider must complete this section.*

1. Is the provider legally permitted to administer medication to subsidized children when authorized by a parent/caretaker, legal guardian, or legal custodian?
  - a) Yes.
  - b) No. **I am not authorized or permitted to administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to the children in my care.**
2. Is an employee or volunteer of the program legally permitted to administer medication to subsidized children when authorized by a parent/caretaker, legal guardian, or legal custodian?
  - a) Yes. *Give employee’s or volunteer’s name:* \_\_\_\_\_ .
  - b) No. **My employee/volunteer is not authorized or permitted to administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to the children in my care.**

3. Show the reason that allows the provider and/or the employee/volunteer to administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to subsidized children in the program.

*Answer this question only if you answered "Yes" to question 1 or 2.*

*If there is a different answer or reason for different children, the provider must check all answers that apply.*

*The provider must attach the documentation required for each answer, as indicated.*

- a) I am permitted to give medication because I am employed by the parent/caretaker to provide child care in the child's home.  
**I am not required to have a Health Care Plan for Administration of Medication.**
- b) I am permitted to give medication to the children for whom I am the grandparent, great-grandparent, great-great-grandparent, aunt/uncle (or spouse), great aunt/great uncle (or spouse), brother/sister or first cousin (or spouse).  
**I am not required to have a Health Care Plan for Administration of Medication.**
- c) I have a valid professional health care license as a physician, physician assistant, registered nurse or nurse practitioner that authorizes me to administer medication. **I am not required to have a Health Care Plan for Administration of Medication.**  
**I have attached a copy of my current medical license.**
- d) My employee/volunteer has a valid professional health care license as a physician, physician assistant, registered nurse, or nurse practitioner that authorizes him/her to administer medication. I am required to have a Health Care Plan for Administration of Medication.  
**I have attached a copy of the approval page of my Health Care Plan for Administration of Medication, and a copy of my employee/volunteer's current medical license.**
- e) I have, or my employee/volunteer has, a valid professional license as a practical nurse or certification as an advanced emergency medical technician that allows me, or my employee/volunteer, to administer medication. I am required to have a Health Care Plan for Administration of Medication.  
**I have attached a copy of my or my employee/volunteer's current medical license or certification, and a copy of the approval page of the Health Care Plan for Administration of Medication.**
- f) I have, or my employee/volunteer has, met the training requirements of OCFS regulations, 18 NYCRR Part 415.4 (f)(7)(iv)(z). I am required to have a Health Care Plan for Administration of Medication.  
**I have attached a copy of the approval page of the Health Care Plan for Administration of Medication.**

**B. PARENT/CARETAKER AND PROVIDER AGREEMENT FOR ADMINISTRATION OF MEDICATION**

*Parent/caretaker must complete.*

1. Who will be responsible for administering medication to your child(ren) in the provider's care? *(Check all that apply).*

- a) The child care provider or qualified employee/volunteer named on this form will administer medication to the child.
- b) The legally-exempt child care provider or employee/volunteer **will not** administer medication. Instead, the parent/caretaker will administer medication or choose a person who is permitted under NYS Education Law to administer medication. This may include a member of the child's household or certain relatives, including the child's:
  - grandparent,
  - great-grandparent,
  - great-great-grandparent,
  - aunt/uncle (and spouse),
  - great aunt/great uncle (and spouse),
  - first cousin (and spouse), or
  - brother/sister

The parent/caretaker will inform the provider in writing when he or she has chosen a person to give medication to his or her child.

**C. INTENT TO SEEK AUTHORIZATION TO ADMINISTER MEDICATION TO SUBSIDIZED DAY CARE CHILDREN**

*The provider must complete this section if the provider is not permitted to administer medications and does not have an employee/volunteer permitted to administer medication.*

1. Will you be seeking authorization to administer medication to children in subsidized care? (Choose one).
- a) Yes. I want to learn how to start the process. Ask the Enrollment Agency for the following form: OCFS-LDSS-7007, Obtaining Authorization to Administer Medication to Children in Legally-Exempt Care.
  - b) No. I will not be seeking authorization to administer medication at this time.

**D. PROVIDER CERTIFICATION REGARDING ADMINISTRATION OF MEDICATION**

*The provider must read and sign this certification.*

- I will administer medication in compliance with NYS Law and only to the extent that I am permitted by NYS Law to do so.
- If I have employees, I will make sure that each of my employees administers medication in compliance with NYS Law and only to the extent permitted by NYS Law.
- If I have volunteers, I will make sure that each of my volunteers administers medication in compliance with NYS Law and only to the extent permitted by NYS Law.

**By signing this, I agree that the all statements regarding administration of medication are true and accurate.**

PROVIDER SIGNATURE <b>X</b>	DATE
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**E. PARENT/CARETAKER CERTIFICATION REGARDING ADMINISTRATION OF MEDICATION**

*The parent/caretaker must read and sign this certification.*

- I understand that it is my responsibility to make sure my child(ren) receives any necessary medication.
- I understand that if I choose a child care provider who is not able to meet all of my child(ren)'s health care needs, I am responsible for making additional arrangements to meet the child(ren)'s needs. I will make all necessary arrangements prior to placing my child in the provider's care.
- My provider has informed me whether he or she (or his/her employee/volunteer) is legally permitted to administer medication. I have read the Qualifications for Administration of Medication, Section VII A, of this enrollment form, and I understand whether or not my provider or his/her employee/volunteer is legally permitted to give medication to my child(ren).
- My child care provider and I have discussed who will administer medication to my child(ren) while the child(ren) is in the provider's care. Our agreement regarding who will be responsible for administering medication to my child(ren) is indicated on this form.
- I understand that I may administer medication to my child, or that I may authorize another person that is legally permitted to administer medication to my child. I may authorize a member of my child's household or certain relatives of the child to administer medication. The relatives who may be authorized include: the child's grandparent, great-grandparent, great-great-grandparent, aunt/uncle (and spouse), great aunt/great uncle (and spouse), brother/sister or first cousin (and spouse).

**By signing this, I agree that the all statements regarding administration of medication are true and accurate.**

PARENT/CARETAKER SIGNATURE <b>X</b>	DATE
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**Section VIII. PARENT/CARETAKER AND PROVIDER CERTIFICATIONS**

**A. PARENT/CARETAKER CERTIFICATIONS.**

*The parent/caretaker must read this section.*

- I will notify the Department of Social Services and my provider if the hours that I need child care or other circumstances related to my need or eligibility for child care change.
- I certify that I have selected this provider to care for my child(ren).
- I understand that it is my responsibility to monitor the quality of care furnished to my child(ren).
- I agree to pay my family share (fee), if any, as directed by the Department of Social Services.
- I understand that the Department of Social Services cannot issue payment for care given by a provider who cannot be enrolled or who is ineligible. If I choose to use such a provider, I am responsible to pay for the child care myself. I understand I have the right to select another provider.
- I understand that these agreements apply for as long as this provider is caring for my children.

