

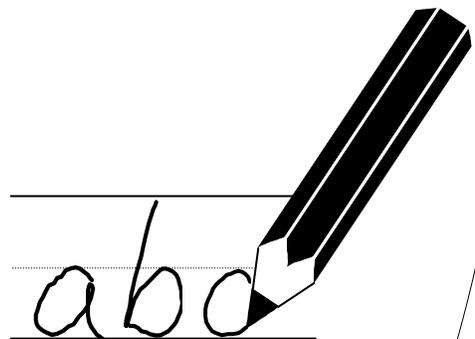
New York State

Office of Children and Family Services

Division of
Child Care Services

New York State
School-Age Child Care

SAMPLE



Pursuant to the Americans with Disabilities Act, the State Office of Children and Family Services will make this material available in large print or on audiotape upon request.

SAMPLE



Printed on Recycled Paper

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

Becoming a Provider



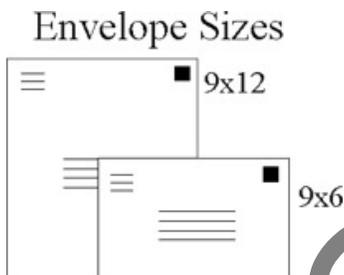
Operating a school age child care program can be a rewarding professional decision. It is also a business decision that requires that you understand your responsibilities and obligations. While much of the information you will need to make that decision is contained in this application package, there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

Filling out the Application



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

Mailing in the Application



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

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

Helpful Resources & Information

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

Child Care Regulations and Policies

Child Care Regulations:	www.ocfs.state.ny.us/main/childcare/regs/413Definitions.asp www.ocfs.state.ny.us/main/childcare/regs/414_SACC_regs.asp
Division of Child Care Services Policies:	www.ocfs.state.ny.us/main/beccs/policy/
Social Service Law 390:	www.ocfs.state.ny.us/main/childcare/390%20Social%20Services%20Law.doc

Various Building/Grounds Hazards

Lead information:	www.health.state.ny.us/environmental/lead/
Pesticides information:	www.ocfs.state.ny.us/main/childcare/pest/
Radon Information:	www.ocfs.state.ny.us/main/childcare/radon/

Education and Training

Provider Training:	www.ocfs.state.ny.us/main/childcare/training.asp
Educational Incentive Program:	www.tsg.suny.edu/eip.shtml
Medication Administration Training	www.tsg.suny.edu/obtain_renew.shtml

General Information

AfterSchool Works! New York:	www.afterschoolworksny.org
American Association of Pediatrics:	www.aap.org
Child Care Resource and Referral Agencies:	www.ocfs.state.ny.us/main/childcare/referralagencys.asp
Consumer Product Safety	www.cpsc.gov
Downloadable Child Care Forms:	www.ocfs.state.ny.us/main/childcare/Child_care_forms.asp
Listing of County Health Departments	www.health.state.ny.us/nysdoh/lhu/map.htm
Local Departments of Social Services:	www.ocfs.state.ny.us/main/localdss.asp
National Association for the Education of Young Children:	www.naeyc.org
NYS Afterschool Network:	www.nysan.org
OCFS Website (home page):	www.ocfs.state.ny.us/main
Playground Safety	www.playgroundsafety.org
Quality Stars New York:	Earlychildhood.org/qsny/

Your School-Age Child Care Application Package

Prepared For:

Your Package Includes:

SAMPLE

<i>Identifying Information</i>	A-1	
<i>Requirements</i>	B-1	
<i>Site Information</i>	C-1	
<i>Program Information</i>	D-1	
<i>Agreements</i>	E-1	
<i>Appendix</i>	App-1	

School-Age Child Care Required Documents

INSTRUCTIONS



Maintain
On-Site

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

Document Listing

- ✓ Regulation requirements
It is recommended that you maintain a copy of everything you submit

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

Document Name	Page	Available On-Site	Submit	Date Submitted (mm/dd/yyyy)
 Identifying Information	A-1			
General Information	A-3 and A-4		✓	/ /
Business Information	A-5 thru A-10		✓	/ /
 Requirements	B-1			
First Aid & CPR Certification	B-3	✓	✓	/ /
ALL Roles (Everyone Must Complete)				
Fingerprint Request Form	B-7			
Criminal Conviction Statement	B-9 and B-10	✓	as needed	/ /
SCR Form	B-11 thru B-17	✓	✓	/ /
Director				
Information	B-19	✓	✓	/ /
Qualifications and References	B-21 thru B-23	✓	✓	/ /
Medical Statement	B-25 and B-26	✓	✓	/ /
Site Supervisor (If Applicable)				
Information	B-27	✓	✓	/ /
Qualifications and References	B-29 thru B-31	✓	✓	/ /
Medical Statement (Employee)	B-33 and B-34	✓		/ /
Employees				
Medical Statement (Employee)	B-33 and B-34	✓		/ /
 Site Information	C-1			
Required Inspections/Approvals	C-3	✓		/ /
Report of Water Supply Testing	C-5	✓	✓	/ /
Environmental Hazards Inspection	C-9 and C-10	✓	✓	/ /
Inside Floor Plan	C-13		✓	/ /
Outside Play Area	C-14		✓	/ /
Emergency Plan	C-17 thru C-20	✓	✓	/ /
Emergency Evacuation Diagram	C-23	✓	✓	/ /

School-Age Child Care Required Documents (cont.)

INSTRUCTIONS



Maintain
On-Site

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

Document Listing

- ✓ Regulation requirements

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

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

Document Name	Page	Available On-Site	Submit	Date Submitted (mm/dd/yyyy)
Site Information (continued)				
Certificate of Occupancy	Local Code Officials or State Education Dept.	✓	✓	/ /
Zoning Approval	Local Zoning Board	as needed	as needed	/ /
DOT Inspection	State Dept. of Transportation	✓		/ /
Health Inspection	State/Local Health Unit	✓	✓	/ /
Fire Alarm/Detection Inspection	Certified Inspector	✓	✓	/ /
Fire Suppression	Fire Protection Equipment Supplier	✓	✓	
Heating System	NYS Dept. of Labor Heating Contractor	✓	✓	/ /
Program Information	D-1			
Behavior Management	D-3	✓	✓	/ /
Developing Your Program	D-5 and D-6	✓	✓	/ /
Program Daily Routine	D-7	✓	✓	/ /
Health Care Plan	D-9 and D-10	✓	✓	/ /
Additional Requirements List	D-11			
Personnel Policy	Not Included	✓	✓	/ /
Employee Evaluation Policy	Not Included	✓	✓	/ /
Staff Supervision Policy	Not Included	✓	✓	/ /
Child Supervision Policy	Not Included	✓	✓	/ /
Child Abuse Policy	Not Included	✓	✓	/ /
Training Schedule	Not Included	✓	✓	/ /
Agreements	E-1			
Child Support Obligation Statement	E-3		✓	/ /
Applicant Compliance Agreement	E-5		✓	/ /
Business Documents				
DBA (Doing Business As)	Town Clerk	as needed	as needed	/ /
Incorporation Papers	Your Attorney	as needed	as needed	/ /
Certificate of Insurance	Insurance Agent	✓	✓	/ /

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SAMPLE



Identifying Information

General Information A-3
Business Information..... A-5

SAMPLE



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SAMPLE



General Information

INSTRUCTIONS



Submit

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

Applicant

Print the following information about yourself

Mr. Mrs. Ms.

Date of Birth: / /

Name:

(mm/dd/yyyy)

Last

First

MI

Mailing Address:

Phone: ()

Ext.

Apt.

