

GUIDE TO REVIEWING ENROLLMENT OF PROVIDER OF LEGALLY-EXEMPT FAMILY CHILD CARE AND LEGALLY-EXEMPT IN-HOME CHILD CARE.

I. TO BE COMPLETED BY THE CHILD'S PARENT

NAME: _____ CASE NUMBER: _____

ADDRESS: _____

TELEPHONE: (____) _____ SOCIAL SECURITY NUMBER: ____-____-_____

II. TO BE COMPLETED BY PROVIDER

NAME: _____

ADDRESS: _____

TELEPHONE: (____) _____ SOCIAL SECURITY NUMBER: ____-____-_____

Check all the statements and answers that apply to you.

___1. I PROVIDE CARE IN THE CHILD'S HOME. I understand that I am entitled to receive minimum wage and may be entitled to other employee benefits. I understand that the person who hired me (the child's parent), is my employer. The child's parent or guardian is responsible for the difference between minimum wage and the amount the Department of Social Services can pay for child care.

___2. I PROVIDE CARE IN MY OWN HOME and:

[] a) 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.

[] b) I provide care for no more than two children (not counting my own and not counting children who are over 13 years of age).

[] c) I provide 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.

___3. I AM UNDER 18 YEARS OF AGE. MY DATE OF BIRTH IS: _____ and:

(Check All That Apply)

- a) I have working papers. Attach a copy.
- b) I do not provide care when I am supposed to be in school.
- c) I am 14 or 15 years old and I work no more than 3 hours per day and no more than 18 hours per week while school is in session and I do not provide care between the hours of 7:00 PM and 7:00 AM.
- d) I am 16 or 17 years old and I work no more than 4 hours per day and no more than 28 hours per week while school is in session and I do not provide care between the hours of 10:00 PM and 6:00 AM.

___4. I am on Public Assistance. Case #: _____

III. TO BE COMPLETED BY PARENT(S) AND PROVIDER

The provider and the parent of the child(ren) receiving care must discuss each of the questions listed below. Record your ANSWERS in the space provided.

- Who will be in care? List the names and dates of birth of ALL THE CHILDREN the provider is watching (other than his/her own). Attach an additional page if needed.

	<u>Child's name</u>	<u>Date of Birth</u>	<u>Relationship to provider</u>
A)	-----	-----	-----
B)	-----	-----	-----
C)	-----	-----	-----
D)	-----	-----	-----

- When is care needed? For each day that care is needed, indicate what time the child(ren) will be dropped off and picked up. This information must be provided for all the children in care as listed in A through D, above and any attached pages. The alphabetical columns (A,B,C,D,) should match the children as listed in Question 1 above.

	DROP-OFF TIME				PICK-UP TIME			
	A	B	C	D	A	B	C	D
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								

3. How much does the provider charge? Indicate the rate the provider is charging for each child. This information should be provided only for the children of the parent who is signing this form.

Child's name _____ Amount charged (per hour/day/week)

A)-----

B)-----

C)-----

D)-----

[] I attest that the amount charged for children of parent signing this form does not EXCEED the amount charged for other children of the same age.

4. Who should be contacted in an emergency? Record the telephone number where the parent can be reached while the child(ren) are in care. Identify at least one other person who has agreed to pick up the child in an emergency.

Telephone number where the parent can be reached:

Name and telephone number of emergency contact person:

5. Who will provide meals and snacks? Meals and snacks may be provided either by the provider or by the parent. Check the box that fits your situation.

[] Snacks and meals will be furnished by the provider.

[] Snacks and meals will be furnished by the parent.

[] Other - Explain: _____

ATTENTION PROVIDER: IF YOU WANT INFORMATION ABOUT HOW YOU CAN GET MONEY TO HELP YOU PAY FOR MEALS AND SNACKS, PUT YOUR INITIALS ON THIS LINE. _____

6. What else does the provider need to know? Use this space to describe anything special about the child that the provider needs to know. This might include: infant feeding schedules; allergies; health problems; likes and dislikes; special needs or disabilities; etc.