**B. PROVIDER CERTIFICATIONS**

*The provider and the parent/caretaker must read this section.*

- I will notify the Enrollment Agency immediately if the hours of care, number of children in my care, or any information provided on the enrollment form or attachments changes.
- I authorize the Enrollment Agency and the Child and Adult Care Food Program (CACFP) to exchange information regarding my child care enrollment status and my participation in the CACFP.
- I agree to collect the family share (fee) if instructed to do so by the Department of Social Services. I will immediately notify the Department of Social Services if the parent/caretaker fails to pay the required family share.
- I agree to provide accurate attendance records as required by the Department of Social Services.
- I understand that the Department of Social Services will check it's child welfare database for history of court ordered removal of a child under Family Court Act (FCA) Article 10 and any termination of parental rights.
- I understand that the Enrollment Agency will check the New York State Sex Offender Registry to determine if I, any volunteer who is likely to have regular contact with children in care, any employee, or person living in the home (other than the child's home) age 18 years or older is listed on the Sex Offender Registry for committing a sex offense. I understand that I am not eligible to provide child care or receive payment if I, or any other person listed above, is listed on the Sex Offender Registry.
- I understand that the Enrollment Agency will check the New York State Child Care Facility System to determine whether I have ever been denied a child day care license or registration or had a child day care license or registration suspended or revoked.
- I understand that representatives of the Department of Social Services, the State of New York and the Enrollment Agency may visit my child care program to confirm that the information on my enrollment form and/or on attendance forms is true and accurate and that child care services are being provided as listed on those forms.
- I agree to allow representatives of the Department of Social Services, the State of New York and the Enrollment Agency access to the premises where child care is provided for a child receiving a child care subsidy. I understand that if I do not allow such access, then I will be considered an ineligible provider.
- I understand that any child care I provide to a child receiving a child care subsidy, while I am deemed an ineligible provider by the Enrollment Agency, will not be reimbursed by the Department of Social Services.
- I understand and agree to meet all of the conditions stated above for as long as I am providing child care. I understand that I am required to inform the Enrollment Agency and the parent/caretaker if there is a change in the information stated on the enrollment form.

**C. PARENT/CARETAKER AND PROVIDER SECTION**

*The provider and the parent/caretaker must read this section.*

- We understand that the provider must be accepted for enrollment with the Enrollment Agency before any payment can be made.
- We understand that the provider may not be eligible to provide child care AND that the Department of Social Services may not be able to pay such provider when:
  - The provider has a history of Article 10 (child protective) removal of a child by family court order, or
  - The provider has a history of termination of parental rights, or
  - The provider has a history of denial, revocation and/or suspension of a license or registration to operate a child day care program, or
  - The provider, any volunteer who is likely to have regular contact with my children, any employee, or person living in the home (other than the child's home) age 18 years or older has been convicted of a crime.
- We understand that we may request the Enrollment Agency to review extenuating circumstances to determine if an exception could be made to allow my provider to provide child care. If we request an exception, the provider must provide all information, documents or references required by the Enrollment Agency.
- We understand that if the Enrollment Agency determines a provider cannot be enrolled, then the Department of Social Services cannot issue payment for care given by the provider. The parent/caretaker has the right and responsibility to decide whether he/she wants to use this provider. If the parent/caretaker chooses to use such a provider, the parent/caretaker is responsible to pay for the child care.

**D. CERTIFICATION**

*The provider and the parent/caretaker must read and sign below.*

**By signing this form we, the parent/caretaker and provider, certify to the best of our knowledge that:  
 All statements made on this enrollment form and any attachments to it are true and accurate.  
 We understand and agree to continue to meet all conditions stated above.  
 We understand that providing false information or deliberately concealing information may result in the provider being denied enrollment, the provider's enrollment being terminated, the local Department of Social Services terminating child care subsidy payments, and/or the local Department of Social Services taking legal action against the provider or parent/caretaker.**

PARENT/CARETAKER SIGNATURE <b>X</b>	DATE
PROVIDER SIGNATURE <b>X</b>	DATE

**Return this form and attachments to:**

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

(For Agency Use)	
Date Received:	_____
Date Completed:	_____
Enrollment ID:	_____
DSS Agency Unit/Wkr.	_____

*Instructions:* The provider must complete and submit form to the Enrollment Agency in the county where the child resides. A parent/caretaker receiving child care subsidy must also complete certain parts and sign where indicated. Each section states who must complete it. Questions regarding the enrollment process should be directed to the Enrollment Agency.



**Section I. PROVIDER AND PARENT INFORMATION**

**A. PROVIDER CONTACT INFORMATION**

The provider must complete the following:

PROVIDER'S INFORMATION				
LAST NAME:	FIRST NAME:	M.I.	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
MAIDEN OR OTHER NAMES KNOWN BY:			E-MAIL ADDRESS (OPTIONAL):	
PROVIDER'S ADDRESS			TELEPHONE ( ) - <input type="checkbox"/> UNLISTED <input type="checkbox"/> LISTED	
PROGRAM INFORMATION				
LEGAL NAME (IF APPLIES):	DBA (IF APPLIES):	FEDERAL TAX ID NO. (IF APPLIES):		
ADDRESS WHERE CARE IS GIVEN (IF DIFFERENT FROM ABOVE):			SITE PHONE (IF DIFFERENT) ( ) - <input type="checkbox"/> UNLISTED <input type="checkbox"/> LISTED	
PRIMARY LANGUAGE SPOKEN BY PROVIDER:				
DSS INFORMATION				
COUNTY 1:	VENDOR NUMBER (IF APPLIES):	COUNTY 2:	VENDOR NUMBER (IF APPLIES):	

**B. PARENT/CARETAKER INFORMATION**

The parent/caretaker must complete the following:

PRIMARY PARENT/CARETAKER			
LAST NAME:	FIRST NAME:	M.I.	DATE OF BIRTH:
PARENTS/CARETAKERS MAILING ADDRESS:			TELEPHONE:
COUNTY PARENTS/CARETAKERS RESIDE IN:		CASE OR APPLICATION NUMBER:	
OTHER PARENT/CARETAKER (IF IN SAME HOME)			
LAST NAME:	FIRST NAME:	M.I.	DATE OF BIRTH:

**C. ADDITIONAL PROVIDER INFORMATION**

1. Meals and snacks may be supplied either by the parent/caretaker or by the provider. Who will supply meals and snacks? *Check the box that states what you have agreed to.*
  - a) The provider will supply snacks and meals.
  - b) The parent/caretaker will supply snacks and meals.
  - c) Other – Explain: \_\_\_\_\_
2. Is the amount you are charging the parent/caretaker signing this form THE SAME AMOUNT OR LESS THAN THE AMOUNT you are charging for other children of the same age and similar care?
  - a) Yes.
  - b) No.

**Section II. LEGALLY-EXEMPT GROUP PROVIDER STATUS**

*The provider must complete all parts of this section.*

**A. LEGALLY-EXEMPT GROUP PROVIDER STATUS**

1. Are you currently enrolled or have you ever been enrolled as a legally-exempt provider?
  - a) Yes. *(Check all that apply)*
    - I am currently enrolled. My Enrollment ID number is: \_\_\_\_\_.
    - I was enrolled previously in the county of \_\_\_\_\_.
  - b) No. *(Provide additional information below).*
    - I have never applied to be a legally-exempt provider before.
    - I have applied for enrollment but was denied. *Give county and date:* \_\_\_\_\_
    - Other, explain: \_\_\_\_\_
2. Are you operating under the auspices of another federal, State or local government agency?
  - a) Yes. I am legally operating under the auspices of another federal, State or local government agency.  
Give name of government agency: \_\_\_\_\_
  - b) No. I am not required to operate under the auspices of another federal, State or local government agency.