Unlisted: Yes No

Floor

City:

Fax: ()

State

Zip

County/Borough:

E-Mail:

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

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

If yes, provide prior facility information: Facility Name: _____ Dates: ___/___ - ___/___

Facility Address: _____

Site

School-Age Program Name (DBA): _____

Director Name:

Phone: ()

Ext.

Last

First

MI

Site Address:

Unlisted: Yes No

Apt.

Fax: ()

Floor

City:

E-Mail:

State

Zip

County:

Mailing Address (if different from site address):

Federal ID # (if applicable): _____

(Continued on reverse side)

Tear Here



General Information (continued)

INSTRUCTIONS • Please *PRINT* clearly



Submit

Applicant Name: _____

School-Age Program Name: _____

Capacity Requested

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

Number of children: (K – 9 years) _____

Number of children: (10 years and older) _____

Number of children: (13 years and older) _____

Total number of children: _____

Hours of Operation

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

Do you plan to operate outside of these typical operating days and hours? .. **Yes** **No**

If yes, attach a schedule showing hours and days of operation.

Will you be providing care during school vacations and/or days off? **Yes** **No**

Will you be providing care during the summer? **Yes** **No**

Will you be operating as a summer camp? **Yes** **No**

Building Information

Is this a multi-use building (such as a community center or school)? **Yes** **No**

Multiple Programs

Does your organization operate other childcare programs?..... **Yes** **No**

Directions To Site

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



Business Information

INSTRUCTIONS



Submit

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

Applicant Name:

School-Age Program Name:

Legal Information (Select only ONE)

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

- Corporation/Municipality** To incorporate, Incorporation papers must be filed with NYS Department of State. A filing receipt and a Certificate of Incorporation must be attached. This entire section must be completed. Unless a DBA certificate is submitted specifying a special name for this program, the name of the program printed on the registration/license will be the corporate name.
→Go to Business Information – Corporation (A-6)
- Limited Liability Company (LLC)** To form an LLC, legal papers must be filed. Unless a DBA certificate is submitted specifying a special name for this program, the name of the program printed on the registration/license will be the LLC name.
→Go to Business Information – Limited Liability Company (A-7)
- Legal Partnership** This is the legal entity type if you and one or more other individuals have formed a legal partnership. If no Doing Business As (DBA) form is submitted, the name of the program will be the Last Name, First Name. The program can only be designated as something other than the name if a DBA certificate has been obtained from the county clerk.
→Go to Business Information – Legal Partnership (A-8)
- Sole Proprietor** This is the legal entity if only one person will be solely responsible for the day care program. Unless a Doing Business As (DBA) form is submitted, the name of the program will be the Last Name, First Name of the sole proprietor. The program can only be designated as something other than the name of the sole proprietor if a DBA certificate has been obtained from the county clerk or designated authority.
→Go to Business Information – Sole Proprietor (A-9)
- Unincorporated Association** This is an entity recognized by the IRS, but it does not require legal papers to define it. The registration/license document will list the name of each member of the Association in the 'Issued To' area. If no Doing Business As (DBA) form is submitted, the name of the program will be the Last Name, First Name of each member. The program can only be designated as something other than the name if a DBA certificate has been obtained from the county clerk.
→Go to Business Information – Unincorporated Assoc. (A-10)

Tear Here



Business Information – Corporation

INSTRUCTIONS



Submit

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

Applicant Name: _____

School-Age Program Name: _____

Corporate/Municipality Information

Name: _____ DBA: _____

Federal ID: -

DBA form attached

Mailing Address: _____ Fax: () _____

Apt. _____

E-Mail: _____

City: _____ Floor _____ Contact Name: _____

County/Borough: _____ State _____ Zip _____ Contact Phone: () _____

Board Members

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

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

Labor & Tax Attestation

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

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

Board Member Signature: _____ Date: ____/____/____
(mm / dd / yyyy)



Business Information – Limited Liability

INSTRUCTIONS



Submit

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

Applicant Name: _____

School-Age Program Name _____

Limited Liability Company (LLC) Information

LLC Name: _____ DBA: _____

Federal ID: -

Mailing Address: _____ Fax: () _____

Apt. _____

E-Mail: _____

City: _____ Contact Name: _____

Floor _____

State _____

Zip _____

Contact Phone: () _____

County/Borough: _____

Board Member

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

Name: _____ Title: _____

Last

First

MI

Address: _____ Phone: () _____

Street

City

State/Zip

Labor & Tax Attestation

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

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

Board Member Signature: _____ Date: ____/____/____

(mm / dd / yyyy)

Tear Here



Business Information – Legal Partnership

INSTRUCTIONS



Submit

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

Applicant Name: _____

School-Age Program Name _____

Legal Partnership Information

Legal Name: _____ DBA: _____

Mailing Address: _____ Apt. _____ Fax: () _____

_____ Floor _____ E-Mail: _____

City: _____ Contact Name: _____

County/Borough: _____ State _____ Zip _____ Contact Phone: () _____

Partners

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

Name: _____			Title: _____		
Last		First		MI	
Address: _____			Phone: () _____		
Street		City		State/Zip	
SSN: [] [] [] - [] [] [] - [] [] [] []	OR		Federal ID: [] [] - [] [] [] [] [] [] [] [] [] []		
Name: _____			Title: _____		
Last		First		MI	
Address: _____			Phone: () _____		
Street		City		State/Zip	
SSN: [] [] [] - [] [] [] - [] [] [] []	OR		Federal ID: [] [] - [] [] [] [] [] [] [] [] [] []		

Labor & Tax Attestation

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

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

Legal Partner Signature: _____

Date: ____/____/____
(mm / dd / yyyy)



Business Information – Sole Proprietor

INSTRUCTIONS



Submit

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

Applicant Name: _____

School-Age Program Name: _____

Sole Proprietor Information

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

DBA form attached

Program Name: _____

SSN: - - **OR** Federal ID: -

Labor & Tax Attestation

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

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

Owner Signature: _____

Date: ____/____/____
(mm / dd / yyyy)

Tear Here



Business Information – Unincorporated Assoc.

INSTRUCTIONS



Submit

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

Applicant Name: _____

School-Age Program Name: _____

Unincorporated Association Information

Legal Name: _____ DBA: _____

Federal ID: -

Mailing Address: _____ Apt. _____ Fax: () _____

City: _____ Floor _____ E-Mail: _____

County/Borough: _____ State _____ Zip _____ Contact Name: _____

Contact Phone: () _____

Members

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

Name: _____		Title: _____
Last	First	MI
Address: _____		Phone: () _____
Street	City	State/Zip
SSN: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	OR Federal ID: <input type="text"/> <input type="text"/> - <input type="text"/>	
Name: _____		Title: _____
Last	First	MI
Address: _____		Phone: () _____
Street	City	State/Zip
SSN: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	OR Federal ID: <input type="text"/> <input type="text"/> - <input type="text"/>	

Labor & Tax Attestation

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

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

Member Signature: _____

Date: ____ / ____ / ____
(mm / dd / yyyy)



Requirements

First Aid & CPR Certification Form..... B-3

ALL Roles (Everyone Must Complete)

Fingerprint Request Form..... B-7

Criminal Conviction Statement B-9

SCR Instructions B-10

SCR Form B-11

Director

Information B-19

Qualifications B-21

References B-23

Medical Statement B-25

Site Supervisor

Information B-27

Qualifications B-29

References B-31

Medical Statement (Employee) B-33

Employee

Medical Statement (Employee) B-33

SAMPLE



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SAMPLE



CPR & First Aid Requirement



Submit



Maintain
On-Site

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

Applicant Name: _____

Program Name: _____

Requirement

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

Certifications (List everyone with a certification)

Name	Certification	Expiration Date(s)
	<input type="checkbox"/> CPR	
	<input type="checkbox"/> First Aid	
	<input type="checkbox"/> CPR	
	<input type="checkbox"/> First Aid	
	<input type="checkbox"/> CPR	
	<input type="checkbox"/> First Aid	
	<input type="checkbox"/> CPR	
	<input type="checkbox"/> First Aid	
	<input type="checkbox"/> CPR	
	<input type="checkbox"/> First Aid	

Provider Signature: _____

Date: ____/____/____
(mm / dd / yyyy)

Tear Here

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SAMPLE

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

SAMPLE



Guidelines for Fingerprinting

Do **NOT** Get Fingerprinted Until Your Application Has Been Submitted

BEFORE COMPLETING the Request for NYS Fingerprinting Services form, please make additional copies for each person to be fingerprinted for your program. Consider keeping a blank copy of the form on site.