IV. TO BE COMPLETED BY PARENT AND PROVIDER

HOME SAFETY CHECKLIST

Yes No

- Children are cared for on floors that include two ways for the provider and children to escape in an emergency.
- Rooms for children are well-lighted and well-ventilated. Heat, ventilating and lighting equipment are adequate for the protection of the health of the children.
- There is one operating smoke detector on each floor of the home or facility. Such detectors will be checked regularly to insure proper operation.
- Evacuation drills will be conducted at least monthly during the hours that children are in care.
- Suitable precautions will be taken to eliminate any conditions in areas accessible to children that pose a safety hazard which includes but is not limited to the following:
- Knives and other sharp objects are out of the reach of children.
- Small rugs, runners, and electrical cords are tacked down to prevent tripping.
- Electrical cords do not run beneath furniture or rugs and are out of the reach of small children.
- Extension cords are not overloaded.
- Any firearms are unloaded and stored in a locked drawer or cabinet and the key is kept in a safe place.
- Cords to venetian blinds and shades are out of the reach of children.
- Hot liquids are out of the reach of children.
- Stairs, railings, porches and balconies are in good repair.
- Small items which a child could choke on are out of the children's reach.
- Each provider will provide and use barriers to restrict children from unsafe areas. Such areas include, but are not limited to, swimming pools, open drainage ditches, wells, holes, wood and coal burning stoves, fireplaces, and permanently installed gas space heaters.
- Protective caps, covers or permanently installed obstructive devices are used on all electrical outlets that are accessible to children.
- All matches, lighters, medicines/drugs, cleaning materials, detergents, aerosol cans and other poisonous or toxic materials are stored in their original containers and used in such a way that they will not contaminate play surfaces, food preparation areas or constitute a hazard to children. Such materials are kept in an area inaccessible to children.

Yes No

[] [] The provider has either a working telephone or immediate access to one. Emergency telephone numbers for the fire department, local police or sheriff's department, poison control center and ambulance service are posted conspicuously on or adjacent to the telephone.

[] [] Where child care is provided on floors above the first floor, windows on floors above the first floor are protected by barriers or locking devices to prevent children from falling out of the windows.

[] [] There is no peeling or damaged paint or plaster.

[] [] Adequate and safe water supply and sewage facilities are provided and comply with state and local laws. Hot and cold running water is available and accessible at all times.

[] [] The home or facility is equipped with a portable first aid kit that is accessible for emergency treatment. The first aid kit is stocked to treat a broad range of injuries and situations and will be restocked as necessary. The first aid kit and any other supplies are kept in a clean container or cabinet which is not accessible to children.

[] [] The provider will ensure that each child receives meals and snacks in accordance with the agreement developed jointly by the provider and the child's parent(s).

[] [] Perishable food, milk and formula will be kept refrigerated.

[] [] Formula, breast milk and other food items for infants will not be heated in a microwave oven.

[] [] The provider will submit a statement from a physician, physician's assistant or nurse practitioner, that the provider and all family members and/or employees, as applicable, are physically and mentally fit to provide child care and are free of any communicable disease. The provider must submit the statement(s) either with the enrollment form or within 30 days of submitting that form.

[] [] The provider will not provide child care unless the provider has been furnished with a statement signed by a physician or other authorized individual who specifies that the child has received age appropriate immunization; or a statement signed by a physician or other authorized individual who indicates that one or more of the immunizations would be detrimental to the child's health, or the child's parent provides a statement indicating that the child has not been immunized due to the parent's religious beliefs. Such statements must be updated annually.

Parent Name (print)

Provider Name (print)

Parent Signature/Date

Provider Signature/Date

V. TO BE COMPLETED BY PROVIDER

The provider must complete the following statements by circling the word or phrase which completes the statement correctly.