**B. TYPE OF PROVIDER PROGRAM**

1. Check the statement that describes your program.
  - a) This program is a nursery school, pre-kindergarten or day care program,
    - for children three years of age or older or a program for school-age children conducted during non-school hours,
    - **operated by a public school district** that is providing elementary or secondary education or both in accordance with the compulsory education requirements of the **NYS Education Law**, and
    - the program is located on the same premises or campus where the elementary or secondary education is provided.
  - b) This program is a nursery school,
    - that is voluntarily registered with the **NYS Education Department**, and
    - operated in accordance with Part 125 of its regulations.

**Registration number:** \_\_\_\_\_ **Attach a copy of your registration.**
  - c) This program is a summer day camp operated in accordance with Subpart 7-2 of the State Sanitary Code.
 

**Permit number:** \_\_\_\_\_ **Attach a copy of your permit from the NYS Department of Health to operate a summer day camp.**

- (d) This program is a day care center, family day care home or other child care program,
  - located on federal or tribal property, and
  - operated in compliance with applicable **federal or tribal laws and regulations**.
- (e) This is a nursery school, pre-kindergarten or day care program for children three years of age or older OR a program for school-aged children conducted during non-school hours,
  - **operated by a private school or academy** which is providing elementary or secondary education or both in accordance with the compulsory education requirements of the NYS Education Law, and
  - the program is located on the same premises or campus where the elementary or secondary education is provided.
- (f) This program is a nursery school or program for preschool-aged children,
  - operated by a nonprofit agency or organization or a private proprietary agency,
  - is not voluntarily registered with NYS Education Department, and
  - provides services to children for three or less hours per day.
- (g) This program cares for not more than six school age children,
  - is conducted during non-school hours, and
  - is not located in a residence.
- (h) None of the above statements describe this program. *If this is your answer, you may need to be licensed or registered. Until you are licensed or registered or can provide documentation that you are legally-exempt from licensing and registering requirements, the Department of Social Services cannot pay you to provide child care. For information about licensing, contact the Bureau of Early Childhood Services at 1-800-732-5207.*

***If your program is described in statements a, b, c or d above, you must only complete the following sections:***

- V. Health and Safety Requirements for Provider, Employees and Volunteers
- VII. Parent/Caretaker and Provider Certifications

***If your program is described in statements e, f, g or h, you must complete ALL remaining sections in this form, including:***

- III. Facility Safety Checklist
- IV. Health and Safety Requirements for Providers
- V. Health and Safety Requirements for Provider, Employees and Volunteers
- VI. Administration of Medication,
- VII. Parent/Caretaker and Provider Certifications

### **Section III. FACILITY SAFETY CHECKLIST AND CERTIFICATION**

*Provider and parent/caretaker complete this section together.*

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

**YES   NO**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The provider and all children have two separate and remote ways to leave the building in an emergency.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Rooms for children are well-heated, well-lighted and well-ventilated.   |
| <input type="checkbox"/> | <input type="checkbox"/> | The program site is free of unsafe areas (such as swimming pools, open drainage ditches, wells, holes, wood or coal burning stoves, fireplaces, and gas space heaters).<br>If there are unsafe areas, sturdy barriers are in place around the unsafe areas that keep children from getting to them. |
| <input type="checkbox"/> | <input type="checkbox"/> | If child care is provided above the first floor, there are barriers or locks on the windows so children can not fall out.   |
| <input type="checkbox"/> | <input type="checkbox"/> | The water supply is safe. There are working toilets. There is hot and cold running water all the time.  |

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

**YES   NO**

- The provider, all volunteers who are likely to have regular contact with the children and all employees are physically, emotionally and mentally able to provide child care.
- The provider, all volunteers who are likely to have regular contact with the children and all employees are free of any communicable disease, unless the person's health care provider has indicated that the presence of a communicable disease does not pose a risk to the health and safety of the children in care. You must attach the doctor's statement, if the provider, any volunteer who is likely to have regular contact with the children and any employee has a communicable disease.
- The program site is free of any dangerous or unsafe conditions that could hurt a child. This includes:
  - Knives and other sharp objects are out of the reach of children.
  - Small rugs, runners, and electrical cords are held in place so a child won't trip. Electrical cords do not run under furniture or rugs and are out of the reach of small children.
  - Extension cords are not overloaded.
  - Any guns and other firearms are unloaded and stored in a locked drawer or cabinet and the key is kept in a safe place.
  - Cords to window blinds and shades are out of the reach of children.
  - Hot liquids are out of the reach of children.
  - Small items that a child could choke on are out of the children's reach.
- All matches, lighters, medicines/drugs, cleaning materials, detergents, aerosol spray cans and other poisonous or toxic materials are stored in their original containers. Care is taken so that they do not come in contact with children, where food is prepared, or otherwise be a danger to the children. All of these materials are stored safely away from the children.
- Each child will receive meals and snacks according to what the parent/caretaker and the provider have agreed.
- The provider will refrigerate milk, formula and any food that goes bad if left out.
- The provider will not heat formula, breast milk, and other food items for infants, in a microwave oven.
- The provider will always allow the custodial parent/caretaker or caretaker to have access to his/her child in care, to the program site while the child is in care, and to any written records concerning the child.
- The provider will hold evacuation drills at least once a month with the children so they will know what to do in an emergency.
- The provider has a working telephone OR can get to one very quickly in an emergency.
- Emergency telephone numbers for the fire department, local police or sheriff's department, poison control center and ambulance service are posted near the phone and are easy to see.
- If a child in care is under 5 years old, protective caps, covers or permanently installed safety devices are used on all electrical outlets that the child could reach.
- Paint and plaster are in good repair so that there is no danger of children putting paint or plaster chips in their mouths or of it getting into food.
- There is at least one operating smoke detector on each floor of the program site. The provider will check regularly to make sure all detectors work.
- The program site has a portable first aid kit that is easy to get to in an emergency and is kept in a clean container away from children. It is stocked to treat common childhood injuries and problems.
- The provider will always replace things in the first aid kit as soon as possible after something has been used or is too old to be used.
- The parent/caretaker has given the provider signed proof from a doctor or other health care provider that:
  - the child has received all of the immunizations appropriate for the child's age; or
  - one or more of the immunizations would harm the child's health; OR
  - The child's parent/caretaker provides a statement saying that the child has not been immunized due to the parent/caretaker's religious beliefs.
- Stairs, railings, porches and balconies are in good repair.

**The parent and provider agree to these conditions.**

The provider WILL NEVER use corporal punishment or let others use corporal punishment while children are in care. Corporal punishment means doing things directly to a child’s body to punish them such as: spanking; biting; shaking; slapping; twisting or squeezing; making the child do physical exercises beyond what is normal; forcing the child to stay still for long periods of time; making the child stay in positions that hurt the child or are bizarre; bathing the child in unusually hot or cold water; and forcing the child to eat or have in the child's mouth soap, foods, hot spices or foreign substances.