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

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

1. **Anyone who has been previously fingerprinted by OCFS** for the purposes of child day care or foster care or adoption approval, may not need to be fingerprinted again. You may instead be eligible for a waiver. Contact your licensor or registrar before continuing.
2. If anyone has not been fingerprinted by OCFS before, you must go to an authorized digital imaging center in New York State.
 - Complete the Request for NYS Fingerprinting Services form on the next page;
 - Schedule an appointment by calling 1-877-472-6915 or by going to the following website: www.L1enrollment.com.
 - You can select the location for your fingerprinting when you schedule your appointment.
3. The Request for NYS Fingerprinting Services Form must be completed accurately with no blank fields. Use the information from this form when making the appointment. When being fingerprinted for child day care purposes, please disregard the foster care/adoption fields.
 - Make sure that the Facility/Agency ID Number and the Facility Name/Address under the "Contributor Agency Section" are completed correctly. The Facility/Agency ID number is the license/registration number assigned to the program for which you are applying.
 - Each person to be fingerprinted must complete the Applicant section with their own information. For the purposes of this form, "Applicant" means the person to be fingerprinted.
 - Everyone must also select the appropriate role in the Child Day Care/Role of Applicant section.
4. On the day of the fingerprinting appointment:
 - Bring the completed form for each person being fingerprinted. No one will be fingerprinted without this form. There are no blank forms available at the scan location.
 - Each person must bring the appropriate Identification (ID) listed on the back of the form. No one will be fingerprinted without appropriate ID.
 - Your picture may be taken and your identification will be validated.

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

If you have additional questions, please contact your licensor or registrar.

NEW YORK STATE
OFFICE OF CHILDREN & FAMILY SERVICES
REQUEST FOR NYS FINGERPRINTING SERVICES
Information Form
(To be completed by Provider or Foster Care/Adoption Agency)

Enrollment Information:

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

Appointments can be obtained by contacting vendor at one of the following:

Website: www.L1Enrollment.com or the **Call Center:** 877-472-6915

Contributor Agency Section:

ORI: NY922130Z Contributor Agency: NYS Office of Children & Family Services

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

Facility/Agency ID Number: _____ Additional Agency ID Info: N/A

(FOSTER CARE/ADOPTION ONLY)

Facility Name/Address: _____

Applicant Section: New Submission Resubmission

Name of Applicant: _____

Alias / Maiden Name: _____

Street Address: _____

City, State, & Zip: _____

Date of Birth: _____ Sex: Male Female Other Ethnicity: Hispanic Non Hispanic

Race: White Black American Indian/Alaskan Native Asian/Pacific Islander

Other Unknown

Skin Tone: _____ Eye Color: _____ Hair Color: _____

Height: _____ ft _____ in Weight: _____ lbs.

State / Country of Birth: _____

Role of Applicant (please check one):

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

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

ADOPTION: Adoptive Parent Household Member over 18 yrs

Additional Information: (Foster Care Only)

CONNECTIONS Home Resource ID# N/A

CONNECTIONS Person ID# N/A

Tear Here

Accepted Forms of Identification:

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

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

Identification if under 18 and nothing else available:

- School record or report card
- Clinic, doctor, or hospital record

Enrollment Website address: www.L1Enrollment.com

Call Center phone number: 877-472-6915

SAMPLE



Criminal Conviction Statement

INSTRUCTIONS



Maintain
On-Site

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

Applicant Name:	School-Age Program Name:
Name:	Role: <input type="checkbox"/> Director (Submit) <input type="checkbox"/> Employee <input type="checkbox"/> Owner <input type="checkbox"/> Site Supervisor (Submit) <input type="checkbox"/> Volunteer/Other

Conviction Statement

Have you previously completed a Conviction Statement?

- NO**, this is the first conviction statement I am signing for child day care.
- YES**, I have signed a previous conviction statement for child day care and...
- All of the following convictions (if any) were previously reported
- OR**
- I have added new convictions since the last statement.

Certification

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

I Have **I Have Not** been convicted of a crime in New York State or other State or Federal court.

(A crime is a misdemeanor or felony only; this does not include violations. You do not need to disclose crimes that the court designated with a "Youthful Offender" status.)

Record of All Convictions

EXAMPLE:	Type of Crime	Penal Code Section	Date of Conviction	County or Court of Arraignment
	Petit Larceny	155.25	12/07/1966	Albany

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

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

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

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

Tear Here



Frequently Asked Questions

When Completing the SCR (LDSS-3370) Form

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

Is a fee required to process a facility's SCR Clearances?

Yes, a fee of \$25 is required to process the SCR clearance forms. Refer to the "SCR Processing Fee" page in the appendix for more information.

Who must complete the SCR Form?

The New York State Office of Children and Family Services (OCFS) is required to make inquiries to the SCR on whether any person applying for a child care license or registration is the subject of an indicated report of child abuse or maltreatment. The SCR form must be completed by the following:

- Individuals who will operate, or be employed by, a day care center or school age child care program
- Individuals who represent agencies that have applied to operate day care centers or school age child care programs

Will I be notified of the results?

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

Where do I start?

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

Who do I list on this form?

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

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

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

What if I have never been known by another name?

If you have never been known by another name, write "NONE" in the Last Name field column in the "MAIDEN/ALIAS" line.

Is a prior married name an alias?

Yes. Please be aware that all married name(s) are considered aliases, even if you are no longer known by that name. This includes hyphenated names.

What if I cannot remember the full address of everywhere I have lived for the last 28 years?

An address history must be provided for the person listed as the Applicant. Furthermore, the address history cannot have ANY gaps in the dates. The State Central Register will REJECT your form if you fail to enter all prior street addresses for the entire time period.

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

Where do I send this form?

If you are the owner or director, send the SCR form to your licensor/registrar. If this is a new application, send ALL forms to your licensor/registrar. Licensed/Registered programs may submit staff forms directly to the SCR.

Instructions for Completing the Statewide Central Register Database Check Form**LDSS-3370**

- **ALL** information on the form must be easily read so that data entry and results are accurate. Each SCR Database Check submitted should be reviewed for completeness and legibility by the program/agency liaison. If the form is incomplete or illegible, it will be returned to the agency for corrections.

THE PROPER WAY TO COMPLETE THE FORM:**AGENCY INFORMATION****TOP LINE OF FORM:**

- The three-digit agency code must be placed in the top left-hand box, followed by the Resource I.D. (RID) in the next box to the right. (Contact the licensing agency if there are any questions about these.)
- Daycare providers must place their Child Care Facility System (CCFS) Number in the box next to Resource ID (RID), in lieu of Resource ID number. (Contact your licensing agency/Regional Office if you have any questions).
- Clearance Category letter code ([see back of Form LDSS-3370](#)) must be placed in the middle box.
- Phone number (with area code) enables the SCR to contact the agency liaison if this becomes necessary.
- The Request ID Box is for SCR use only.