1. I certify to the best of my knowledge and belief that I (HAVE) (HAVE NOT) been convicted of a crime in New York State or any other jurisdiction. If I have been convicted of a crime, I will provide true and accurate information in writing to the parent(s) of the children I will be caring for and to the Department of Social Services concerning the crime for which I was convicted, the date of the conviction, and any other relevant information.

I understand that I am not eligible to provide child care if I, or anyone in my household has been convicted of a felony or misdemeanor against children, unless extenuating circumstances exist.

I understand that I am not eligible to provide child care if I, or anyone in my household, has been convicted of any of the following crimes unless extenuating circumstances exist.

- o homicide and related offenses;
- o sex offenses, including sexual misconduct, rape, sodomy, and sexual abuse;
- o kidnapping and related offenses;
- o criminal possession of a controlled substance as a felony;
- o criminal sale of a controlled substance;
- o criminal sale of marijuana as a felony;
- o promoting prostitution as a felony;
- o obscenity offenses;
- o disseminating indecent material to minors;
- o incest;
- o abandonment of a child;
- o endangering the welfare of a child;
- o promoting sexual performance by a child; and
- o criminal possession of a weapon as a felony.

If I believe there were (or are) extenuating circumstances, I may request that these circumstances be reviewed to determine if an exception could be made to allow me to provide child care. If I request an exception, I will provide whatever documents or references required by the Department of Social Services.

2. I certify to the best of my knowledge and belief I (HAVE) (HAVE NOT) been indicated for child abuse or maltreatment in New York State or any other jurisdiction. If I have been indicated for child abuse or maltreatment, I will provide true and accurate information in writing to the parent(s) of the children I will be caring for and to the Department of Social Services concerning the incident(s) for which I was indicated, the date of the indication and any other relevant information.
3. I (ALLOW) (DO NOT ALLOW) the parents of all children in my care to have unlimited and on demand access to their children; to written records regarding their children; to myself; and the premises whenever their children are in care.

4. I (WILL) (WILL NOT) use corporal punishment or allow others to use corporal punishment while children are in my care. Corporal punishment means punishment inflicted directly on the body including, but not limited to: spanking; biting; shaking; slapping; twisting or squeezing; demanding excessive physical exercise, prolonged lack of movement or motion, or strenuous or bizarre postures; and compelling a child to eat or have in the child's mouth soap, foods, hot spices or foreign substances.

5. I and all of my employees, assistants or volunteers (if any) (WILL) (WILL NOT) leave children unsupervised or in the care of other individuals.

6. I (WILL) (WILL NOT) use or be under the influence of alcohol or drugs while children are in my care.

7. I (WILL) (WILL NOT) make sure that children are not exposed to individuals using drugs or alcohol while in my care.

8. I (WILL) (WILL NOT) smoke or allow smoking in indoor areas, in outdoor areas when in use by children, and in vehicles while children are being transported.

Provider Name (Print)

Provider Signature

Date

VI. TO BE COMPLETED BY EACH PERSON 18 YEARS OR OLDER WHO LIVES IN THE PROVIDER'S HOME AND ANY ASSISTANT, EMPLOYEE OR VOLUNTEER WHO WORKS WITH THE PROVIDER

SKIP THIS SECTION IF THE CARE IS PROVIDED IN THE CHILD'S HOME.

Directions: Each person 18 years of age or older who resides in the home of the provider and each employe, assistant, or volunteer (other than a parent of a child in the program) must complete the following statements by circling the word or phrase which completes the statement correctly. This page may be copied if necessary.

Name: _____ Date of Birth: _____

1. I certify to the best of my knowledge and belief I (HAVE) (HAVE NOT) been convicted of a crime in New York State or any other jurisdiction. If I have been convicted of a crime, I will provide true and accurate information in writing to the parent of the children I will be caring for and to the Department of Social Services concerning the crime for which I was convicted, the date of the conviction, and any other relevant information.