The provider WILL NEVER use or be under the influence of alcohol or drugs while children are in care and will make sure that children being cared for do not have contact with people using drugs or alcohol.

The provider WILL NOT smoke or allow smoking in indoor areas or other enclosed areas, such as cars or other vehicles, when children are present.

The provider WILL NEVER leave children alone or in the care of other people.

**By signing this form, the parent/caretaker and provider agree that:**

- **The provider will continue to meet all the basic health and safety requirements listed on the checklist,**
- **We have inspected the program site and completed the Facility Safety Checklist together,**
- **All statements on the checklist are true and accurate,**
- **We will notify and provide documentation to the Enrollment Agency when any item on the checklist has been corrected or changed, and**
- **We understand that payment cannot be made until items marked “No” on the Health and Safety Checklist have been corrected.**

PROVIDER SIGNATURE <b>X</b>	DATE
PARENT/CARETAKER SIGNATURE <b>X</b>	DATE

**Section IV. HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS**

*The provider must complete and sign all parts of this section.*

**A. PROVIDER’S HISTORY OF TERMINATION OF PARENTAL RIGHTS**

1. I certify and attest that (*Choose one*):
  - a) **I have never** had my parental rights terminated. (*sign below, then go to part B of this section*)
  - b) **I have had** my parental rights terminated under Family Court Act Article 6 or equivalent legal authority.
2. My parental rights were terminated based on: (*Check reason below*):
 

<input type="checkbox"/> a) Abandonment	<input type="checkbox"/> d) Mental illness
<input type="checkbox"/> b) Permanent neglect	<input type="checkbox"/> e) Severe or repeated abuse
<input type="checkbox"/> c) Mental retardation	<input type="checkbox"/> f) Other, _____
3.  I have attached a true and accurate description of what led to the termination of parental rights and the underlying reasons for the termination of parental rights. I have shared this with the parent/caretaker. **Both the parent/caretaker and I have signed the attachment.**
4. I understand that I am not eligible to provide child care or receive payment if I have had my parental rights terminated, unless extenuating circumstances relating to the termination exist.
5. I understand that I may request that the Enrollment Agency review any extenuating circumstances to determine if an exception could be made to allow me to provide child care. If I request an exception, I will provide all documents or references required by the Enrollment Agency.

**By signing this, I agree that I have provided true and accurate information regarding any history of a termination of my parental rights.**

PROVIDER SIGNATURE <b>X</b>	DATE
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4. Answer this question **ONLY** if you have ever applied for and been denied a license or registration to operate a child day care program, **OR** you have had a license or registration to operate a child day care program revoked or suspended.
- a) The name and location of the child day care program(s) for which this action occurred is: \_\_\_\_\_
- b) I have attached a true and accurate description of what led to the denial, revocation or suspension of the license or registration to operate a child day care program, and the reasons this occurred. I have shared this with the parent/caretaker. Both the parent/caretaker and I have signed the attachment.
5. I understand that I may not be eligible to provide child care or receive payment if I have had a license or registration to operate a child day care program denied, revoked or suspended, unless extenuating circumstances relating to the decision exist.
6. I understand that I may request that the Enrollment Agency review any extenuating circumstances to determine if an exception could be made to allow me to provide child care. If I request an exception, I will provide all documents or references required by the Enrollment Agency.

**By signing this, I agree that I have provided true and accurate information regarding any history of suspension, revocation or denial of a license or registration to operate a child day care program.**

PROVIDER SIGNATURE X	DATE
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**Section V. HEALTH AND SAFETY REQUIREMENTS FOR PROVIDER, EMPLOYEES AND VOLUNTEERS**

*The provider must complete this section.*

**A. PROVIDER’S, EMPLOYEE’S AND VOLUNTEER’S INDICATED REPORTS OF CHILD ABUSE OR MALTREATMENT**

**1. PROVIDER ATTESTATION**

*The provider must read and sign this attestation.*

I have asked each volunteer who is likely to have regular contact with children in care and each employee if they have been the subject of an indicated report of child abuse or maltreatment.

I have informed the parent/caretaker whether I, a volunteer who is likely to have regular contact with the children in care and each employee has been the subject of any indicated reports of child abuse or maltreatment.

When an indication of child abuse or maltreatment exists, I have given the parent/caretaker, in writing, true and accurate information, including:

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

**By signing this, I agree that the provider has told me about any indicated reports for the provider, volunteers who are likely to have regular contact with children in care and employees and I agree I have carefully considered the information on child abuse and maltreatment indications that I have been given.**

PROVIDER SIGNATURE X	DATE
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**2. PARENT/CARETAKER ATTESTATION**

*The parent/caretaker must read and sign this attestation.*

I have specifically asked the provider if the provider, volunteers who are likely to have regular contact with children in care, and employees, have been the subject of an indicated report of child abuse or maltreatment. The provider has informed me whether any indicated report of child abuse or maltreatment exists.

When an indication of child abuse or maltreatment exists, the provider has given me written information regarding such indication of child abuse or maltreatment.

I understand I have the right to select another provider.

**By signing this form I agree that the provider has told me about any indicated reports for the provider, volunteers who are likely to have regular contact with children in care and employees and I agree I have carefully considered the information on child abuse and maltreatment indications that I have been given and I am selecting this provider.**

PARENT/CARETAKER SIGNATURE X	DATE
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**B. PROVIDER’S, EMPLOYEE’S AND VOLUNTEER’S CRIMINAL HISTORY**

*The provider must complete and sign this section.*

1. I certify that I have asked:
  - Each volunteer who is likely to have regular contact with children in care, and
  - Each employee,
 If he or she has been convicted of a crime.
  
2. I certify to the best of my knowledge and belief that I (*Choose one*):
  - a) **Have been convicted** of a crime in New York State or any other place.
  - b) **Have not been convicted** of a crime in New York State or any other place.
  
3. I certify to the best of my knowledge and belief that any person helping me to care for children (*Choose one*):
  - a) **Has been convicted** of a crime in New York State or any other place.  
 Give name(s): \_\_\_\_\_
  - b) **Has not been convicted** of a crime in New York State or any other place.
  
4. *This question only applies if you or any other person helping to care for children or any household member age 18 years or older **has been convicted of a crime**. You or that other person **must submit** true and accurate information in writing to the parent/caretaker(s) of the children you will be caring for and to the Enrollment Agency.*
  - a) I have attached true and accurate information about the nature of the crime(s), the date(s) of such convictions, the penalties imposed as a result of the conviction and any other relevant information.
  - b) I have shared this information with the parent/caretaker.
  - c) Both the parent/caretaker and I have signed the attachment.
  
5. I understand that I am not eligible to provide child care or receive payment if I, a volunteer who is likely to have regular contact with the children in care or a volunteer who is likely to have regular contact with children in care, or an employee has been convicted of a felony or misdemeanor against children.
  