AGENCY ADDRESS AREA:

- Agency Name: Please use full name, no abbreviations
- Agency Liaison is the contact person at the inquiring agency. (*The SCR response will be addressed to the liaison.) **The liaison cannot be the applicant or a relative of the applicant.**
- Agency Address: Must include street, city

APPLICANT INFORMATION**APPLICANT/HOUSEHOLD MEMBER AREA:**

- **ALL HOUSEHOLD MEMBERS, ADULTS AND CHILDREN, WHETHER RELATED TO THE APPLICANT OR NOT, ARE TO BE LISTED IN THIS AREA OF THE FORM.**

- Remember to **write clearly** or **type** all information in order to assist in obtaining an accurate response. Record all names with the last name first, then the first name, and middle name.
- First line: Applicant's name. If there is more than one applicant place the additional name(s) on the lines below the maiden name line.
- Second line: Any maiden names, previous married names, or aliases by which the applicant is or has been known. Use additional lines if there is more than one maiden/married/alias name to be listed.
- Remaining lines: Names of all other household members. (Attach an additional page if needed.)
- If there are no other household members, indicate NONE on the line below "Maiden/Alias".**
- First column: indicate the relationship to the applicant of each person listed. (Spouse, son, daughter, mother, father, friend, etc.)
- Sex M/F column: fill in either M (Male) or F (Female) for every person listed.
- Date of Birth column: fill in complete date of birth (mm/dd/yy) for everyone listed on the form.

ADDRESS AREA:

The information required varies depending on the particular category:

- For Adoption, Foster Care and Family and Group Family Day Care (see back of form for categories), provide addresses for the applicant and any household member who is 18 and older. **We need this information for the last 28 years.** Attach supplemental pages if necessary, but **do not use** another LDSS-3370 form to list this additional information. Be sure to associate address histories with particular individuals (i.e., indicate which addresses are for which household members).
- For all other categories, only the applicant's address history is required – for the last 28 years.
- Complete addresses are required. Include street name and city/town/village. Also include street number and apartment number. **Post Office Box numbers are not acceptable.** If the applicant has lived abroad, indicate country and dates of residence. If the applicant has spent time in the military, list base names and locations along with dates. **Be sure that there are no periods of time unaccounted for.**
- The top line is for the current address. The previous address should be listed on the second line downward, and so on to the back of the form for the last 28 years. Staple the attached supplemental page to the form if more space is needed, but do not use another copy of the LDSS-3370 for this additional information.

SIGNATURE AREA:

Signatures required depend upon the particular category:

- For Adoption, Foster Care and Family and Group Family Day Care (see back of form for category), signatures are needed from the applicant and any household member who is 18 or older.
- For all other categories, only the applicant's signature is required.
- All signatures must correspond to the names recorded in the Applicant/Household Member Area-for example; Mary Smith should not sign Mary Ann Smith. Victoria Smith should not sign Vicki.
- Applicants must sign in the boxes marked "Applicant's Signature", household members over 18 who are not applicants must sign in the boxes at the extreme bottom of the page marked "Signature".
- All signatures must be dated (mm/dd/yy). **The SCR will not accept a form with a signature date more than 6 months old.**

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

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

TO ORDER A SUPPLY OF LDSS-3370 FORMS:

Please access the (OCFS-4627) **Request for Forms and Publications**, from the Intranet: <http://ocfs.state.nyenet/admin/forms/SCR/>
 Internet: <http://www.ocfs.state.ny.us/main/forms/cps/> and mail the completed OCFS-4627 Request for Forms and Publications, to:

THE OFFICE OF CHILDREN AND FAMILY SERVICES, RESOURCE DISTRIBUTION CENTER, 11 FOURTH AVE, RENSSELAER, NY 12144.

AGENCY LIAISON INSTRUCTIONS

Please verify that each form is completed. Incomplete forms will be returned to the sender. For ADOPTION, FOSTER CARE, and FAMILY and GROUP FAMILY DAY CARE, if both spouses are applicants, both are to sign. Persons eighteen years old and over residing in the home of applicants for ADOPTION, FOSTER CARE and FAMILY AND GROUP FAMILY DAY CARE also must sign the form.

AGENCY CODE

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

DAYCARE PROVIDERS

Must place their Child Care Facility System (CCFS) Number in the box next to Resource ID (RID), in lieu of Resource ID (RID) number. (Contact your licensing agency/Regional Office if you have any questions).

RESOURCE I.D. (RID)

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

CLEARANCE CATEGORIES

Record the appropriate category.

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

AGENCY LIAISON

Record the name of the person to whom the response should be sent (**cannot be the same as applicant or related to the applicant**).

APPLICANT/HOUSEHOLD MEMBER AREA INSTRUCTIONS- This information is to be provided by the applicant/employee/provider. See front of form.

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

MAIDEN NAME/ALTERNATIVE/AKA: must be completed for every applicant. Record **ALL** previous names used. Start with second line.

Use as many lines as needed (One last name per line)

OTHER HOUSEHOLD MEMBERS: describe relationship to applicant, e.g., son, daughter, father, mother, friend, etc. on remaining lines (ATTACH ADDITIONAL PAGE IF NECESSARY)

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

*Social Service Law 424-a requires the collection of a \$25 fee for certain categories. A certified check, postal or bank money order, teller's check, cashier's check or agency check made payable to "New York State Office of Children and Family Services" in the amount of twenty-five dollars, is to accompany the form. The check also is to include the applicant's name and the agency code.

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

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

**SUBMIT YOUR COMPLETED LDSS-3370 FORM TO YOUR LICENSOR OR REGISTRAR
BE SURE TO INCLUDE THE REQUIRED \$25 FEE**

TO ORDER A SUPPLY OF LDSS-3370 FORMS:

Please access the (OCFS-4627) **Request for Forms and Publications**, from the Intranet: <http://ocfs.state.nyenet/admin/forms/SCR/> Internet: <http://www.ocfs.state.ny.us/main/forms/cps/> and mail the completed OCFS-4627 Request for Forms and Publications, to:

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

SAMPLE

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SAMPLE

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Director Information

INSTRUCTIONS



Submit

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

Applicant Name: _____

School-Age Program Name: _____

Identifying Information

Mr. Mrs. Ms.

Name: _____

Last

First

MI

Mailing Address: _____

Apt: _____

Floor: _____

City: _____

State: _____

Zip: _____

Home Phone: () _____

E-Mail: _____

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

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

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

Facility Name: _____ Dates: ___/___ - ___/___

Facility Address: _____

Facility Name: _____ Dates: ___/___ - ___/___

Facility Address: _____

- I certify that I am 18 years of age or older.
- I have read and understand the New York State Office of Children and Family Services regulations for the operation of School-Age Child Care program. I will be in compliance with these regulations.
- I understand that I must report to the State Central Register (1-800-635-1522) any incidents of suspected child abuse or maltreatment concerning any child in my care.
- I understand that I must be approved by the Office of Children and Family Services before I can assume the role of a director.
- To the best of my knowledge, the statements that I have provided in this application are true and accurate.