I understand that I am not eligible to provide child care if I have been convicted of a felony or misdemeanor against children.

I understand that I am not eligible to provide child care if I have been convicted of any of the following crimes unless extenuating circumstances exist.

- o homicide and related offenses;
- o sex offenses, including sexual misconduct, rape, sodomy, and sexual abuse;
- o kidnapping and related offenses;
- o criminal possession of a controlled substance as a felony;
- o criminal sale of a controlled substance;
- o criminal sale of marijuana as a felony;
- o promoting prostitution as a felony;
- o obscenity offenses;
- o disseminating indecent material to minors;
- o incest;
- o abandonment of a child;
- o endangering the welfare of a child;
- o promoting sexual performance by a child; or
- o criminal possession of a weapon as a felony.

If I believe there were (or are) extenuating circumstances related to the above crimes, I may request that these circumstances be reviewed to determine if an exception could be made to allow me to provide child care. If I request an exception, I will provide whatever documents or references required by the parent and the Department of Social Services.

2. I certify to the best of my knowledge and belief I (HAVE) (HAVE NOT) been indicated for child abuse or maltreatment in New York State or any other jurisdiction. If I have been indicated for child abuse or maltreatment, I will provide true and accurate information, in writing, to the parent(s) of the children I will be caring for and to the Department of Social Services concerning the incident(s) for which I was indicated, the date of the indication and any other relevant information.

3. I (ALLOW) (DO NOT ALLOW) the custodial parents of all children in my care to have unlimited and on demand access to their children, to written records regarding their children, to myself, and the premises whenever their children are in care.

4. I (WILL) (WILL NOT) use corporal punishment or allow others to use corporal punishment while children are in my care. Corporal punishment is punishment inflicted directly on the body including, but not limited to: spanking; biting; shaking; slapping; twisting or squeezing; demanding excessive physical exercise, prolonged lack of movement or motion, or strenuous or bizarre postures; and compelling a child to eat or have in the child's mouth soap, foods, hot spices or foreign substances.

Name (Print)

Signature

Date

VII. TO BE COMPLETED BY THE PROVIDER OF LEGALLY-EXEMPT FAMILY CHILD CARE

PROVIDER CERTIFICATIONS

1. I certify that to the best of my knowledge and belief all statements made on this form are accurate and true. I understand that providing false information may result in the termination of payments and legal action by the Department of Social Services.
2. I agree that the information on this form represents the decisions the parent and I have reached about how care will be provided. I agree to comply with these decisions.
3. I will notify the Department of Social Services immediately if the hours of care or number of children in my care changes. Except in an emergency, I agree to give the parent at least one week notice if I must stop providing care.
4. I certify that the parent and I completed the Home Safety Checklist together. I understand that no payment can be authorized until items marked "No" on the Home Safety Checklist have been corrected. I agree to provide documentation that these items have been corrected and will maintain these conditions.
5. I understand that if I have or any employee, assistant or volunteer 18 years of age or older working in my program (other than a volunteer who is the parent of a child in the program) or a person 18 years of age or older residing in my home has been convicted of a crime, the Department of Social Services may not be able to pay me as a provider of subsidized child care services.
6. 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 fails to pay the required family fee.
7. I agree to provide accurate attendance records in accordance with the instructions of the Department of Social Services.

Provider Name (Print)

Provider's signature

Date

TO BE COMPLETED BY THE LEGALLY-EXEMPT IN-HOME CHILD CARE PROVIDER

PROVIDER CERTIFICATIONS

1. I certify to the best of my knowledge and belief all statements made on this form are accurate and true. I understand that providing false information may result in the termination of payments and legal action by the Department of Social Services.
2. I agree that the information on this form represents the decisions the parent and I have reached about how care will be provided. I agree to comply with these decisions.
3. I will notify the Department of Social Services immediately if the hours of care or number of children in my care changes. Except in an emergency, I agree to give the parent at least one week notice if I must stop providing care.
4. I certify that the parent and I completed the Home Safety Checklist together. I understand that no payment can be authorized until items marked "NO" on the Home Safety Checklist have been corrected. I agree to provide documentation that these items have been corrected and will maintain these conditions.
5. I understand that if I have an employee, assistant, or volunteer age 18 or older working with me in the child's home who has been convicted of a crime, the Department of Social Services may not be able to pay me for subsidized child care services.
6. 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 fails to pay the required family fee.
7. I agree to provide accurate attendance records in accordance with instructions of the Department of Social Services.