6. I understand that I am not eligible to provide child care or receive payment if I, a volunteer who is likely to have regular contact with the children in care or an employee, has been convicted of a violent or other serious crime unless extenuating circumstances relating to the conviction(s) exist.
  
7. I understand that I may request that the Enrollment Agency review any extenuating circumstances to determine if an exception could be made to allow me to provide child care. If I request an exception, I will provide all documents or references required by the Enrollment Agency.

**By signing this, I agree that all statements regarding criminal history are true and accurate.**

PROVIDER SIGNATURE <b>X</b>	DATE
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## Section VI. ADMINISTRATION OF MEDICATION TO CHILDREN

NYS Law restricts the right to administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to specific medical professionals who are authorized by NYS to administer medication. Some individuals are exempt from this requirement based on their relationship to the child, family or household, and are permitted to administer medications, including:

- The child’s parent/caretaker, step-parent, legal custodian, legal guardian, or member of the child’s household,
- A child care provider employed by the parent/caretaker to provide child care in the child’s home,
- Family members who are related within the 3rd degree of consanguinity to the child’s parent or step-parent. This includes the child’s grandparent, great-grandparent, great-great-grandparent, aunt/uncle (and spouse), great aunt/great uncle (and spouse), first cousin (and spouse), and brother/sister.
- Child care providers who are trained and authorized by the Office of Children and Family Services (OCFS), under a Health Care Plan for Administration of Medication, approved by a qualified health care consultant, may administer medication when such providers are:
  - Operating in compliance with the NYS regulation, which includes receiving training on medication administration
  - Authorized by the child’s parent/caretaker, step-parent, legal guardian, or legal custodian to administer medication, and
  - Administering medication to subsidized children in care.

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

### A. QUALIFICATIONS FOR ADMINISTRATION OF MEDICATION

*The provider must complete this section.*

1. Is the provider legally permitted to administer medication to subsidized children when authorized by a parent/caretaker, legal guardian, or legal custodian?
  - a) Yes.
  - b) No. **I am not authorized or permitted to administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to the children in my care.**
  
2. Is an employee or volunteer of the program legally permitted to administer medication to subsidized children when authorized by a parent/caretaker, legal guardian, or legal custodian?
  - a) Yes. *Give employee’s or volunteer’s name:* \_\_\_\_\_
  - b) No. **My employee/volunteer is not authorized or permitted to administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to the children in my care.**

3. Show the reason that allows the provider and/or the employee/volunteer to administer medication other than over-the-counter topical ointments, sunscreen and topically applied insect repellent to subsidized children in the program. *Answer this question only if you answered "Yes" to question 1 or 2.*

*The provider must attach the documentation required for each answer, as indicated.*

- a) I have a valid professional health care license as a physician, physician assistant, registered nurse or nurse practitioner that authorizes me to administer medication. I am not required to have a Health Care Plan for Administration of Medication.  
**I have attached a copy of my current medical license.**
- b) My employee/volunteer has a valid professional health care license as a physician, physician assistant, registered nurse, or nurse practitioner that authorizes him/her to administer medication. I am required to have a Health Care Plan for Administration of Medication.  
**I have attached a copy of the approval page of my Health Care Plan for Administration of Medication, and a copy of my employee/volunteer's current medical license.**
- c) I have, or my employee/volunteer has, a valid professional license as a practical nurse or certification as an advanced emergency medical technician that allows me, or my employee/volunteer, to administer medication. I am required to have a Health Care Plan for Administration of Medication.  
**I have attached a copy of my or my employee/volunteer's current medical license or certification, and a copy of the approval page of the Health Care Plan for Administration of Medication.**
- d) I have, or my employee/volunteer has, met the training requirements of OCFS regulations, 18 NYCRR Part 415.4 (f)(7)(iv)(z). I am required to have a Health Care Plan for Administration of Medication.  
**I have attached a copy of the approval page of the Health Care Plan for Administration of Medication.**

**B. INTENT TO SEEK AUTHORIZATION TO ADMINISTER MEDICATION TO SUBSIDIZED DAY CARE CHILDREN**

*The provider must complete this section if the provider is not permitted to administer medications and does not have an employee/volunteer permitted to administer medication.*

1. Will you be seeking authorization to administer medication to children in subsidized care? *(Choose one).*
- a) Yes. I want to learn how to start the process. *Ask the Enrollment Agency for the following form: OCFS-LDSS-7007, Obtaining Authorization to Administer Medication to Children in Legally-Exempt Care.*
  - b) No. I will not be seeking authorization to administer medication at this time.

**C. PARENT/CARETAKER AND PROVIDER AGREEMENT FOR ADMINISTRATION OF MEDICATION**

*Parent/caretaker must complete.*

1. Who will be responsible for administering medication to your child(ren) in the provider's care? *(Check all that apply).*
- a) The child care provider or qualified employee/volunteer named on this form will administer medication to the child.
  - b) The legally-exempt child care provider or employee/volunteer will not administer medication. Instead, the parent/caretaker will administer medication or choose a person who is permitted under NYS Education Law to administer medication. This may include a member of the child's household or certain relatives, including the child's:
    - grandparent,
    - great-grandparent,
    - great-great-grandparent,
    - aunt/uncle (and spouse),
    - great aunt/great uncle (and spouse),
    - first cousin (and spouse), or
    - brother/sister
- The parent/caretaker will inform the provider in writing when he or she has chosen a person to give medication to his or her child.

**D. PROVIDER CERTIFICATION REGARDING ADMINISTRATION OF MEDICATION**

*The provider must read and sign this certification.*

- I will administer medication in compliance with NYS Law and only to the extent that I am permitted by NYS Law to do so.
- If I have employees, I will make sure that each of my employees administers medication in compliance with NYS Law and only to the extent permitted by NYS Law.
- If I have volunteers, I will make sure that each of my volunteers administers medication in compliance with NYS Law and only to the extent permitted by NYS Law.

**By signing, I agree that the all statements regarding administration of medication on this form are true and accurate.**

PROVIDER SIGNATURE <b>X</b>	DATE
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**E. PARENT/CARETAKER CERTIFICATION REGARDING ADMINISTRATION OF MEDICATION**

*The parent/caretaker must read and sign this certification.*

- I understand that it is my responsibility to make sure my child(ren) receives any necessary medication.
- I understand that if I choose a child care provider who is not able to meet all of my child(ren)'s health care needs, I am responsible for making additional arrangements to meet the child(ren)'s needs. I will make all necessary arrangements prior to placing my child in the provider's care.
- My provider has informed me whether he or she (or his/her employee/volunteer) is legally permitted to administer medication. I have read the Qualifications for Administration of Medication Section of this enrollment form, and I understand whether or not my provider or his/her employee/volunteer is legally permitted to give medication to my child(ren).
- My child care provider and I have discussed who will administer medication to my child(ren) while the child(ren) is in the provider's care. Our agreement regarding who will be responsible for administering medication to my child(ren) is indicated on this form.
- I understand that I may administer medication to my child, or that I may authorize another person that is legally permitted to administer medication to my child. I may authorize a member of my child's household or certain relatives of the child to administer medication. The relatives who may be authorized include: the child's grandparent, great-grandparent, great-great-grandparent, aunt/uncle (and spouse), great aunt/great uncle (and spouse), brother/sister or first cousin (and spouse).