Director Signature: _____ Date: ___ / ___ / ___
(mm / dd / yyyy)

Tear Here

SAMPLE

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Director Qualifications

INSTRUCTIONS



Submit

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

Applicant Name:

School-Age Program Name:

Director Name:

Levels of Education

EXAMPLES:	Date Completed	Name of Institution	Diploma/Degree/Major & Credits
	June 1981	SUNY Albany	B. A.
	Dec. 1992	HVCC	Secondary Education / 126 credits

Date Completed	Name of Institution	Diploma/Degree/Major & Credits

Child Care Experience

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

Date Range	Description	Location

Relevant Training

EXAMPLE:	Date Received	Description	Hours	Sponsoring Organization
	June 2009	Child Development Workshop	4	Child Care Council

Date Received	Description	Hours	Sponsoring Organization

Supervisory Experience

EXAMPLE:	Date(s)	Type	Location
	May 2001 – April 2006	Site Supervisor	ABC After School Program

Date(s)	Type	Location

Tear Here

SAMPLE

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Director References

INSTRUCTIONS



Submit



Maintain
On-Site

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

Applicant Name:

School-Age Program Name:

Director Name:

Reference #1

Please check appropriate reference type: Personal Employment

Mr. Mrs. Ms.

Name:

Last

First

MI

Business Name:

Address:

Apt:

Floor:

City:

State:

Zip:

Daytime Phone: ()

Does reference speak English? Yes No If no, please specify language spoken:

Reference #2

Please check appropriate reference type: Personal Employment

Mr. Mrs. Ms.

Name:

Last

First

MI

Business Name:

Address:

Apt:

Floor:

City:

State:

Zip:

Daytime Phone: ()

Does reference speak English? Yes No If no, please specify language spoken:

Reference #3

Please check appropriate reference type: Personal Employment

Mr. Mrs. Ms.

Name:

Last

First

MI

Business Name:

Address:

Apt:

Floor:

City:

State:

Zip:

Daytime Phone: ()

Does reference speak English? Yes No If no, please specify language spoken:

Tear Here

SAMPLE

This page left blank intentionally.



Director Medical Statement

INSTRUCTIONS



Submit



Maintain
On-Site

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

Applicant Name:
Director Name:

School-Age Program Name:
Director Date of Birth: / /

Typical Duties of Day Care Staff

- Lifting and carrying children
- Close contact with children
- Direct supervision of children
- Desk work
- Driver of vehicle
- Food preparation
- Facility maintenance
- Evacuation of children in an emergency

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

Medical Condition

Date of Exam ____/____/____

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

- He/she is currently not exhibiting signs or symptoms of a communicable disease that could be transmitted during day care. YES (symptom free) NO (NOT symptom free)
- He/she is currently not exhibiting signs or symptoms suggestive of an emotional or psychological disorder that would hinder his/her ability to care for children. YES (symptom free) NO (NOT symptom free)
- He/she is physically fit to provide child day care and perform the duties listed above. YES NO

For any "No" responses, indicate restrictions: _____

Signature (physician, physician's assistant, nurse practitioner)	
Name (Please PRINT clearly or use office stamp)	Title
() -	/ /
Phone	Date

(Continued on reverse side)

Tear Here



Director Medical Statement (continued)

INSTRUCTIONS



Submit



Maintain
On-Site

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

Applicant Name:
Director Name:

School-Age Program Name:
Director Date of Birth: / /

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

Tuberculin Test Information

Test Completed

Test Read on: _____
(mm / dd / yyyy)

If test result was previously Positive, indicate date: _____
(mm / dd / yyyy)

Mantoux Result: Positive Negative _____ mm

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

Test Not Completed

Not Tested. Provide reason: _____
Medical Exemption or Contraindication

If test result was previously Positive, indicate date: _____
(mm / dd / yyyy)

Signature (physician, physician's assistant, nurse practitioner OR a registered nurse)	
Name (Please PRINT clearly or use office stamp)	Title
() -	/ /
Phone	Date



Site Supervisor Information

INSTRUCTIONS



Submit

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

Applicant Name: _____

School-Age Program Name: _____

Identifying Information

Mr. Mrs. Ms.

Name: _____

Last

First

MI

Mailing Address: _____

Apt: _____

Floor: _____

City: _____

State: _____

Zip: _____

Home Phone: () _____

E-Mail: _____

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

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

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

Facility Name: _____ Dates: ___/___ - ___/___

Facility Address: _____

Facility Name: _____ Dates: ___/___ - ___/___

Facility Address: _____

- I certify that I am 18 years of age or older.
- I have read and understand the New York State Office of Children and Family Services regulations for the operation of School-Age Child Care program. I will be in compliance with these regulations.
- I understand that I must report to the State Central Register (1-800-635-1522) any incidents of suspected child abuse or maltreatment concerning any child in my care.
- I understand that I must be approved by the Office of Children and Family Services before I can assume the role of a director.
- To the best of my knowledge, the statements that I have provided in this application are true and accurate.

Site Supervisor Signature: _____

Date: / /
(mm / dd / yyyy)

Tear Here

This page left blank intentionally.

SAMPLE



Site Supervisor Qualifications

INSTRUCTIONS



Submit

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

Applicant Name:

School-Age Program Name:

Site Supervisor Name:

Levels of Education

EXAMPLES:	Date Completed	Name of Institution	Diploma/Degree/Major & Credits
	June 1981	SUNY Albany	B. A.
	Dec. 1992	HVCC	Secondary Education / 126 credits

Date Completed	Name of Institution	Diploma/Degree/Major & Credits

Child Care Experience

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

Date Range	Description	Location

Relevant Training

EXAMPLE:	Date Received	Description	Hours	Sponsoring Organization
	June 2009	Child Development Workshop	4	Child Care Council

Date Received	Description	Hours	Sponsoring Organization

Supervisory Experience

EXAMPLE:	Date(s)	Type	Location
	May 2001 – April 2006	Site Supervisor	ABC After School Program

Date(s)	Type	Location

Tear Here

This page left blank intentionally.

SAMPLE



Site Supervisor References

INSTRUCTIONS



Submit



Maintain
On-Site

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

Applicant Name:

School-Age Program Name:

Site Supervisor Name:

Reference #1

Please check appropriate reference type: Personal Employment

Mr. Mrs. Ms.

Name:

Last

First

MI

Business Name:

Address:

Apt:

Floor:

City:

State:

Zip:

Daytime Phone: ()

Does reference speak English? Yes No If no, please specify language spoken:

Reference #2

Please check appropriate reference type: Personal Employment

Mr. Mrs. Ms.

Name:

Last

First

MI

Business Name:

Address:

Apt:

Floor:

City:

State:

Zip:

Daytime Phone: ()

Does reference speak English? Yes No If no, please specify language spoken:

Reference #3

Please check appropriate reference type: Personal Employment

Mr. Mrs. Ms.

Name:

Last

First

MI

Business Name:

Address:

Apt:

Floor:

City:

State:

Zip:

Daytime Phone: ()

Does reference speak English? Yes No If no, please specify language spoken:

Tear Here

This page left blank intentionally.