Provider Name (print)

Provider's Signature

Date

VIII. TO BE COMPLETED BY THE PARENT

PARENT CERTIFICATIONS

1. I certify that to the best of my knowledge and belief all statements made on this form are accurate and true. I understand that providing false information may result in the termination of payments and legal action by the Department of Social Services.
2. I agree that the information on this form represents the decisions the provider and I have reached about how care will be provided. I agree to comply with these decisions.
3. I will notify the Department of Social Services if the hours that I need care or other circumstances related to my need or eligibility for care change.
4. I agree to pay my family share (fee) as directed by the Department of Social Services.
5. I certify that the provider and I completed the home safety checklist together. I understand that no payment can be authorized until items marked "No" on the Home Safety Checklist have been corrected. I agree to provide documentation that these items have been corrected and I agree to maintain the conditions I have corrected.
6. I understand that if the provider I have selected, or a person 18 years of age or older residing with the provider, or any employee, assistant, or volunteer who works with the provider I have selected has been convicted of a crime, the Department of Social Services may not be able to make payments to the provider based on its evaluation of the nature of the conviction. I further understand that in those instances where criminal convictions exist and the Department of Social Services determines that it is able to make payment to the provider, I have the right and responsibility to evaluate the situation and decide whether I want to use this provider. I understand that I have the right to select another provider.

If I choose to use a provider where either the provider or a person 18 years of age or older residing with the provider, or any employee, assistant or volunteer who works with the provider has been the subject of an indicated report of child abuse or maltreatment and/or has been convicted of a crime, I must sign a parental acknowledgment form.

7. I certify that I have selected and arranged for this provider to furnish care for my child(ren). I understand that it is my responsibility to monitor the quality of care furnished to my child(ren).

8. I am aware that if I employ an in-home provider, I am responsible for paying this individual minimum wage and any other applicable benefits. When the total costs of child care (including benefits) exceeds the amount that is paid by the department of social services (DSS), I understand it is my responsibility to pay the difference between what the DSS pays and the total costs.

Parent Name (Print)

Parent's signature

Date

GUIDE TO REVIEWING ENROLLMENT OF LEGALLY-EXEMPT FAMILY DAY CARE OR LEGALLY-EXEMPT IN-HOME DAY CARE

NOTE: THE ENROLLMENT FORM MUST BE UPDATED AND REVIEWED AT RECERTIFICATION AND AT ANY OTHER TIME WHEN A CHANGE IN CIRCUMSTANCES WARRANTS SUCH REVIEW.

SECTION I: Must be completed by the child's parent

This section provides client identifying information: name, address, telephone number, case number and social security number.

SECTION II: Must be completed by the provider

The header to this section provides the name, address, and telephone number of the provider.

A series of four statements follow. Providers should check all of the statements which apply to their situations. The worker's review of these statements will help determine whether the care being provided is legally-exempt from regulation.

Statement #1: This statement must be checked if the care is being provided in the child's home. Additional information regarding in-home care is found in the text of this LCM and in Attachments G and I.

Statement #2: This statement applies to care provided in the home of the provider. The provider must select either 2a, 2b or 2c in order to be eligible for payment. If none of these choices is checked, then the provider is not a legally-exempt child care provider. The worker must review Section II and Section III to make sure the information in each section is consistent.