**By signing, I agree that the all statements regarding administration of medication on this form are true and accurate.**

PARENT/CARETAKER SIGNATURE <b>X</b>	DATE
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**Section VII. PARENT/CARETAKER AND PROVIDER CERTIFICATIONS**

**A. PARENT/CARETAKER CERTIFICATIONS**

*The parent/caretaker must read this section.*

- I will notify the Department of Social Services and my provider if the hours that I need child care or other circumstances related to my need or eligibility for child care change.
- I certify that I have selected this provider to care for my child(ren).
- I understand that it is my responsibility to monitor the quality of care furnished to my child(ren).
- I agree to pay my family share (fee), if any, as directed by the Department of Social Services.
- I understand that the Department of Social Services cannot issue payment for care given by a provider who cannot be enrolled or who is ineligible. If I choose to use such a provider, I am responsible to pay for the child care myself. I understand I have the right to select another provider.
- I understand that these agreements apply for as long as this provider is caring for my children.

**B. PROVIDER CERTIFICATIONS**

*The provider must read this section.*

- I will notify the Enrollment Agency immediately if the hours of care, number of children in my care, or any information provided on the enrollment form or attachments changes.
- I agree to collect the family share (fee) if instructed to do so by the Department of Social Services. I will immediately notify the Department of Social Services if the parent/caretaker fails to pay the required family share.
- I agree to provide accurate attendance records as required by the Department of Social Services.
- I understand that representatives of the Department of Social Services, the State of New York and the Enrollment Agency may visit my child care program to confirm that the information on my enrollment form and/or on attendance forms is true and accurate and that child care services are being provided as listed on those forms.
- I agree to allow representatives of the Department of Social Services, the State of New York and the Enrollment Agency access to the premises where child care is provided for a child receiving a child care subsidy. I understand that if I do not allow such access, then I will be considered an ineligible provider.
- I understand any child care I provide to a child receiving a child care subsidy, while I am deemed an ineligible provider by the Enrollment Agency, will not be reimbursed by the Department of Social Services.
- I understand and agree to meet all of the conditions stated above for as long as I am providing child care. I understand that I am required to inform the Enrollment Agency and the parent/caretaker if there is a change in the information slated on the enrollment form

**C. PARENT/CARETAKER AND PROVIDER CERTIFICATIONS**

*The provider and the parent/caretaker must read this section.*

- We understand that the provider must be accepted for enrollment with the Enrollment Agency before any payment can be made.
- We understand that the provider may not be eligible to provide child care AND that the Department of Social Services may not be able to pay such provider when:
  - The provider has a history of Article 10 (child protective) removal of a child by family court order, or
  - the provider has a history of termination of parental rights under FCA Article 6 or equivalent legal authority, or
  - The provider has a history of denial, revocation and/or suspension of a license or registration to operate a child day care program, or
  - The provider, any volunteer who is likely to have regular contact with my children or any employee has been convicted of a crime.
- We understand that we may request the Enrollment Agency to review extenuating circumstances to determine if an exception could be made to allow my provider to provide child care. If we request an exception, the provider must provide all information, documents or references required by the Enrollment Agency.
- We understand that if the Enrollment Agency determines a provider cannot be enrolled, then the Department of Social Services cannot issue payment for care given by the provider. The parent/caretaker has the right and responsibility to decide whether he/she wants to use this provider. If the parent/caretaker chooses to use such a provider, the parent/caretaker is responsible to pay for the child care.

**D. CERTIFICATION**

*The provider and the parent/caretaker must read and sign below.*

**By signing this, we, the parent/caretaker and provider, certify to the best of our knowledge that all statements made on this enrollment form and any attachments to it are true and accurate.**

**We understand and agree to continue to meet all conditions stated above.**

**We understand that providing false information or deliberately concealing information may result in the provider being denied enrollment, the provider’s enrollment being terminated, the local Department of Social Services terminating child care subsidy payments, and/or the local Department of Social Services taking legal action against the provider or parent/caretaker.**

PARENT/CARETAKER SIGNATURE <b>X</b>	DATE
PROVIDER SIGNATURE <b>X</b>	DATE

**Return this form and attachments to:**

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**EMPLOYMENT OF MINORS FORM**

*This form must be completed by any child care provider who is under 18 years of age.*

PROVIDER NAME:

DATE OF BIRTH:

**I agree to the following conditions.**

**1) I do not and will not provide child care during the hours I am required to be in school,  
AND**

**2) When school is in session (September through June except for mid-school year  
vacations) *Check one:***

I am 14 or 15 years old.

I work no more than 3 hours per day and no more than 18 hours per week while school  
is in session.

I do not provide care between the hours of 7:00 PM and 7:00 AM.

**OR**  I am 16 or 17 years old.

I work no more than 4 hours per day and no more than 28 hours per week while school  
is in session.

I do not provide care between the hours of 10:00 PM and 6:00 AM.

**AND**

**3) When school is not in session (July, August and mid-school year vacations)  
*Check one:***

I am 14 or 15 years old.

I work no more than 8 hours per day and 40 hours per week.

I do not provide care between 9:00 PM and 7:00 AM.

**OR**  I am 16 or 17 years old.

I work no more than 8 hours a day and 48 hours per week.

I do not work between midnight and 6:00 AM.

**I have attached a copy of my working papers.**

**By signing this form I agree that all the above statements are true and accurate.**

PROVIDER SIGNATURE:

DATE:

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES**EMPLOYMENT OF MINORS, INFORMATION****HOURS OF WORK**

The limitations on the working hours of minors depend upon age, the type of work, and whether the minor is attending school. New York State sets some of the most stringent child labor laws in the country, which limit the number of hours that minors under 18 may work when school is in session. The State requires that 16 and 17 year-olds may not work past 10 P.M. on the night before a school day without written permission from the minor's parent and a certificate of satisfactory academic standing from their school.

Minors may not work during the hours when they are required to attend school.

When school is in session, generally from September to June, minors 14 and 15 years-old may not work in any occupation except farm labor and selling or distributing newspapers for:

- more than 3 hours on any school day
- more than 8 hours on a Saturday or a non-school day
- more than 18 hours in any week
- more than 6 days in any week.

However, if a 14 or 15 year-old minor is employed as part of any type of supervised work study or work experience program that is approved by the Commissioner of Education, the minor may work 3 hours on a school day and 23 hours a week, instead of 3 hours a day and 18 hours a week.

When school is in session, minors 16 and 17 years-old enrolled in a day school, other than a part-time or continuation school, may not work in any occupation (except farm work and selling or distributing newspapers):

- more than 4 hours on any day preceding a school day (M, T, W, Th.)
- more than 8 hours on Friday, Saturday, Sunday, or Holiday
- more than 28 hours in any week
- more than 6 days in any week.

However, students enrolled in a cooperative work experience program approved by the Department of Education may be employed up to a maximum of 6 hours on a day preceding a school day other than a Sunday or a holiday if these hours are in conjunction with the program. Any hours worked in such program shall be included when calculating the number of hours worked for the 4 hour maximum.