SAMPLE



Employee Medical Statement

INSTRUCTIONS



Maintain
On-Site

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

Applicant Name:
Employee Name:

School-Age Program Name:
Employee Date of Birth: / /

Typical Duties of Day Care Staff

- Lifting and carrying children
- Close contact with children
- Direct supervision of children
- Desk work
- Driver of vehicle
- Food preparation
- Facility maintenance
- Evacuation of children in an emergency

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

Medical Condition

Date of Exam ____ / ____ / ____

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

- He/she is currently not exhibiting signs or symptoms of a communicable disease that could be transmitted during day care. **YES** (symptom free) **NO** (NOT symptom free)
- He/she is currently not exhibiting signs or symptoms suggestive of an emotional or psychological disorder that would hinder his/her ability to care for children. **YES** (symptom free) **NO** (NOT symptom free)
- He/she is physically fit to provide child day care and perform the duties listed above. **YES** **NO**

For any "No" responses, indicate restrictions: _____

Signature (physician, physician's assistant, nurse practitioner)	
Name (Please PRINT clearly or use office stamp)	Title
() -	/ /
Phone	Date

(Continued on reverse side)

Tear Here



Employee Medical Statement (continued)

INSTRUCTIONS



Maintain
On-Site

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

Applicant Name:
Employee Name:

School-Age Program Name:
Employee Date of Birth: / /

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

Tuberculin Test Information

Test Completed

Test Read on: _____
(mm / dd / yyyy)

If test result was previously Positive, indicate date: _____
(mm / dd / yyyy)

Mantoux Result: Positive Negative _____ mm

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

Test Not Completed

Not Tested. Provide reason: _____
Medical Exemption or Contraindication

If test result was previously Positive, indicate date: _____
(mm / dd / yyyy)

Signature (physician, physician's assistant, nurse practitioner OR a registered nurse)	
Name (Please PRINT clearly or use office stamp)	Title
() -	/ /
Phone	Date



Site Information

Inspections

Required Inspections / Approvals.....	C-3
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Use of Space

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Emergency Plan

Emergency Plan Guide.....	C-14
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SAMPLE



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SAMPLE



Required Inspections/Approvals

INSTRUCTIONS



Maintain
On-Site

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

Inspections/Approvals

Type	Regulation	Purpose	Suggested Agencies to Contact	Inspection Form Enclosed
Private Water Supply	414.2(a)(5)	To verify that the water supply is safe for human consumption	Agency approved by NYS Health Department	✓
Environmental Hazards	414.2(a)(6)	To ensure that there are no hazards of an environmental nature to children or staff	State/Local Health Unit EnCon - Department of Environmental Conservation EPA - Environmental Protection Agency Nuclear Regulatory Commission	✓
DOT Inspection	414.2(a)(1)	If transportation is provided, inspection and approval of the vehicle(s) used is required by NYS DOT	Local office of the NYS Department of Transportation	
Certificate of Occupancy	414.2(a)(2)	To verify that the building is in compliance with the NYS Uniform Fire Prevention and Building Code	Local Code Enforcement Officials State Education Department (when located in the building of an operating public school)	
→ If you have a State Education Department Certificate of Occupancy, the remaining inspections are not required.				
Zoning Approval	414.2(a)(3)	To ensure that the building usage is approved by the Municipal Authority	Local Zoning Board	
Health Inspection	414.2(a)(4)	The local Department of Health must complete a Sanitary Code Inspection before a license can be issued. If food is prepared in the center, health inspector will ensure that there are no hazards to children.	State/Local Health Unit	
Fire Alarm & Detection Inspection	414.2(a)(7)	To verify that the fire alarm system functions properly	Agency licensed by the Department of State	
Fire Suppression (a) Sprinkler standpipe system (b) Hood suppression system (c) Fire extinguishers	414.2(a)(8)	To ensure that the system meets the requirements of Uniform Code and all fire safety equipment functions properly	Fire protection equipment suppliers	
Heating System	414.2(a)(9)	To ensure that the heating system is safe and will function properly	Furnace Heating Contractor For boilers only: NYS Department of Labor Insurance Company Inspectors	

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SAMPLE



Report of Water Supply Testing

INSTRUCTIONS



Submit



Maintain
On-Site

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

Applicant Name: _____

School-Age Program Name: _____

Site Address: _____

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

Water Supply Statement

- No** The child care site **does not** use a private water supply system.
(Water testing is NOT required. Do not complete the remainder of this form.)
- Yes** The child care site **does** use a private water supply system.
(Water testing is required by an Approved Water Testing Authority/Inspector.)

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

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

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

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

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

Please read the following statement and check the appropriate box.

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

SATISFACTORY

UNSATISFACTORY

Type of Supply Inspected: _____ Inspection Date: _____ / _____ / _____

Explanation: _____
(mm/dd/yyyy)

Signature of Inspector: _____ Telephone: () _____

Name: (Please Print) _____ Address: _____

Agency or Company: _____

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SAMPLE

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SAMPLE



Environmental Hazards Guide

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

Hazards Summary

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

Lead information:	www.health.state.ny.us/environmental/lead/
Pesticides information:	www.ocfs.state.ny.us/main/childcare/pest/
Radon Information:	www.ocfs.state.ny.us/main/childcare/radon/

What is an Environmental Hazard?

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

Path and Route of Exposure

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

Lead-based Paint

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

Radon

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

Gas Stations

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

Other Hazard Sources

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



Environmental Hazards Inspection

INSTRUCTIONS



Submit



Maintain
On-Site

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

Applicant Name:
School-Age Program Name:

Site Address:
Street Address:
City, State and Zip:
Town/Village of Site Location:

Section 1: NO Environmental Hazards

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

Applicant Signature: _____

Date: _____
(mm / dd / yyyy)



You have completed this form.

Section 2: Environmental Hazard(s) Exist: _____

Type of Environmental Hazard

Hazard Location: _____

Distance from Property: _____

Length of Time Hazard Present: _____

Path/Route of Exposure: _____

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

Applicant Signature: _____

Date: _____
(mm / dd / yyyy)

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

Tear Here



Environmental Hazards Inspection (continued)

INSTRUCTIONS



Submit



Maintain
On-Site

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

Hazard Information

Name the environmental hazard you are reporting: _____

Hazard Type: Natural Business: _____
(Specify Business Name)

Agencies Contacted

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

Health Department State _____ County _____ City _____ Other _____ Date _____
Contact Name: _____ Email Address or Phone Number: _____

Fire Department Location: _____ Date: _____
Contact Name: _____ Email Address or Phone Number: _____