- a. A provider of legally exempt family child care or legally-exempt in home child care can care for an unlimited number of children as long as all the children are related to the provider within the third degree of relationship. When a provider of legally-exempt family child care is caring for some number of related children and simultaneously provides child care for other children who are not related, the total number of unrelated children in care cannot exceed two (2) and the total number of all children must not exceed eight (8).

- b. When care is being provided for more than three hours per day, a provider of legally-exempt family child care or legally-exempt in-home child care may only care for one or two children. These hours need not be consecutive. For example, if three or more children go to a neighbor's home for one hour before school starts in the morning and for 2-1/2 hours after school in the afternoon, the provider is required to be registered as a family day care provider or licensed as a group family day care provider. When care is provided for three hours or less per day a provider can care for any number of children.
- c. A provider of legally-exempt family day care may care for more than two children for some portion of the day as long as there are never more than 2 children in care at the same time for a period of time in excess of 3 hours a day

Statement #3: This statement applies when care is provided by someone who is under 18 years of age. Providers who are under 18 years of age must be working in accordance with the labor standards for minors. Paragraphs (a)-(d) cover most, but not all, of the restrictions for employed minors. Attachment I "Permitted Working Hours for Minors Under 18 Years of Age," provides a more complete summary of the New York State Labor Law relating to minors.

If the provider is under 18 years of age, the following requirements of New York State Labor Law apply.

- a. All minors who are providing child care are required to have working papers. Minors without working papers are not eligible for payment. The minor is eligible only from the date of the working papers forward. A current copy of the working papers must be attached to the enrollment form.
- b. State Labor Law prohibits minors from working during the hours they are required to attend school. If the minor does not check the statement that says he or she does not provide care when he or she is supposed to be in school, then they are not eligible for payment.
- c. As a general rule, minors aged 14 and 15 years must check the statement that indicates they do not provide care for more than 3 hours per day in order to be eligible for payment. See Attachment I for exceptions.
- d. As a general rule, minors aged 16 and 17 years must check the statement that says they do not work more than 4 hours per day in order to be eligible for payment. See Attachment I for exceptions.

Statement #4: Providers who are in receipt of public assistance (PA) (temporary assistance or safety net assistance) must furnish their PA case numbers. Since payments received for child care services must be budgeted as income for temporary assistance or safety net recipients, districts are encouraged to develop procedures to alert the appropriate unit whenever a public assistance recipient is enrolled as a provider of legally-exempt child day care or legally-exempt in-home child care.

SECTION III: Must be completed jointly by the parent(s) and the provider

1. In this part, parents and providers must list the names, dates of birth and relationship to the provider of the ALL children (other than the provider's own children) who are, or will be, in care. This includes ALL children whether or not they receive a subsidy from the Department of Social Services.
2. Parents and providers must fill-in the drop-off and pick-up times for each day that each child is, or will be, in care.
3. Parents and providers must state the rate the provider charges for each of that parent's child(ren) in care. They must also attest that they are not charging more than they charge the general public.
4. In this part, parents must furnish a telephone number where they can be reached while the child is in care, as well as the name and telephone number of at least one additional emergency contact person.
5. In this part, parents and providers must state whether snacks and meals will be furnished by the parent or by the provider. Space is provided for the provider to initial if s/he wishes to receive information about how to get money to help pay for meals and snacks. If the provider initials this section, the district should:
 - a) give the provider's name, address and telephone number to the Child and Adult Care Food Program (CACFP) sponsor for the county as listed on Attachment L; or
 - b) give the provider the name and telephone number for the CACFP sponsor serving the county in which the provider is located (see Attachment L.
6. This part provides the opportunity for parents to describe anything special about the child that the provider needs to know. This might include: infant feeding schedules, allergies, health problems, likes and dislikes, special needs or disabilities, etc.

SECTION IV: Must be completed jointly by the parent and provider

This section is a home safety checklist which must be completed jointly by the provider and the parent. There are two separate checklists. One is for care in the provider's home and one is for care in the child's home. Payment cannot be authorized until all items marked "No" have been corrected. The district must ask the provider and/or the parent to furnish documentation that needed corrections have been made. This information must be reviewed to determine if payment can be made.