When school is not in session, and during vacations (school must be closed for the entire calendar week), minors under 18 generally may not work more than 8 hours a day, 6 days a week; minors 14 and 15 may not work more than 40 hours a week and 16 and 17 year-olds may not work more than 48 hours a week.

Federal legislation limits the work of 14 and 15 year-olds in firms engaged in interstate commerce to a maximum 3-hour day and 18-hour week when school is in session and to an 8-hour day and 40-hour week when school is not in session. (School must be closed for the entire calendar week.)

## **Employment of Minors, Information (continued)**

In school cafeterias, a minor who has an employment certificate may work during the lunch period at the school he or she attends.

On farms, 12 and 13 year-olds who have farm work permits to pick berries, fruits, or vegetables may not work more than 4 hours per day, before 9 a.m. or after 4 p.m. or when school is in session from the day after Labor Day to June 20th. From June 21st to Labor Day, they may work 4 hours per day between the hours of 7 a.m. and 7 p.m. There are no hour regulations for farm work that apply to minors 14 years of age or older.

When a minor is employed in two or more establishments in the same day or week, the total time of employment may not exceed the daily or weekly allowance for a single establishment.

### **NIGHTWORK RESTRICTIONS**

In addition to the limitations on the number of hours minors may work in a day or a week, the law prohibits them from working before or after certain hours, depending on their age and occupation.

Minors under 16 may not work between 7 p.m. and 7 a.m. in most jobs, after Labor Day to June 20th, and between 9 p.m. and 7 a.m. from June 21st to Labor Day.

Newspaper carriers may not work between 7 p.m. (or 30 minutes prior to sunset, which ever is later) and 5 a.m. Minors engaged in street trades may not work between 7 p.m. and 6 a.m.

Minors 16 and 17 years old may not work between midnight and 6 a.m. when school is not in session (vacation). They may work after 10 p.m. up to midnight during the school year only with the written consent of a parent and a certificate of good academic standing from their school.

Parental Consent Forms may be obtained by an employer from the Division of Labor Standards office in your area. The school the minor attends issues the Certificate of Satisfactory Academic Standing.

### **POSTING PROVISIONS**

The employer must make a schedule for all minors and post it in a conspicuous place. The schedule sets forth the hours minors start and end work and time allotted for meals. The hours of work can be changed, as long as the changes are posted on the schedule. Minors may work only on the days and at the times posted on the schedule. If minors are present at other times or if no schedule is posted, it is a violation of the child labor law.

*Note: This summary of the laws governing the employment of minors has been taken from the main page of the New York State Department of Labor's Web site.*

## **Employment of Minors, Information (continued)**

### **EMPLOYMENT CERTIFICATES AND PERMITS (WORKING PAPERS FOR MINORS)**

#### **CERTIFICATES**

A Student Non-factory Employment Certificate (AT-18, blue paper) is issued to a minor 14 or 15 years old for permitted work in any trade, business, or service, but not for work in a factory workroom or for work involving use of dangerous materials or chemical processes.

A Student General Employment Certificate (AT-19, green paper) is issued to a minor 16 or 17 years old who is attending school. It is valid for work in a factory or any other trade, business, or service, but not valid for hazardous employment such as operating certain power-driven machines, construction work, or for work as a helper on a motor vehicle.

A Full-Time Employment Certificate (AT-20, salmon paper) is issued to a minor 16 or 17 years old who is not attending school, or is leaving school for full-time employment. It is valid for work in a factory or any other trade, business, or service but not valid for hazardous employment such as operating certain power-driven machines, construction work, or for work as a helper on a motor vehicle.

#### **OBTAINING EMPLOYMENT CERTIFICATES AND PERMITS**

Minors can obtain employment certificates or permits from the school they attend or from the superintendent of schools in that area. The paperwork required includes:

Written permission from a parent to work. (There are exceptions for minors considered to be emancipated by school authorities. An emancipated minor does not need their parents' permission to work. All other requirements pertaining to minors such as hours of employment, do apply).

Proof of age, either a birth certificate or some other document at least two years old that satisfies the officer issuing the certificate.

A certificate of physical fitness to assure that the young person is in sound health and that the work will not impair his/her physical condition. School medical doctors or physicians designated by the Department of Health give physical examinations. Otherwise minors may obtain a certificate of physical fitness from their own doctor. Minors from neighboring states who seek work in New York can use a certificate issued by a physician in their home state. Physicians who find that a youth age 14 to 18 is not physically fit for some occupations but may engage safely in other types of work, can issue a certificate of limited physical fitness.

For youths to obtain a full-time employment certificate, their parent or guardian must appear in person before the school authorities to give consent. (High school graduates can use written consent.) In addition, youths must provide proof of age, a certificate of physical fitness, and a schooling record. In New York City and Buffalo, a 16-year-old minor who is leaving school must have a pledge of employment signed by the prospective employer that shows the number of work-hours per day, days per week, and the nature of work to be done.

For a farm work permit, the minor must submit parental permission, proof of age, and a certificate of physical fitness. The hiring party does not have to submit a pledge of employment.

For a newspaper carrier permit or a street trades permit, the minor must present parental permission, proof of age, and a statement of physical fitness from either a school, department of health, or private doctor. The medical statement is not required for the newspaper carrier permit if the applicant participates in the school's physical education programs. Students must fill out part III of the Application for Employment Permit (AT-22).

For a child model permit, the minor must have parental consent and a health certificate.

**LEGALLY-EXEMPT IN-HOME CHILD CARE PROVIDER AGREEMENT FORM**

This form must be completed whenever legally-exempt in-home care is provided.

**1. Parent Certification**

I understand that I can choose who will provide child care for my child.

I understand that if I choose someone to come into my home to provide child care, that I am the sole employer of this person.

I understand that as the employer, I am responsible for paying minimum wage and benefits to my employee and I may have other responsibilities to my employee.

I understand that it is my obligation to find out what I am responsible for as an employer and make sure I am doing what is required of me as an employer, including but not limited to paying all applicable Federal and State employment taxes required to be paid by me as an employer.

I understand that any child care benefit for which I am eligible may only cover a portion of my child care costs.

I understand that I am responsible for any child care costs that my child care benefit does not cover.

PARENT/CARETAKER SIGNATURE:	DATE:
PARENT/CARETAKER SIGNATURE:	

**2. In-Home Provider Certification**

I have been hired by \_\_\_\_\_ to provide child care in  
(NAME OF PARENT/CARETAKER)

\_\_\_\_\_ home. My work schedule and wages are determined by  
(NAME OF PARENT/CARETAKER)

\_\_\_\_\_, who is my employer. I understand that as my employer, it is  
(NAME OF PARENT/CARETAKER)

\_\_\_\_\_’s responsibility to pay my wages, benefits, and all applicable  
(NAME OF PARENT/CARETAKER)

Federal and State employment taxes required to be paid by my employer.

I understand and acknowledge that I am not an employee of \_\_\_\_\_

County Department of Social Services. I further understand that child care payments that I receive directly or indirectly for providing child care will not make me an employee of that county.