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

Recommendation for an Environmental Assessment

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

NO Reason Given: _____

YES Reason Given: _____

Type of assessment recommended: _____

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SAMPLE



Inside Floor Plan Guide

INSTRUCTIONS

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

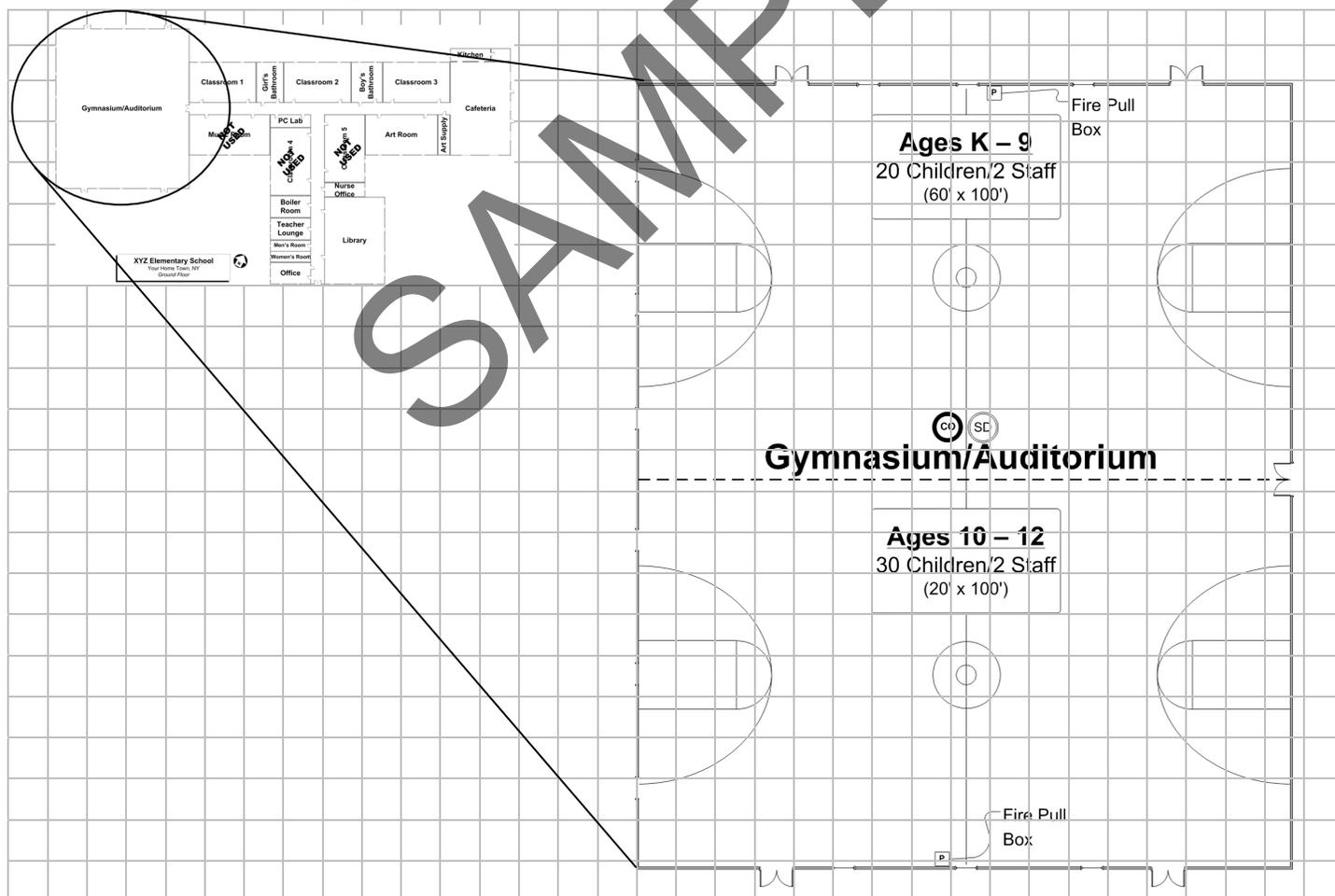
Inside Floor Plan

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

Checklist for Items to Include

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

Sample Drawing





Outside Play Area

INSTRUCTIONS



Submit

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

Applicant Name: _____

School-Age Program Name: _____

Location

Location of play area: On-site Park Other _____

Indicate the method used in getting to the play area: _____

SAMPLE																																							

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SAMPLE



Emergency Planning Guide

INSTRUCTIONS



Maintain
On-Site

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

Regulations

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

Scope

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

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

Evacuation Drills

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

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

Evacuation Methods

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

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

Meeting Place

Determine a place for everyone to meet after evacuating the building. The meeting place should be:

- Out of the path of emergency vehicles
- A safe distance from the building
- Clear of snow, ice, water, and mud

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

Relocation Site(s)

Primary Relocation Site:

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

Secondary Relocation Site:

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

Other Relocation Sites:

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

Shelter in Place

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



Emergency Plan

INSTRUCTIONS



Submit



Maintain
On-Site

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

Applicant Name: _____

School-Age Program Name: _____

Evacuation Drills

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

How will you begin the drill? _____

What will you take with you? _____

In an Emergency

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

Key Points

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

Evacuation and Accountability

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

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

(Continued on reverse side)



Emergency Plan (continued)

Applicant Name:

School-Age Program Name:

Shelter in Place

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

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

How will you feed the children? _____

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

SAMPLE

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

SAMPLE



Emergency Evacuation Diagram Guide

INSTRUCTIONS • Follow the guidelines below when drawing your evacuation diagram



**Maintain
On-Site**

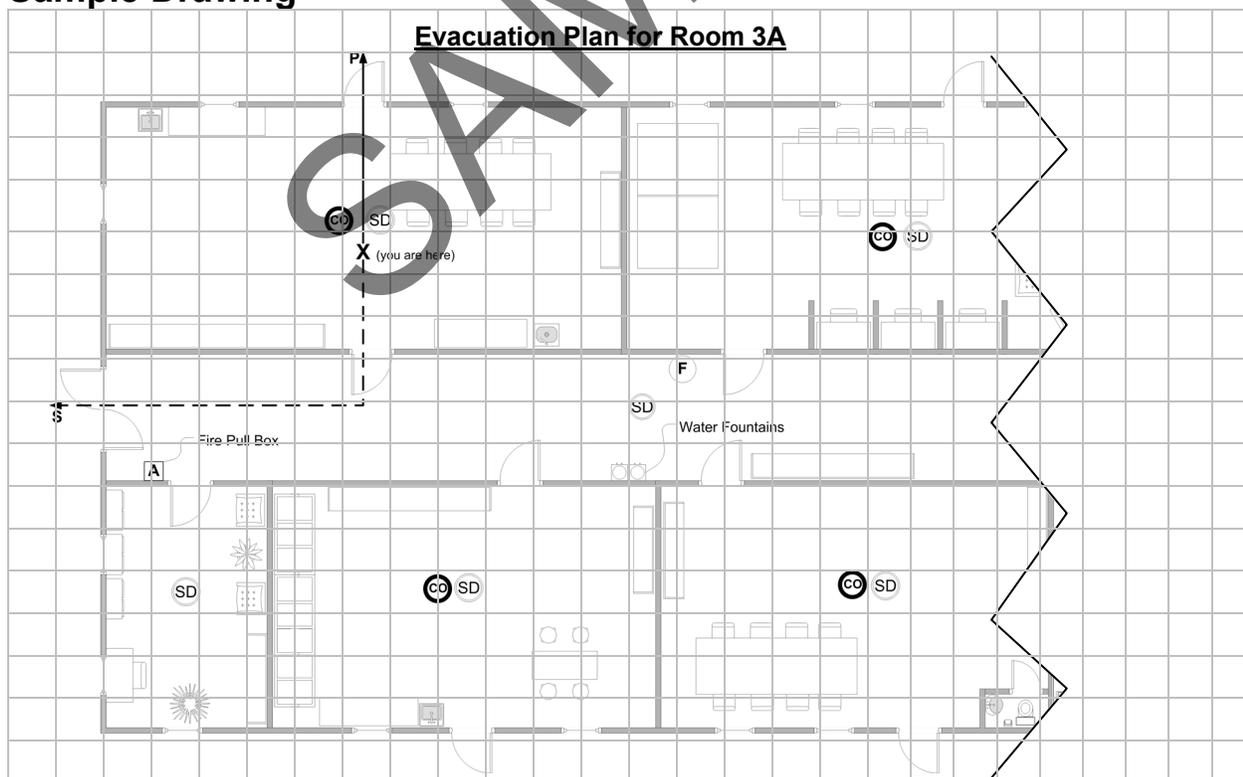
Evacuation Diagram

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

Checklist for Items to Include

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

Sample Drawing





Emergency Evacuation Diagram

INSTRUCTIONS



Submit



Maintain
On-Site

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

Applicant Name:

School-Age Program Name:

Room:

Grid area for drawing the Emergency Evacuation Diagram. A large diagonal watermark reading "SAMPLE" is overlaid on the grid.

Tear Here

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SAMPLE



Program Information

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

SAMPLE





Behavior Management (Discipline) Guidelines

Available Resources

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

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

Guidelines for Developing Your Plan

ACCEPTABLE METHODS

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

PROHIBITED

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



Behavior Management for Child Care

INSTRUCTIONS



Submit



Maintain
On-Site

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

Applicant Name:

School-Age Program Name:

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

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

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

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

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

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

Tear Here

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SAMPLE



Developing Your Program



Submit



Maintain
On-Site

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

Applicant Name:

School-Age Program Name:

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

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

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

Cognitive _____

Emotional _____

Language _____

Physical _____

Social _____

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

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

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

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

(Continued on reverse side)

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Developing Your Program (continued)

Applicant Name:

School-Age Program Name:

Describe how your program will accommodate the variety of children's educational and developmental needs.