MEDICAL STATEMENTS FOR LEGALLY-EXEMPT FAMILY CHILD CARE AND LEGALLY-EXEMPT IN-HOME CHILD CARE PROVIDERS.

Providers are required to submit a statement from a physician's assistant or, nurse practitioner, that the provider and all family members, employees, assistants and volunteers are physically and mentally fit to provide child care and are free from any communicable disease. The provider must submit the statement(s) either with the enrollment form or within 30 days of submitting that form. Providers who have properly completed and submitted all other required forms and materials and are awaiting the medical statements may be enrolled and paid during this 30 day period. NOTE: Household members in legally-exempt in-home child care who are not the provider, employee, assistant, or volunteer are not required to have a physician's statement.

SECTION V: Must be completed by the provider

Providers must complete each statement by circling the word or phrase which completes the statement correctly for their specific situations.

Statement #1: This statement solicits information regarding whether the provider has any criminal convictions. If the provider indicates that he or she has been convicted of a crime, additional information concerning the specifics of the crime, the date of conviction and other relevant information must be requested in writing and reviewed. If the individual fails to furnish such information to either the social services district or the parent, payment cannot be authorized.

Payment cannot be made for child care services if the provider has been convicted of a felony or misdemeanor against children.

The following crimes are considered by the Office of Children and Family Services to involve an unreasonable risk to the safety or welfare of the child(ren) in care. A criminal conviction for any of the crimes identified in the following list creates a strong presumption against enrolling the legally-exempt program in question. This presumption could then be overcome only upon a showing of some extraordinary circumstance justifying enrollment.

- o homicide and related offenses;
- o sex offenses, including sexual misconduct, rape, sodomy, and sexual abuse;
- o criminal possession of a controlled substance as a felony;
- o criminal sale of a controlled substance;
- o criminal sale of marijuana as a felony;
- o promoting prostitution as a felony;
- o obscenity offenses;
- o kidnapping and related offenses;
- o disseminating indecent material to minors;
- o incest;
- o abandonment of a child;
- o endangering the welfare of a child;
- o promoting sexual performance by a child; and
- o criminal possession of a weapon as a felony.

For all other felony and misdemeanor offenses, the district must evaluate whether the criminal background poses an unreasonable risk to the safety or welfare of the child(ren). The district may require the provider to furnish additional information needed to make this evaluation. Such information may include, but is not limited to: the nature of the crime; the penalties imposed as the result of the conviction; any evidence of rehabilitation; and the length of time that has elapsed since the conviction. Evaluations must be made in a manner consistent with the guidelines in Attachment E, "Evaluating Legally-Exempt Providers With Criminal Convictions."

Before enrolling a provider with a criminal conviction, the district must determine whether the specific conviction would eliminate the provider from being eligible for payment. If yes, the provider is not eligible for payment. If the convictions would not eliminate the provider and the parent still requests the provider care for their child, the district must obtain a signed acknowledgment from the parent (Attachment H) indicating that the parent is aware of the specific convictions and still chooses this provider.

If the parent chooses to utilize a provider with criminal convictions and the district feels this choice would jeopardize the child's health, safety or well-being, the district must inform the parent that a report will be made with the State Central Register. The district must then make that report if the parent places the child in the care of that provider.

Statement 2: This statement solicits information regarding whether the provider has been indicated for child abuse or maltreatment. If the provider acknowledges that s/he has been indicated for child abuse or maltreatment, additional information regarding the indicated incident(s), including the nature of the incident, the date of the indication and any other relevant information must be provided by the provider in writing to the district and to the parent.