By signing this form, the parent and provider agree to all of the requirements listed above. No payment will be made unless the parent and the provider sign this form.

PROVIDER SIGNATURE:	DATE:
PROVIDER NAME (PRINT):	

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICE**PARENTAL RESPONSIBILITIES WHEN EMPLOYING A LEGALLY-EXEMPT IN-HOME CHILD CARE PROVIDER**

When you employ an in-home provider, you are regarded as an employer and must meet the requirements for each of the following. Minimum wage and other benefit levels are subject to change. **The figures given below are in effect as of March 1, 2006.** Check with the responsible agency listed below to make sure you meet all current requirements of that agency.

**1. Minimum Wage Requirement**

When you have someone care for your child(ren) in your home, you must pay your in-home child care provider no less than minimum wage. The New York State minimum wage is \$6.75 per hour as of January 1, 2006 and will increase to \$7.15 as of January 1, 2007. Any increase in the federal minimum wage above the state rate will result in an increase to the state's minimum wage. For more information, contact the New York State Department of Labor or visit their website at <http://www.labor.state.ny.us/>

**2. Social Security Taxes (FICA)**

The employer of an in-home child care provider is responsible for reporting and paying FICA each calendar quarter. FICA does not apply to wages you pay your children under 21 years of age. As an employer, you must withhold 7.65% of the in-home child care provider's earnings and also must contribute a matching 7.65% amount for FICA. This 7.65% is a total of 6.2% for Social Security and 1.45% for Medicare. For more information on FICA rate, forms, filing procedures, and general assistance, contact the Internal Revenue Service at 1-800-829-1040.

**3. Federal Unemployment Tax (FUTA)**

As an employer, you are required to make FUTA payments if you pay your in-home child care provider a total of \$1,000 or more in cash wages in any calendar quarter. This tax must be paid by you as the employer and cannot be deducted from your in-home child care provider's wages. You must file a Form 940 or Form 940-EZ at the end of the year. Only the first \$7,000 of the wages is subject to FUTA. To calculate the amount of tax due, multiply \$7,000 by .008 if all applicable State and Federal unemployment insurance taxes have been paid. For more information on the FUTA rate, forms, filing procedures and general assistance, you may contact the nearest Internal Revenue Service (IRS) office.

**4. NYS Unemployment Insurance**

If you pay your in-home child care provider a total of \$500 or more in a calendar quarter, you are required to pay New York State unemployment insurance (UI) taxes. The \$500 in wages need not to be paid to any one employee to make you liable to pay UI taxes. If you have paid cash wages of at least \$500 in total to one or more in-home child care providers in a calendar quarter, you are required to pay the tax. For information on how to register and for computation of your UI tax rate as an employer, contact the New York State Department of Labor, Unemployment Insurance Division, W.A. Harriman Campus, Albany, New York, 12204 or visit their website at <http://www.labor.state.ny.us/>

## **5. New York State Workers' Compensation**

When your in-home child care provider works 40 or more hours per week, you are responsible for providing Workers' Compensation Insurance and Disability Benefit Insurance coverage. This requirement does not apply to your children under the age of 21. You may not charge any part of the cost of this insurance to your in-home child care provider. This 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. For more information, contact the Worker's Compensation Board at 877-632-4996.

You may add the cost of these benefits to the rate charged by your in-home child care provider in order to calculate the full cost of your child care. You will need to tell the county department of social services how much your provider charges you and how much additional you are paying to cover the costs of the benefits. The county department of social services may be able to pay all or some portion of these benefits. The county department of social services cannot pay more than the child care market rate. You are responsible for paying your in-home the difference between the total cost of care and what the county department of social services can pay.

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**LEGALLY EXEMPT CHILD CARE PROVIDER TRAINING RECORD FORM**

*Complete and return this form to the Enrollment Agency.*

Child Care providers who have completed 10 or more hours of training in the areas listed below may be eligible to receive an enhanced reimbursement rate once verified by the Enrollment Agency.

- Principles of childhood development: focusing on the developmental stages of the age groups for which your program provides care;
- Child care program development;
- Nutrition and health needs of infants and children, which may include the administration of medication;
- Shaken baby syndrome: Education and information on the identification, diagnosis and prevention.
- Child abuse and maltreatment: Identification and prevention;
- Child abuse and maltreatment: Statutes and regulations;
- Safety and security procedures;
- Business record maintenance and management; or
- Statutes and regulations pertaining to child day care.

PROVIDER NAME:	ENROLLMENT ID NUMBER:	SOCIAL SECURITY NUMBER:
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Please list any child care training you have taken within the past 12 months, and attach documentation, such as a training certificate.

<b>1</b>	TRAINING TOPIC:	DATE COMPLETED:
	PRESENTING AGENCY:	NUMBER OF TRAINING HOURS:
	VERIFIED (FOR ENROLLMENT AGENCY USE ONLY):	
<b>2</b>	TRAINING TOPIC:	DATE COMPLETED:
	PRESENTING AGENCY:	NUMBER OF TRAINING HOURS:
	VERIFIED (FOR ENROLLMENT AGENCY USE ONLY):	
<b>3</b>	TRAINING TOPIC:	DATE COMPLETED:
	PRESENTING AGENCY:	NUMBER OF TRAINING HOURS:
	VERIFIED (FOR ENROLLMENT AGENCY USE ONLY):	
<b>4</b>	TRAINING TOPIC:	DATE COMPLETED:
	PRESENTING AGENCY:	NUMBER OF TRAINING HOURS:
	VERIFIED (FOR ENROLLMENT AGENCY USE ONLY):	

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**PARENTAL ACKNOWLEDGMENT**

Parent/caretaker Name: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

*Check only those answers that apply.*

I understand that the provider I have selected, or, other person named below who may be on the premises of the child care program, has the following history:

- Criminal conviction(s)
  - The provider has been convicted of a crime.
  - An employee, volunteer, or person 18 years of age or older who resided in the home where care is given, has been convicted of a crime
- Print Name: \_\_\_\_\_
- I have received a written summary including the nature of the crime(s), the date(s) of the conviction(s) and the penalties imposed as a result of the conviction.
- I have received a written explanation of the extenuating circumstances.
- Court ordered Article 10 removal of a child from his/her care.
  - I have received a written explanation of what led to the court ordered article 10 removal, and the underlying reasons for the removal.
  - I have received a written explanation of the extenuation circumstances.
- Termination of parental rights
  - I have received a written explanation of what led to the termination of parental rights and the underlying reasons for the termination of parental rights.
  - I have received a written explanation of the extenuating circumstances.
- Denial, revocation or suspension of a license or registration to operate a child day care program
  - I have received a written explanation of what led to the denial, revocation or suspension of the license or registration to operate a child day care program and the reason this occurred.
  - I have received a written explanation of the extenuating circumstances

I have attached a copy of the information that was given me by the provider regarding the above.

I understand that I have the right to select another provider. If I need help locating another provider, I can request such help from the Department of Social Services.

I hereby waive this right and, by signing this form, I am stating that I choose to have this provider care for my child.

PARENT/CARETAKER SIGNATURE:	DATE:
PARENT/CARETAKER NAME (PRINT)	