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

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

How will your program reduce conflict and prevent bullying?

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

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

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

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

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

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

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SAMPLE



Health Care Plan Guidelines

INSTRUCTIONS



Submit



Maintain
On-Site

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

Applicant Name:

School-Age Program Name:

HEALTH CATEGORY DEFINITIONS

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

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

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

MILDLY ILL CHILDREN: A child who meets any of the following criteria is defined as "mildly ill":

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

MODERATELY ILL CHILDREN: A child who meets any of the following criteria is defined as "moderately ill":

- The child's health status requires a level of care and attention that cannot be accommodated in a child day care setting without the specialized services of a health professional.
- The care of the child interferes with the care of the other children and the child must be removed from the normal routine of the child care program and put in a separate designated area in the program, but has been evaluated and approved for inclusion by a health care provider to participate in the program.

SPECIAL HEALTH CARE NEEDS:

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

HEALTH CATEGORY YOU INTEND TO SERVE:

Indicate the categories of children you will accept in the day care program:

- Well Children
- Mildly Ill Children
- Moderately Ill Children
- Children with Special Health Care Needs

PLEASE COMPLETE BOTH SIDES OF THIS FORM

(Continued on reverse side)

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Health Care Plan Guidelines (continued)

INSTRUCTIONS



Submit



Maintain
On-Site

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

Applicant Name:

School-Age Program Name:

OPTIONS FOR ADMINISTERING MEDICATIONS

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

MEDICATIONS: A program may choose to administer prescription and non-prescription medication including pain relievers, cough syrups and oral analgesics. This includes medications given by the following routes: oral, topical, eye, ear, and inhaled medications, medicated patches and epinephrine via an auto-injector device. In order to be approved to administer medication, other than over-the counter topical ointments, sunscreen and topically applied insect repellent, providers must have a valid:

- MAT certificate **OR** exemption from the training requirements as per regulation
- CPR certificate which covers all ages of children the program is approved to care for as listed on the program's license or registration,
- First aid certificate which covers all ages of children the program is approved to care for as listed on the program's license or registration.

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

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

YOUR SELECTIONS

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

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



Additional Requirements List

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

Personnel Policy

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

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

Employee Evaluation Policy

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

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

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

Staff Supervision Policy

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

Child Supervision Policy

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

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

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

Child Abuse Policy

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

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

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

Training Schedule

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

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SAMPLE



Agreements

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

SAMPLE



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SAMPLE



Child Support Obligation Statement

INSTRUCTIONS



Submit

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

Applicant Name: _____

School-Age Program Name: _____

Statements

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

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

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

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

Notarized Signed Certification

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

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

Owner Signature: _____ Print Name: _____
Sign in the presence of a notary

Sworn to before me this _____ Day

day of _____ Month _____ Year

Notary Public – State of New York (affix stamp)

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SAMPLE



Applicant Compliance Agreement

INSTRUCTIONS



Submit

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

Applicant Name: _____

School-Age Program Name: _____

Program Qualifications Statements

- I certify that I am 18 years of age or older.
- I have read and understand Part 414 of the New York State Office of Children and Family Services regulations for the operation of a School-Age program. I will operate the facility in compliance with these regulations.
- I understand that I must report to the State Central Register (1-800-635-1522) any incidents of suspected child abuse or maltreatment concerning any child in my care.

Statement of Accuracy and Authenticity

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

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

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

Applicant Signature: _____ Date: ____/____/____
(mm / dd / yyyy)

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

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

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SAMPLE



Appendix

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

SAMPLE



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SCR Processing Fee

Why is There a Fee?

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

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

Who Must Pay the Fee?

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

- Director
- Site Supervisor
- Employee

Please note that the fee requirements do NOT apply to the following roles:

- Volunteers
- providers of goods and services to day care programs
- Consultants to day care programs, including Health Consultants and Medication Administrants
- Current employees who have previously been screened through the SCR if the program elects to re-screen current employees.

Acceptable Payment Methods

There are four methods of acceptable payment of the fee. These are:

1. Certified check;
2. Postal or bank money order;
3. Teller's check; or
4. Cashier's check

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

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

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

School-Age Child Care

Directors – Submit the fee of \$25 with your application materials to the regional office of OCFS for the required database check.

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

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

For school-age child care programs not using the OCS, the database check form (DSS 3370) must be accompanied by a payment of the \$25 fee when it is submitted to the SCR..



Nuclear Emergency Planning Zones

There are three (3) nuclear power plant sites in New York State. Some child care programs may be located within the 10 mile Emergency Planning Zone surrounding these nuclear facilities. It is recommended that you contact your local police, fire or emergency planning office for more details on preparations and notifications. The nuclear power facilities and the counties they impact are listed below, along with contact information for each county.

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

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

- **Indian Point Energy Center:**
www.safesecurevital.org/emergency-preparedness/2008-emergency-planning.html
- **Nine Mile Point Nuclear Station:**
www.constellation.com/vcmfiles/Constellation/Files/Emergency-Planning-Zones-NMP.pdf
- **James A. Fitzpatrick:**
www.wayneweibel.net/projects/entergy/callcenter_website/site_specific_info/ja_fitzpatrick/ssi_ja_fitzpatrick.htm
- **Ginna Nuclear Power Plant:**
www.constellation.com/vcmfiles/Constellation/Files/Emergency-Planning-Zones-GNA.pdf

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



Labor and Tax Responsibilities

Disability Benefits

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

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

Workers' Compensation

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

Minimum Wage Requirement

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

Unemployment Taxes

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

Social Security Taxes (FICA)

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



Other Legal Considerations

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

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

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

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

Social Security & Tax Identification Numbers

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

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

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



List of Regional Offices

ALBANY REGIONAL OFFICE

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

Serving the counties of: Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington

BUFFALO REGIONAL OFFICE

NYS Office of Children and Family Services
Buffalo Regional Office
Room 545, 5th Floor
Ellicott Square Building
295 Main Street
Buffalo, NY 14203
(716) 847-3828

Serving the counties of: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming

LONG ISLAND REGIONAL OFFICE

NYS Office of Children and Family Services
Long Island Regional Office
Courthouse Corporate Center
320 Carleton Avenue, Suite 4000
Central Islip, NY 11722
(631) 342-7100

Serving the counties of: Nassau and Suffolk

ROCHESTER REGIONAL OFFICE

NYS Office of Children and Family Services
Rochester Regional Office
259 Monroe Avenue, 3rd Fl. Monroe Square
Rochester, NY 14607
(585) 238-8531

Serving the counties of: Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates

SPRING VALLEY REGIONAL OFFICE

NYS Office of Children and Family Services
Spring Valley Regional Office
11 Perlman Drive
Spring Valley, NY 10977
(845) 708-2400

Serving the counties of: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester

SYRACUSE REGIONAL OFFICE

NYS Office of Children and Family Services
Syracuse Regional Office
The Atrium Building, 3rd Floor
100 S. Salina Street
Syracuse, NY 13202
(315) 423-1202

Serving the counties of: Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins

FOR CHILD CARE PROGRAMS IN THE 5 BOROUGHES OF NYC

NEW YORK CITY REGIONAL OFFICE

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

DIVISION OF CHILD CARE SERVICES HOME OFFICE

NYS Office of Children and Family Services
Division of Child Care Services
52 Washington St. Rm 309S
Rensselaer, NY 12144
(518) 474-9454