When a provider acknowledges that s/he has been indicated for child abuse or maltreatment, the district must offer the parent the opportunity to select another provider. If the parent declines this opportunity, the district must have the parent indicate on the enrollment form that s/he understands the information provided regarding the indicated incident and whether s/he still wishes to have child care provided by this provider. If yes, the parent must also complete the acknowledgment form, Attachment H. If the parent indicates that s/he still wants to use this provider and the provider meets all other applicable requirements, then payment must be made. If the parent chooses to utilize a provider with an indicated report of child abuse and maltreatment and the district feels this choice would jeopardize the child's health, safety or well-being, the district must inform the parent that a report will be made with the State Central Register. (Factors to consider in assessing the individual's risk to children are provided in Attachment F). The district must then make that report if the parent places the child in the care of that provider.

If the district has direct knowledge that the information provided by the provider is false, the district must not enroll the provider and no payment can be made for child care services provided by this provider until such time as the false information is corrected and the above requirements regarding disclosure and parental acknowledgment are completed.

Statement 3: Payment may be authorized only when the provider allows the custodial parents unlimited and on demand access to their children, to written records regarding their children, to the provider, and to the premises whenever their children are in care.

Statement 4: Payment can be authorized only when the provider attests that s/he will not use corporal punishment or allow others to use corporal punishment while children are in care.

Statement 5: Payment can be authorized only when the provider indicates that s/he as well as any volunteer, assistant or employee will not leave children unsupervised or in the care of other individuals.

Statement 6: Payment can be authorized only when the provider indicates that s/he will not use or be under the influence of alcohol or drugs while children are in care.

Statement 7: Payment can be authorized only when the provider indicates that s/he will ensure that children are not exposed to individuals using drugs or alcohol while in care.

Statement 8: Payment can only be authorized when the provider indicates that s/he will not smoke or allow smoking in indoor areas, in outdoor areas in use by children, and in vehicles while children are being transported.

SECTION VI: Must be completed by each individual 18 years of age or older residing in the provider's home

THIS SECTION DOES NOT APPLY IF CARE IS PROVIDED IN THE CHILD'S HOME.

Statement 1: This statement solicits information regarding whether each person 18 years of age or older residing in the provider's home or any employee or volunteer (other than a parent of a child in the program) has been convicted of a crime in New York State or any other jurisdiction. Response to this statement must be evaluated in the same manner as previously discussed for the corresponding statement from the provider (see Section V, Statement 1).

Statement 2: This statement solicits information regarding whether each person 18 years of age or older or any employee or volunteer residing in the provider's home has been indicated for child abuse or maltreatment. The response to this statement must be evaluated in the same manner as previously discussed for the corresponding statement from the provider (see Section V, Statement 2).

SECTION VII: Must be completed by the provider

This section asks the provider to certify the accuracy and truthfulness of the information on the enrollment form and to agree: to provide care in a manner consistent with the provisions set forth in the enrollment form; to immediately notify the Department of Social Services if the hours of care or number of children in care changes; to give parents at least one week's notice before discontinuing services; to provide documentation of corrections to deficiencies identified on the home safety checklist to the Department of Social Services; to collect the family share (fee) if instructed to do so by the Department of Social Services and to report delinquent family shares (fees) immediately; and to provide accurate attendance records in accordance with the instructions of the Department of Social Services.

The provider is required to sign and date this section. Payment cannot be authorized if the provider refuses to sign.

SECTION VIII: Must be completed by the parent

This section asks the parent to certify the accuracy and truthfulness of the information on the enrollment form and to agree to: comply with the provisions of care in a manner consistent with those set forth in the enrollment form; notify the Department of Social Services if the hours of care or other circumstances related to their need for care change; provide documentation of corrections to deficiencies identified on the home safety checklist at the request of the Department of Social Services; to pay the family share as directed by the Department of Social Services; and certify that s/he has selected and arranged for the provider to furnish care to the child(ren) and assumes responsibility for monitoring the quality of care furnished to the child(ren).

The parent is required to sign and date this section. Payment cannot be authorized if the parent refuses to sign.